An exploration of the personal journeys of disabled students during the first year of Higher Education (HE)

Megan Harnett

Thesis submitted to Cardiff Metropolitan University in partial fulfilment for the degree of
Doctor of Philosophy

Cardiff School of Education
Cardiff Metropolitan University
December, 2016
Declaration

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

Signed ...................................................................... (candidate)

Date ..........................................................................

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Where correction services have been used, the extent and nature of the correction is clearly marked in a footnote(s).

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

Signed ..................................................................... (candidate)

Date .........................................................................

STATEMENT 2

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed ................................................................. (candidate)

Date .......................................................................
Abstract

The transition into the first year of Higher Education (HE) is recognised as a difficult experience for all students. However, it is considered to be even more complex for disabled students (DS) who will often experience additional barriers and may lack the necessary skills to make the transition to HE (NDT, 2004). Despite this, there is limited research exploring the DS’ experiences of transition into HE. Therefore, this research explores the personal journeys of DS during the first year of HE.

This longitudinal and in-depth study focused on the lived experiences and perceptions of six self-identified DS throughout the first year of HE. It explored the DS’ perceptions and experiences of the changes, barriers and enablers in order to explore aspects of transition. The DS were interviewed three times during the first year of HE and also kept weblog diaries throughout this year to document important events, experiences and feelings as they occurred.

Thematic analysis was conducted. Four key themes emerged during the first year; DS’ experiences of friendships, support, academic experiences and independence. Significantly, the research framework allowed identification of how each key theme progressed throughout this first year and in doing so it recognised that the transition into the first year of HE was a longitudinal process. It took time for DS to become accustomed to the expectations and processes within HE. Uniquely, these findings contributed to a Diagrammatic Representation (DR) which depicts the DS’ personal journeys during the first year of HE. Therefore, it has provided a more complete understanding of DS’ experiences during the transition to HE. These findings can be used for Higher Education Institutions (HEIs) to identify positive ways in which they can develop their own practices to support DS more effectively during the transition into the first year.
Acknowledgements

There are many people I would like to thank.

Firstly, I would like to thank my supervisors, Professor Gary Beauchamp and Dr. Cheryl Ellis. They have provided invaluable expertise, advice and encouragement throughout this research process and without this the submission of this thesis would not have been possible. I would also like to extend my thanks Cardiff School of Education for the PhD scholarship and for providing me with this opportunity.

Secondly, I would like to thank all participants within the study who gave me so much of their time during their first year of HE. Talking to these students has been invaluable and has not only helped me complete this thesis, but has also shaped my attitude as a full-time lecturer and Departmental Disability Coordinator.

Thirdly, I would like to thank my peers in the research house who provided invaluable support during the early stages of this process; and to my colleagues and friends at Aberystwyth University for providing me with invaluable support throughout most of the research process.

I especially want to thank my family and friends for their continued support, encouragement and belief throughout this process. In particular, I would like to thank my Mum, Dad and sister (Ceri, Kevin and Carys Harnett) for always being there for me and talking to me during stressful times.

Last but certainly not least, I would like to thank Rhys Hicks. You have accepted the many weekends and evenings where I have needed to work and focus on my research, you have shared my worries and concerns and have made me laugh during difficult times. There are no words to describe how grateful I am for the support you have given me throughout these years but without you the completion of this work would not have been possible. This submission is for you- it took me a while but I finally got there!
Contents

Declaration .............................................................................................................................................. 2
Abstract ................................................................................................................................................... 3
Acknowledgements ................................................................................................................................. 4
Contents .................................................................................................................................................. 5
List of Tables, Figures and Handouts ................................................................................................... 11
List of Tables ........................................................................................................................................ 11
List of Figures ....................................................................................................................................... 12
List of Handouts .................................................................................................................................... 13
Abbreviations ........................................................................................................................................ 14

Chapter 1 Introduction ....................................................................................................................... 15
1.1. Context and focus of the study ....................................................................................................... 15
1.2. The RQs and aim of the research ................................................................................................... 22
1.3. A note on terminology ................................................................................................................... 22
1.4. Summary and overview of the thesis ............................................................................................. 24

Chapter 2 Literature review .................................................................................................................. 25
2.1. Understanding disability ................................................................................................................ 25
  2.1.1. Introduction ................................................................................................................................ 25
  2.1.2. Traditional views of disability ................................................................................................ 25
  2.1.3. Medical model of disability ................................................................................................... 27
  2.1.4. Social model of disability ....................................................................................................... 29
  2.1.5. Affirmative model of disability ............................................................................................... 32
2.2. Disability and inclusive education: key concepts .......................................................................... 34
  2.2.1. Introduction ................................................................................................................................ 34
  2.2.2. Disability, equality and inclusion in HE ............................................................................... 35
  2.2.3. Barriers to inclusion in HE ..................................................................................................... 37
  2.2.4. Disability, Higher Education and (unequal) Opportunity? .................................................. 41
    i) Unequal Opportunity? ............................................................................................................... 41
    ii) Aspirations ................................................................................................................................ 43
2.3. Disability and the transition into HE .............................................................................................. 44
  2.3.1. Introduction ............................................................................................................................. 44
2.3.2. The concept of transition into HE ................................................................. 44
2.3.3. Understanding the problems of transition into HE - a lack of preparation? ........ 47
2.3.4. The importance of the location of the HEI .................................................... 50
2.4. Disabled students’ experiences in HE ............................................................. 52
  2.4.1. Introduction ..................................................................................................... 52
  2.4.2. Participation of disabled students ............................................................... 52
  2.4.3. Disclosure of disability ................................................................................. 55
  2.4.4. Support for disabled students in HE ............................................................ 58
  2.4.5. Relationships with others in HE ................................................................. 62
  2.4.6. Learning, teaching and assessment ............................................................. 66
2.5. Summary ............................................................................................................. 71

Chapter 3 Methods .................................................................................................... 72
3.1. Qualitative research ............................................................................................ 72
3.2. Key principles underlying the research design .................................................. 74
  3.2.1. Interpretivism ................................................................................................. 75
  3.2.2. Other principles influencing the research design ........................................... 76
    i) Adoption of the social model of disability ...................................................... 78
    ii) Empowerment ................................................................................................. 81
    iii) Position as a non-disabled researcher ............................................................ 82
  3.2.3. A narrative approach to understanding experiences .................................... 83
3.3. The research framework .................................................................................... 87
3.4. Data collection methods ..................................................................................... 89
  3.4.1. Interviews ...................................................................................................... 89
    i) Semi-structured interviews .............................................................................. 89
    ii) Structure and design of the interviews ......................................................... 90
    iii) Influences on the interview process ............................................................. 94
    iv) Online interviewing ....................................................................................... 96
  3.4.2. Weblog diaries .............................................................................................. 100
    i) Using weblogs as diaries .............................................................................. 101
    ii) Structure and design of the weblog diary .................................................... 103
    iii) Influences on the weblog diaries ............................................................... 106
  3.4.3. The Pilot study ............................................................................................. 107
    i) Pilot Interviews .............................................................................................. 108
    ii) Pilot Weblog diaries ..................................................................................... 108
3.5. Sampling and recruitment .................................................................................. 109
5.1.3. The nature and context of friendships in HE ................................................................. 155
5.1.4. The satisfaction with friendships in HE ................................................................. 161
5.1.5. Restrictions within social interactions ................................................................. 165
5.1.6. Disclosure of disability to peers ............................................................................ 169
5.1.7 Critical Summary ....................................................................................................... 175
5.2. Support ......................................................................................................................... 177
5.2.1. The importance of support ......................................................................................... 177
5.2.2. Holistic support ........................................................................................................ 180
5.2.2.1. Institutional support .............................................................................................. 181
    i) Academic support received in HEI ............................................................................. 181
    ii) Personal support ....................................................................................................... 185
5.2.2.2. Support from outside HEI ....................................................................................... 187
    i) Personal support ........................................................................................................ 188
    ii) Financial support ..................................................................................................... 189
    iii) Familial support ....................................................................................................... 193
5.2.3. Delayed support ........................................................................................................ 194
5.2.4. Factors impacting support ......................................................................................... 198
    i) Inconsistent support .................................................................................................. 198
    ii) Poor communication ................................................................................................. 201
    iii) Lack of disability awareness .................................................................................. 205
5.2.5. Critical Summary ...................................................................................................... 210
5.3. Academic experiences ............................................................................................... 212
5.3.1. Academic achievement in HE ................................................................................ 212
5.3.2. Course enjoyment ...................................................................................................... 217
5.3.3. Learning and Teaching challenges ........................................................................ 219
    i) Small versus large group teaching .......................................................................... 220
    ii) Assessed group work: challenges unique to disabled students ................................ 222
    iii) Challenges using campus learning environments ..................................................... 224
    iv) Reading and writing difficulties associated with disability ...................................... 225
5.3.4 Critical Summary ...................................................................................................... 230
5.4. Independence ............................................................................................................... 232
5.4.1. The importance of managing different aspects of HE .............................................. 232
5.4.2. Independent study ..................................................................................................... 233
5.4.3 Personal independence ............................................................................................. 237
5.4.4 Critical Summary ...................................................................................................... 238
5.5. Summary ...................................................................................................................... 239
Chapter 6 Conclusion ....................................................................................................................... 240

6.1. An overview of the study’s originality and contribution to knowledge ................................. 240

6.2. RQ 1: What are the perceptions and experiences of disabled students during their personal journeys through the first year of higher education? ................................................................. 242

6.2.1. Disabled students’ experiences and perceptions prior to their entry in HE. ......................... 243

6.2.2. Disabled students’ early experiences and perceptions of HE. ............................................... 246

6.2.3. Disabled students’ end of term experiences and perceptions of HE. .................................... 249

6.2.4. Theoretical summary ............................................................................................................ 253

6.3. RQ 2: What perceived barriers impact upon transition for disabled students during the first year of Higher Education (HE)? ................................................................................................................. 253

6.3.1. Disabled students’ experiences and perceptions of barriers .................................................. 253

6.3.2. Theoretical summary ............................................................................................................ 259

6.4. RQ 3: What perceived enablers impact upon transition for disabled students during the first year of Higher Education (HE)? ................................................................................................................. 260

6.4.1. Disabled students’ experiences and perceptions of enablers ................................................ 260

6.4.2 Theoretical summary ............................................................................................................. 265

6.5. The Diagrammatic Representation (DR) of disabled students’ personal journeys during the first year of HE ........................................................................................................................................... 266

6.6. Limitations and further research .............................................................................................. 270

6.7. Summary .................................................................................................................................. 271

Bibliography ...................................................................................................................................... 272

Appendix 1: My personal journey ................................................................................................. 303
Appendix 2: UCAS Disability Categories ....................................................................................... 305
Appendix 3: Additional reasons for entering HE and choosing a specific location. ..................... 306
Appendix 4: Compatibility between principles ............................................................................... 308
Appendix 5a: Interview structure- Phase 1 .................................................................................... 309
Appendix 5b: Interview structure- Phase 2 ................................................................................... 311
Appendix 5c: Interview structure- Phase 3 .................................................................................... 313
Appendix 6a: Interview Briefing and Debriefing- Phase 1 ............................................................... 315
Appendix 6b: Interview Briefing and Debriefing- Phase 2 ............................................................... 317
Appendix 6c: Interview Briefing and Debriefing- Phase 3 ............................................................... 319
Appendix 7a: Likert scale- Phase 1 ................................................................................................ 321
Appendix 7b: Likert Scale- Phase 2 ............................................................................................... 322
Appendix 7c: Likert Scale- Phase 3 ............................................................................................... 323

9
Appendix 8: Other influences on the interviews ................................................................. 325
Appendix 9: An overview of interviews conducted ............................................................ 326
Appendix 10: Other influences on the weblog diaries ....................................................... 327
Appendix 11: Instructions for pilot weblog ....................................................................... 328
Appendix 12: Information and consent forms sent to Head teachers via post/email ........ 336
Appendix 13: Information letter and consent form for sixth form/college students .......... 339
Appendix 14: Parent consent letter .................................................................................. 343
Appendix 15: Information letter and consent form for university admission and support departments to pass onto students ................................................................. 345
Appendix 16: Flyers to potential students - general ........................................................... 349
Appendix 17: Participant Information letter and consent form ........................................ 350
Appendix 18: Participant profiles ...................................................................................... 354
Appendix 19: Drawbacks of member checks ..................................................................... 363
Appendix 20: Participant support profiles .......................................................................... 364
Appendix 21 Recommendations ........................................................................................ 370
List of Tables, Figures and Handouts

List of Tables
Table 1. Percentage of known first year UK domiciled disabled students (Higher Education Statistics Agency, HESA, 2014)................................................................. 16
Table 2. Percentage of undergraduate students with a known disability in HE (Jones, 2014) .................................................................................................................. 17
Table 3. Proportion of first year disabled undergraduate students by impairment/ category of disability (2013/14) (HESA, 2014) .............................................................................. 17
Table 4. Percentage of disabled students by type of impairment (Beauchamp-Pryor, 2013: 56).................................................................................................................. 18
Table 5. Terminology used throughout the thesis ................................................................. 23
Table 6. A summary of changes that are likely to occur on entry to HE .............................. 48
Table 7. A summary of advantages and disadvantages of online interviews ...................... 98
Table 8. Recruitment strategies to gather participants.......................................................... 117
Table 9. Participant information and background .............................................................. 124
Table 10. Participant labels .................................................................................................. 128
Table 11. The nature and satisfaction of friendships during the first year of HE ................. 155
Table 12. The disclosure of disability to peers during the first year of HE ......................... 170
Table 13. Academic support received that could be common to the general student population ..................................................................................................................... 181
Table 14. Academic support received that was specific to disabled students .................... 182
Table 15. Personal support received specific to disabled students ..................................... 186
Table 16. Financial support received that is considered to be common to the general student population ........................................................................................................... 190
Table 17. Financial support received specific to disabled students .................................... 190
Table 18. Familial support received considered common to the general student population ......................................................................................................................... 193
Table 19. Familial support received that was specific to disabled students ....................... 193
Table 20. Disabled students’ perception of the onset of efficient* support in the first year of HE ..................................................................................................................... 197
List of Figures

Figure 1. Reasons why the emancipatory/participatory approach could not be fully adopted .......................................................... 79
Figure 2. The structure, content and timing of the interview phases .......................................................... 91
Figure 3. How the weblog diaries were used throughout the year .......................................................... 104
Figure 4. Informal guidance of how to use the weblog diary .......................................................... 105
Figure 5. Order and method of analysis following transcriptions of the participants’ interviews .................................................................................. 130
Figure 6. Disabled students’ decisions and reasons for entering HE .......................................................... 243
Figure 7. Disabled students’ reasons for choosing a specific HEI .......................................................................... 244
Figure 8. Factors influencing disabled students’ delayed entry into HE .......................................................... 245
Figure 9. Factors influencing disabled students’ experiences of the application process .......................................................... 246
Figure 10. Disabled students’ early experiences and perceptions of friendships in the first year of HE .......................................................... 247
Figure 11. Disabled students’ early experiences and perceptions of support in the first year of HE .................................................................. 247
Figure 12. Disabled students’ early experiences and perceptions of academic experiences in the first year of HE .................................................................. 248
Figure 13. Disabled students’ early experiences and perceptions of independence in the first year of HE .................................................................. 249
Figure 14. Disabled students’ end of term experiences and perceptions of friendships in the first year of HE .................................................................. 250
Figure 15. Disabled students’ end of term experiences and perceptions of support in the first year of HE .................................................................. 251
Figure 16. Disabled students’ end of term experiences and perceptions of academic aspects in the first year of HE .................................................................. 252
Figure 17. Disabled students’ end of term experiences and perceptions of independence in the first year of HE .................................................................. 252
Figure 18. Barriers that impacted friendship development and social experiences for disabled students in the first year of HE .................................................................. 255
Figure 19. Barriers that impacted support for disabled students and caused difficult experiences within the first year of HE .................................................................. 256
Figure 20. Barriers that impacted academic experiences and caused difficult experiences for disabled students in the first year of HE .................................................................. 258
Figure 21. Barriers that impacted the development of independence and caused difficult experiences for disabled students within the first year of HE .................................................................. 259
Figure 22. Enablers that aided the development of friendships for disabled students in the first year of HE .................................................................. 261
Figure 23. Enablers that contributed to positive experiences of support for disabled students in the first year of HE .................................................................. 263
Figure 24. Enablers that contributed to positive academic experiences for disabled students in the first year of HE .................................................................. 264
Figure 25. Enablers that influenced disabled students’ experiences of independence in the first year of HE .................................................................. 265
Figure 26. An explanation of the structure and layout of the DR ........................................................................ 268
Figure 27. A Diagrammatic Representation (DR) of disabled students’ personal journeys during the first year of HE .................................................................. 269
List of Handouts

Handout 1:

A Diagrammatic Representation (DR) to show disabled students’ personal journeys during the first year of HE.

This is the full-size version of Figure 27. It can be used alongside Chapter 4, 5 and 6.
Abbreviations

AS Asperger Syndrome
CAMHS Child and Adolescents Mental Health Services
CACHE Council for Awards in Care, Health and Education,
CPN Community Psychiatric Nurse
DDA Disability Discrimination Act
DDC Departmental Disability Coordinator
DED Disability Equality Duty
DES Disability Equality Schemes
DR Diagrammatic Representation
DS Disabled Students
DSA Disabled Students Allowance
FE Further Education
FEI Further Education Institution
HE Higher Education
HEFCE Higher Education Funding Council for England,
HEFCW Higher Education Funding Council for Wales
HEI Higher Education Institution/s
ICF International Classification of Functioning, Disability and Health
ICIDH International Classification of Impairment, Disability and Handicap
MHA Mental Health Advisor
NHS National Health Service
NSS National Student Survey
PGCE Post Graduate Certificate in Education
PMLD Profound and Multiple Learning Disabilities
PTSD Post Traumatic Stress Disorder
QAA Quality and Assurance Agency
RQ Research Question
RQs Research Questions
SHEFC Scotland Higher Education Funding Councils
SEN Special Educational Needs
SENDA Special Education Needs and Disability Act
UCAS Universities and Colleges Admissions Service
UPIAS Union of Physically Impaired Against Segregation
WHO World Health Organisation
Chapter 1 Introduction

This research explores the personal journeys of disabled students (DS) during the first year of Higher Education (HE). Within this chapter the context of the study is provided in order to set the scene and outline the focus of the current study. It also introduces the research questions (RQs) and outlines important terminology. Additionally, Appendix 1 identifies the researcher’s personal reasons for choosing the focus of the research.

1.1. Context and focus of the study

In HE in the United Kingdom (UK) disability is defined within anti-discrimination legalisation. Since September 2002 the Special Educational Needs and Disability Act (SENDA, 2001), which formed part IV of the Disability Discrimination Act (DDA), made it unlawful for Higher Education Institutions (HEIs) to discriminate against DS (Beauchamp-Pryor, 2012a; Fuller et al., 2009; Reaney et al., 2012). This was further strengthened in 2005 when the DDA was amended (DDA, 2005). Although the definition of disability remained similar to the original definition, it broadened the scope of the definition of disability to include a wider range of people (e.g. those with Multiple Sclerosis and Cancer) (DRC, 2007; Pearson and Watson, 2007). Moreover, the DDA (2005) introduced a Disability Equality Duty (DED) which aimed to promote disability equality and positive attitudes towards disability (Beauchamp-Pryor, 2012a; Disability Rights Commission, DRC, 2005; DRC, 2006; DRC, 2007). The most recent anti-discrimination legislation, the Equality Act 2010 (which aims to bring together several aspects of discrimination legislation), defines disability as:

“a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities” (Equality Act, 2010:4).

This definition of disability remains similar to previous definitions and under this definition of disability a wide range of impairments are included (e.g. those with physical or sensory impairments, mental health difficulties, specific learning difficulties and those with health conditions) and these must have a substantial (i.e. not minor), adverse effect on a person’s ability to carry out normal day-to-day activities (i.e. activities which are carried out by people frequently) which have lasted for at least twelve months or are likely to last for twelve months or more (DRC, 2007:18). When DS first apply to HE using the University and Colleges Admissions Services (UCAS) they are advised to self-disclose a disability via categories of disability on their application (Appendix 2), which adopt the definition outlined above.
A central feature of the anti-discrimination legislation in which disability is defined, particularly the more recent ones (e.g. the DDA as amended in 2001 and 2005, the DED introduced in 2006 and The Equality Act 2010), has been the concept of ‘reasonable adjustments’ made within education settings. Thus, HEIs (among other education settings) are required to demonstrate what ‘reasonable’ steps have been made to minimise barriers for DS to ensure ‘less favourable treatment’ is avoided (this includes adjustments to physical access, learning, teaching and assessment policies and practices) (Fuller et al., 2009). Therefore, recent anti-discrimination legislation has been considered a “valuable tool in driving forward the inclusive agenda” in HE and has helped disability to be understood in terms of barriers to inclusion (Reaney et al., 2012: 204).

Such policy changes were recognised as a move towards the social model of disability (which recognises that the difficulties experienced by disabled people were created by barriers within society) and a move away from practices dominated by the medical model of disability (which suggests that disability is caused by individual ‘problems’) (Fuller et al., 2009). However, tensions have been noted as the anti-discrimination Acts define disability within medical model terms (i.e. focus on impairments and individual difficulties) (Beauchamp-Pryor, 2013; Goss et al., 2000; Roulstone, 2003; Swain et al., 2003). Pearson and Watson (2007) identified this and explained that within anti-discrimination Acts disability is measured by individual assessments. For example, “how severe is the physical or mental impairment?” and “to what level does it impact on a person’s ability to carry out normal day-to-day activities?”. Nonetheless, the changes to legislation have been considered to help improve the access to HE for DS and since the mid-1990s the number of DS in HE has increased (Fuller et al., 2009; Healey et al., 2006; Weedon et al., 2008). Indeed, trends in disability statistics demonstrate that there has been an increase in the number of DS studying at HE undergraduate level, as shown in Table 1.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total of known disabled students</th>
<th>Total students</th>
<th>Percentage of disabled students (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>51275</td>
<td>705700</td>
<td>7.27</td>
</tr>
<tr>
<td>2008/09</td>
<td>55245</td>
<td>744845</td>
<td>7.42</td>
</tr>
<tr>
<td>2009/10</td>
<td>55630</td>
<td>750895</td>
<td>7.41</td>
</tr>
<tr>
<td>2010/11</td>
<td>60110</td>
<td>705385</td>
<td>8.52</td>
</tr>
<tr>
<td>2011/12</td>
<td>64250</td>
<td>693890</td>
<td>9.26</td>
</tr>
<tr>
<td>2012/13</td>
<td>58235</td>
<td>567725</td>
<td>10.26</td>
</tr>
<tr>
<td>2013/14</td>
<td>61845</td>
<td>576150</td>
<td>10.73</td>
</tr>
</tbody>
</table>

Table 1. Percentage of known first year UK domiciled disabled students (Higher Education Statistics Agency, HESA, 2014)
While this data focuses on first year UK domiciled undergraduate DS, the increase is also reflected in data representing the number and percentage of DS studying at undergraduate level more generally (Table 2).

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Percentage of students in HE with a known disability</th>
<th>Number of students with a known disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>7.40%</td>
<td>184550</td>
</tr>
<tr>
<td>2010/11</td>
<td>8.00%</td>
<td>199925</td>
</tr>
<tr>
<td>2011/12</td>
<td>8.60%</td>
<td>215370</td>
</tr>
<tr>
<td>2012/13</td>
<td>9.50%</td>
<td>221190</td>
</tr>
</tbody>
</table>

Table 2. Percentage of undergraduate students with a known disability in HE (Jones, 2014)

Statistics representing DS studying in HE have also demonstrated trends in the type of disability (Table 3).

<table>
<thead>
<tr>
<th>Type of impairment / category</th>
<th>Number of disabled students</th>
<th>Proportion of disabled students by impairment (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A specific learning difficulty</td>
<td>30040</td>
<td>48.57</td>
</tr>
<tr>
<td>Blind or a serious visual impairment</td>
<td>795</td>
<td>1.29</td>
</tr>
<tr>
<td>Deaf or a serious hearing impairment</td>
<td>1535</td>
<td>2.48</td>
</tr>
<tr>
<td>A physical impairment or mobility issues</td>
<td>2165</td>
<td>3.50</td>
</tr>
<tr>
<td>Mental health condition</td>
<td>7845</td>
<td>12.68</td>
</tr>
<tr>
<td>Social communication/Autistic spectrum disorder</td>
<td>2140</td>
<td>3.46</td>
</tr>
<tr>
<td>A long-standing illness or health condition</td>
<td>6390</td>
<td>10.33</td>
</tr>
<tr>
<td>Two or more conditions</td>
<td>4835</td>
<td>7.82</td>
</tr>
<tr>
<td>Another disability, impairment or medical condition</td>
<td>6100</td>
<td>9.86</td>
</tr>
<tr>
<td><strong>Total known to have a disability</strong></td>
<td><strong>61845</strong></td>
<td><strong>61845</strong></td>
</tr>
<tr>
<td><strong>Total students</strong></td>
<td><strong>576150</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Proportion of first year disabled undergraduate students by impairment/ category of disability (2013/14) (HESA, 2014)

These statistics demonstrate the prevalence of first year UK domiciled DS studying at HE with a specific learning difficulty in 2013/14. In line with other research, it suggests that the increase in the participation of DS can be associated with the increase in the declaration of a certain type of impairment, namely dyslexia (Gorard et al., 2007; Hopkins, 2011; Riddell and Weedon, 2009; Riddell et al., 2007). Similarly, Beauchamp-Pryor (2013: 57) analysed statistics received from the HESA (2004, 2008) which also identified the prevalence of this type of impairment in the HE student population (Table 4). It demonstrated the significant
increase in the proportion of students identified with this type of impairment (categorised as a learning difficulty) since 1994/1995 - 2007/2008 in comparison to other impairments in the student population.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning difficulty</td>
<td>0.31</td>
<td>2.01</td>
<td>3.33</td>
</tr>
<tr>
<td>Blind/partially sighted</td>
<td>0.09</td>
<td>0.15</td>
<td>0.16</td>
</tr>
<tr>
<td>Deaf/hearing impaired</td>
<td>0.14</td>
<td>0.28</td>
<td>0.3</td>
</tr>
<tr>
<td>Wheelchair user/mobility difficulty</td>
<td>0.19</td>
<td>0.22</td>
<td>0.27</td>
</tr>
<tr>
<td>Personal care and support</td>
<td>0.01</td>
<td>0.01</td>
<td>0.02</td>
</tr>
<tr>
<td>Mental Health Difficulty</td>
<td>0.05</td>
<td>0.21</td>
<td>0.42</td>
</tr>
<tr>
<td>Unseen Disability</td>
<td>0.87</td>
<td>1.13</td>
<td>1.13</td>
</tr>
<tr>
<td>Multiple Disabilities</td>
<td>0.12</td>
<td>0.44</td>
<td>0.62</td>
</tr>
<tr>
<td>Disability not listed above</td>
<td>0.23</td>
<td>0.64</td>
<td>0.87</td>
</tr>
</tbody>
</table>

Table 4. Percentage of disabled students by type of impairment (Beauchamp-Pryor, 2013: 56)

Interestingly, Gorard (2008) and Hopkins (2011) argued that if the figures for dyslexia are subtracted from the figures for disability, there has been no overall growth in the proportion of other types of DS in HE since 1994/95.

The increase in the number of DS studying at HE has subsequently brought about a growth in studies exploring DS’ experiences in HE (e.g. Beauchamp-Pryor, 2007; Borland and James, 1999; Fuller et al., 2009; Hall and Healey, 2004; Hall and Tinklin, 1998; Goode, 2007; Harrison et al., 2009; Holloway, 2001; Hopkins, 2011; Jacklin et al., 2007; Madriaga, 2007; Madriaga et al., 2010; O’ Connor and Robinson, 1999; Piggot and Houghton, 2007; Riddell, 1998; Wray, 2013). Significantly, it has caused a much-heralded ‘turn’ to explore the voices and ‘lived experiences’ of DS in HE and this has provided important insights into DS’ experiences. Prior to this, Hurst (1993, 1996) observed that there was an absence of research related to DS in HE and moreover an omission of their voice from the existing studies (e.g. Bookis, 1985; Stowell, 1987).

Since Hurst’s (1996) observation, subsequent research has recognised the importance of lived experience when exploring DS’ experiences in HE. Initially, there were a handful of small-scale studies exploring DS’ experiences in HE in the UK (Borland and James, 1999; Hall and Tinklin, 1998; Holloway, 2001; Riddell, 1998). These focused on between six and twenty-two participants and provided a valuable insight into their experiences in HE. For example, Hall and Tinklin’s (1998) research explored, in-depth, twelve DS’ experiences of HE and encouraged students to reflect on their perceptions and experiences of being in HE. Following such studies, a large-scale research project was undertaken (Fuller et al., 2009). This was funded by the Economic and Social Research Council’s Teaching and Learning
Research Programme (‘Enhancing the quality and outcomes of DS’ learning in HE’) and several publications discussing DS’ experiences in HE have been related to this research (e.g. Fuller, Healey et al., 2004; Fuller, Bradley et al., 2004; Riddell and Weedon, 2014). It involved four surveys of DS in universities (n=1171) and a small sample of non-DS for comparison (n=272); institutional case studies of four universities (two pre-1992 universities and two post-1992 universities) based on key informant interviews (n=28), observations of learning environments and statistical and documentary analysis; and longitudinal case studies of thirty-one DS. It was a welcome addition to the field of disability research in HE because of the strength in the size and duration of the project. Additionally, other research has explored DS’ experiences of HE using DS’ perspectives as part, or all, of their data collection methods (e.g. Beauchamp-Pryor, 2007; Goode, 2007; Hopkins, 2011; Jacklin et al., 2007; Madriaga, 2007; Madriaga et al., 2010; Redpath et al., 2013; Taylor et al., 2009). Other related research has evaluated provision from a range of previous studies and used surveys and case studies from HEIs in England and Wales (Harrison et al., 2009).

The majority of these studies have explored the range of barriers encountered by DS in HE. They have predominantly explored barriers associated with the support provided within HE, difficulties associated with student identity and disclosure of disability, challenges related to the teaching, learning and assessment in HE (both in terms of the teaching and learning that is provided in HEIs and in terms of the demands associated with academic requirements in HE) and recognised the inconsistency between policy and practice in HEIs. Some studies have also explored elements of social aspects (e.g. Beauchamp-Pryor, 2007; Jacklin et al., 2007 as part of a larger project), but it is often a small part of the research and has not been reported on extensively, particularly in comparison to other more academic elements.

Within the research exploring DS’ HE experiences, there has also been some exploration into the transitional experiences of DS, although this has again been relatively limited and has tended to omit specific years from its focus. Often research has only recognised areas of difficulty for DS during the early experiences of HE (e.g. the disclosure of disability, the importance of information prior to entry in HE and accessing support) as a part of their study (e.g. Beauchamp-Pryor, 2007; Goode, 2007; Hall and Tinkin, 1998; Holloway, 2001; Hopkins, 2011; Piggot and Houghton, 2007; Redpath et al., 2013; Sanderson, 2001; Wray, 2013). Furthermore, where research has focused on transitional elements more specifically it has explored literature (National Disability Team, NDT, 2004); focused on DS’ experiences of transition into and beyond HE as part of a larger study (e.g. Beauchamp-Pryor, 2007; Weedon and Riddell, 2009; Weedon and Riddell, 2010); and when research has focused on specific years in HE it has focused on the first year experiences of
students with a specific subset of disabilities (e.g. Elliot and Wilson, 2008; Madriaga et al., 2008). Additionally, with the exception of Madriaga et al.’s (2008) research, the studies related to transition often involve DS from various years reflecting back on their experiences. Consequently, studies focusing on DS have failed to explore DS’ progression into and through the first year of HE.

However, exploring transition and the experiences of DS during the first year of HE is important because it is recognised as a challenging experience for many students of all backgrounds, ethnicity and ability (NDT, 2004; Wray, 2013). Specifically, the transition into HE can be challenging because it is a totally new environment where students will need to engage with a multitude of new and unfamiliar processes, which students may or may not be prepared for (Brinckerhoff, 1996). For many it is a leap into the “unknown” and a significant shift from the more controlled environments students have experienced, both at home and in earlier experiences of education (Lowe and Cook, 2003: 2). Thus, students entering HE will need to deal with changes in academic, social, personal and geographical aspects at the same time, in order to be successful in HE (Johnston, 2010; Whittaker, 2008). They will also need to assess how their strengths and weaknesses will manifest in this “new world” (Piggot and Houghton, 2007: 580). Where students experience difficulty adapting to such changes on entry to HE, it is likely to influence their decision to remain in HE and their subsequent progression. Therefore, all students will ultimately vary in their ability to adapt to the new structures and processes of HE (Whittaker, 2008; Yorke, 2000a). The difficulty adapting is evident as student withdrawals from HE are more likely to occur during the first year of HE (Ertl et al., 2008, Yorke, 2000a).

Although research literature has recognised the challenges that non-DS face on entry to HE and within the first year more generally (e.g. Foster, 2009; Harvey et al., 2006; Kantanis, 2000; Whittaker, 2008; Yorke, 2000a; Yorke 2000b, Yorke and Longden 2007; Yorke and Longden 2008) there has been much less consideration regarding the transition and first year experiences of DS in HE (as outlined above). However, it is a pertinent area to consider as DS often have additional or more complex factors to consider on entry into HE in comparison to the general student population (Adams and Brown, 2006; Hopkins, 2011; National Disability Team, NDT, 2004; Riddell et al., 2010; Tozer, 2006). For example, the NDT (2004), in their review of literature exploring transition and aspiration, recognised the disclosure of disability, isolation, adjusting to living away from home and dealing with negative attitudes from staff and peers as additional factors that influenced DS’ entry. Additionally, the NDT (2004) indicated that DS often lacked the necessary skills to make the transition, as well as the provision to help them to do this in comparison to non-DS. Similarly, Adams and Holland (2006:15) reflected how DS may be required to adjust to
different support systems and build relationships with new support workers on entry to HE, when this is not effective it can cause DS to drop-out (Riddell et al., 2010). Thus, the additional difficulties DS may experience on entry into HE indicates the significance of focusing on the transition experiences of DS during the first year.

Moreover, the nature of the adaptations required when entering HE may also vary depending on the severity and type of impairment a student may have. In support of this, Mayes (2009), reporting on behalf of the Quality Assurance Agency (QAA), recognised that the increasing heterogeneity of the student population requires a flexible system of support with various methods to aid the transition into and through the first year of HE. Thus, it is beneficial for HEIs to be aware of factors that will impact upon learners during transition. Consequently, the importance of exploring individual experiences of transition during the first year of HE is necessary to ensure that all students can experience a successful transition.

Another important aspect of transition is that it is more useful to consider transition as a longitudinal process rather than a short-term event (Hodgkin, 2014; Shuter, 2009). Indeed, Whittaker (2008), who explored the transition ‘to and during the first year experience of HE’ more generally, concluded that a significant feature of an effective transition should be that it is considered as a longitudinal process; beginning at the pre-entry stage and continuing to the end of the first year. The importance of transition as a process informed this research. Therefore, in the context of this thesis transition refers to the DS’ progression into HE (from Further Education, FE, sixth form, employment or other) and continued throughout the first year (until the end of first year in HE).

The current study focused on DS’ experiences during the first year of HE. Significantly, it drew together two important aspects of research that have been recognised in previous HE literature. That is, DS’ experiences prior to and during HE and the importance of transition and the first year of HE. Unlike a number of previous studies (outlined above), this study focused on the individual experiences and perceptions of a number of DS and provides an in-depth insight into their personal journeys during this first year of HE. By sharing their personal and lived experiences across a number of aspects of their lives (e.g. social, academic, provision, independence, personal and financial), this study provides a unique opportunity to examine the potential barriers and enablers which DS may encounter during the first year of HE. Furthermore, because the DS’ personal journeys were captured throughout this first year it also allowed the progression of key areas to be explored. It provides not only a more detailed picture of life within HE for first year DS, it also identifies positive ways in which HEIs can develop their own practice to support such
students more effectively during this first year of HE. This study therefore has two key foci: 1) to provide the opportunity and space for the voices of individuals to be heard to inform our current knowledge and 2) to enable us to develop processes and practices within HE to better support the needs of our DS during the first year.

1.2. The RQs and aim of the research

The overall aim of the study was to evaluate DS’ personal journeys during the first year of HE. It aimed to provide a space for their voices to be heard in order to explore their lived experiences and perceptions during this time. In addressing this aim, the study gave rise to the following RQs:

1. What are the perceptions and experiences of DS during their personal journeys through the first year of Higher Education (HE)?
2. What perceived barriers impact upon transition for DS during the first year of HE?
3. What perceived enablers impact upon transition for DS during the first year of HE?

These RQs were designed to develop a better understanding and a more complete picture of the DS’ transitional experiences during the first year of HE. They focused on identifying and exploring the factors that influenced this process, both positively and negatively, during the time the research was undertaken. They also ensured that the DS were provided with opportunities to express their own thoughts, and beliefs about their journey.

1.3. A note on terminology

Although the previous sections have aimed to contextualise the study and introduce key terms used within the thesis, this section aims to further clarify specific words and phrases. Table 5 reflects such terminology.
<table>
<thead>
<tr>
<th>Term</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>The research has been informed by the legal definition of disability within anti-discrimination legislation which includes a range of visible as well as hidden disabilities, including mental health difficulties and long term illnesses. The research has used this definition of disability as this is what HEIs have to comply with to ensure DS are not discriminated against and to ensure ‘reasonable’ steps have been made to minimise barriers for DS. Although the definition has been critiqued because of its medical model focus, the research aims to explore a range of barriers that may cause disabling factors, rather than simply focusing on individual difficulties.</td>
</tr>
<tr>
<td>Disabled student</td>
<td>Throughout this research the terms ‘disabled student’ or ‘disabled people’ is used to reflect that the work is synonymous with the social model of disability and the social construction of disability (Oliver, 1990; Oliver and Barnes, 2012). Whilst it is acknowledged that ‘disabled people’ could appear to prioritise disability before the individual, and therefore reflect a negative perception of disability, ultimately it reflects a political stance (Swain et al., 2003).</td>
</tr>
<tr>
<td>Self-identify</td>
<td>Within the recruitment process the students were asked to self-identify themselves as disabled via the UCAS categories, which adopted the definition of disability outlined in the anti-discrimination legislation. The researcher was aware that this aligned with medical model ideals, but there were clear methodological reasons as to why this was necessary.</td>
</tr>
<tr>
<td>Transition</td>
<td>Transition is viewed as a longitudinal process. Therefore, for the scope of this research the transition process started when the DS decided to enter and apply for HE and continued until the end of the first year.</td>
</tr>
<tr>
<td>Personal journey</td>
<td>The personal journey referred to in the research explores the DS’ perception and experiences of the changes, barriers and enablers throughout the first year of HE. In order to depict the personal journeys of the DS their perceptions and experiences were explored as they entered into and progressed through the first year of HE.</td>
</tr>
<tr>
<td>Progression</td>
<td>Progression referred to how the DS’ perceptions and experiences changed or developed during the first year of HE as a result of the enablers and barriers experienced.</td>
</tr>
</tbody>
</table>

Table 5. Terminology used throughout the thesis
1.4. Summary and overview of the thesis

Although research has explored DS’ experiences of HE, there is an absence of research that explores how they cope with and experience the first year of HE, particularly as they progress through this year. This research aims to provide a space for DS in HE to share their voice in order to improve and develop an understanding of their personal journeys during the first year.

This chapter has provided an introduction to the context and focus of the study, introduced the RQs and outlined terminology which shaped the research. The following chapter (Chapter 2) explores the literature pertinent to the research area. Chapter 3 explores and outlines the methods of the study. It describes and justifies the research design and data collection methods chosen for this research. Chapters 4 and 5 discuss the outcomes of the research in line with evidence from previous findings. Chapter 4 focuses on the disabled students’ initial experiences and perceptions of HE. Chapter 5 outlines and discusses the experiences of these students during the first year. The final chapter draws together the findings, introduces a Diagrammatic Representation (DR) of the DS’ personal journeys during the first year of HE and outlines the significance of the research. Additionally, further information to support the research is also provided throughout the Appendices. This includes information regarding the participants, data collection methods, ethics, recommendations for HEIs and other elements of the research process.
Chapter 2 Literature review

This chapter explores the literature associated with the topic and is broken down into four broad areas. The first is an exploration into how disability has been understood within society. The second explores disability and HE, outlining the progression (and difficulties in the movement) towards inclusion within HEIs. The third explores the concept of transition in HE and the final section explores the literature pertaining directly to the DS’ experiences in HE.

2.1. Understanding disability

2.1.1. Introduction
Exploring conceptions of disability is important because it provides an insight into how impairments have been understood in the past (Oliver and Barnes, 2012; Stephens, 1995) and how these perceptions have influenced more recent understandings of disability (Finklestein, 1980; Mackleprang and Salsgiver, 2009; Oliver and Banes, 2012; Tassoni, 2003). There are several theoretical models that have been developed to portray the concept of disability. This section explores the dominant models of disability within our society and in Disability Studies to demonstrate how our understandings of disability have developed. Essentially, there have been two schools of thought (these are medical and social discourses), although other more recent models have also been developed (e.g. Affirmative model). These three models are explored throughout this section.

2.1.2. Traditional views of disability
Throughout history the overarching attitude and perception towards disability has been entrenched in negativity and oppression (Baglieri and Shapiro, 2012; Barnes, 1991; Barnes, 1997; Charlton, 2006; Gleeson, 1997; Finklestien, 1980; Hodkinson and Vickerman, 2009 Mackleprang and Salsgiver, 2009; Shakespeare, 2008; Winzer 1997; Zastro, 2013) and traditionally disabled people have been considered as “individuals who are incapable and neither expected nor willing to participate in or contribute to society” (Coopman, 2003: 342). This is supported by others who have written texts/chapters exploring the history of disability (e.g. Baglieri and Shapiro, 2012; Barnes, 1991; Barnes, 1997; Mackleprang and Salsgiver, 2009; Shakespeare, 2008; Winzer, 1997; Zastro, 2013). It has also been noted in such texts that throughout history disabled people have also been exploited, treated as objects of entertainment or pity (Baglieri and Shapiro, 2012; Barnes, 1991; Zastro, 2013) and have been segregated within society (Barnes, 1991; Finklestien, 1980; Hodkinson and
Vickerman, 2009; Mackelprang and Salsgiver, 2009). Thus, the overarching understanding towards disability throughout history has been predominantly negative.

Indeed, Tassoni (2003) argued that in modern society we are left with the remnants of these negative attitudes which exist as “stereotypes” (Hunt and Hunt, 2004: 266). For example, disabled people are frequently pitied, considered to lead less fulfilling lives, are feared or considered heroic and brave (Tassoni, 2003). Although Tassoni’s (2003) views have not been based on empirical evidence, other research exploring perceptions towards disability observed that such attitudes are still present in society today (Aiden and McCarthy, 2014; Davies, 2006; Hogan and Llewellyn, 2000; Robinson et al., 2007; Staniland, 2010). For example, the latter indicated that although there has been improvement in attitudes towards disabled people, in 2009 nearly three quarters of the participants (overall sample size 1877) still felt that disabled people need caring for, some or all of the time (Staniland, 2010). Additionally, it was identified that nearly four in ten people felt that disabled people were less productive than non-disabled people (Staniland, 2010). Thus, attitudes that disabled people are in need of care and less capable still persist. Furthermore, additional research has indicated that disabled people would like to see changes in attitudes towards disability from the general public (Copestake et al., 2014).

It has also been argued that society has been predisposed to understand the negative elements of disability. Indeed, this is reflected within the word itself (Goodley, 2011). Mackleprang and Salsgiver (2009: 18) explained that,

“The prefix dis- has meanings such as “no” “not any”. Able means competent or capable. Thus, disability means to not be able or without ability”

Furthermore, “disability hints at something missing either fiscally, physically, mentally or legally” (Davies, 1995: xiii). These negative representations of disabled people have been reflected in the terminology associated with disability. For example, degrading or passive labels such as ‘crippled’, ‘deformed’, ‘crazy’, ‘ineducable’, ‘defective’, ‘retarded’, ‘sufferers’, ‘wheelchair-bound’ and ‘the disabled’ have frequently been used throughout the twentieth century, in both everyday language and in policy to describe disabled people (Swain et al., 2003). The difficulty with such terms is that they do not encourage or promote respect for disabled people, rather they stereotype and stigmatise disabled people treating them as one group which often equates to inadequacy or inability (Baglieri and Shapiro, 2012; Runswick- Cole and Hodge, 2009). This suggests a better understanding of disability is required by people in society.
2.1.3. Medical model of disability

A dominant approach to understanding disability throughout history has been rooted within the medical model of disability (Cameron, 2010; Goodley, 2011; Oliver, 1990). Within this medical origin, disability has been associated with the functional limitations of the impairment (Crow, 1996). Here, a person without eyesight would be seen as disabled because of their sensory condition. The medical model of disability was established from the World Health Organisation’s (WHO) definition of disability which introduced three specific components in order to define disability in 1980. These were:

**Impairment:** any loss or abnormality of psychological, physiological or anatomical structure or function.

**Disability:** Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

**Handicap:** disadvantage for a given individual, resulting from an impairment of disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, social and cultural factors) for that individual (WHO, 1980: 27-29).

Thus, disability was individualised and located firmly within the person. It was argued that the emphasis on the biological origins of disability meant that it was detached from political and social influences (Fulcher, 1999; Oliver, 1990; Thomas, 2004). In doing so, the medical model of disability suggested that it is the person that needs to be flexible and changeable, whilst society is permanent and unchangeable (Brett, 2002: 828).

According to Shakespeare (2006), how disability was understood within the medical model of disability was viewed favourably by some because it provided an accurate description of some disabled peoples’ experiences. Other benefits associated with this way of understanding disability have also been recognised. For instance, the provision of medical support can benefit people with disabilities by improving their functioning and skills (Danforth, 2001; Goodley, 2011; Johnstone, 2001). In support of this, Lutz and Bowers (2005) observed that disabled adults held personal care and long-term support in high regard because it allowed them to carry out their lives. Additionally, Brett (2002) argued that the benefits of medical professionals can be observed in children with profound and multiple learning disabilities as they are rarely able to make decisions themselves. Thus, medical professionals may be invaluable for an individual’s health. Furthermore, educational research has acknowledged that the diagnosis of impairment can be positive. It can provide relief for individuals and their families because it offers a reason for any difficulties experienced or certain behaviours displayed (e.g. Glazzard, 2010; House of Commons, 2006; Mesibov et al., 2001; Read et al., 2006). Moreover, it allows individuals to have access to necessary support.
(Hickman and Jones, 2005; Murphy et al., 2009; Norwich 1993; Rix, 2007). Therefore, it is possible to see how the medical model of disability influences disabled people’s lives:

“It materialises in everyday practices through the myriad of behaviours, decisions and interactions ... in which disabled people experience their lives [and] in the way services are delivered [and] plans are made ...” (Cameron, 2010: 8).

Although the medical conception of disability has been perceived as the most dominant discourse of disability throughout history and some uses have been identified in relation to this understanding of disability, it is now widely acknowledged that many of the barriers that disabled people face are caused by the structure of society (Baylies, 2002). Thus, the medical model has, and continues to be, criticised by disabled activists and other academics. Several of the criticisms are associated with the main features outlined above. For example, disabled activists identified that there was a significant correlation between the meaning of impairment, handicap and disability within the model (Finklestein, 1993). This was considered a fundamental flaw within the medical approach to understanding disability as all three terms determined that personal limitations caused disadvantage. Therefore, the medical model failed to take into account the social aspects that cause disability, focusing on the individual’s weaknesses, deficiencies, incompetencies and abnormalities (Coles, 2001; Crow, 1996; Goss et al., 2000; Swain and French, 2004a). Essentially, disabled people needed to adopt coping mechanisms and overcome disability in order to participate within society (Davies, 1995; Oliver and Barnes, 1997). In this way, Oliver (1990; 1996a) argued that the medical model championed “normality”, as constructed by non-disabled people. This was also reflected by others (e.g. Cameron, 2010; Terzi, 2004; Terzi, 2005). In support of this, it has also been argued that the medical model of disability has led to stigmatising and unhelpful labels for those who appear outside of the ‘norm’ (Johnstone, 2001; Murphy et al., 2009; Terzi, 2005).

This model is also further critiqued for its focus on medical professionals as experts (Oliver, 1990). It is argued that the reliance on professionals as experts has failed to empower disabled people, portrays non-disabled people as superior and has led to professionals dominating decisions for disabled people on how they should live their lives - both medically and politically (Brett, 2002; Goss et al., 2000; Johnstone, 1998; Oliver, 1990).

Moreover, the medical model depicts the image that disabled people lead less desirable lives than non-disabled people because they are unable to fully participate within society because of their physical or mental restrictions. This is demonstrated by Davies (2006) and Hogan and Llewellyn (2000) who observed how negative perceptions extended to the family members of disabled people. It was identified that the general population thought positive relationships and the love of a disabled child was only a “romanticisation or
rationalism of being stuck with the burden of a damaged child” (Davies, 2006: 108). These perceptions related to a close counterpart of the medical model of disability that viewed disability as a “personal tragedy”. Both Fulcher (1999) and Deal (2007) identified similarities between these models because of the focus on oppression and the individual’s limitations.

There were further developments to the medical model approach to defining disability between the late 1990s and 2001 because of the increased criticism received from disabled activists (Oliver and Barnes, 2012; Stephens and Kramer, 2010). The International Classification of Functioning, Disability and Health (ICF) (or ICIDH 2) outlined a definition of disability that combined the individual and social conceptions of disability:

“Disability and functioning are viewed as outcomes of interactions between health conditions (diseases, disorders and injuries) and contextual factors” (WHO, 2002: 10).

Whilst it represented a progression in the conception of disability in comparison to its predecessor above, the definition continued to gather criticism because the focus of disability remained within medical or health boundaries. It stated that,

“Disability ... involves dysfunctioning at one or more of these same levels: impairments, activity limitations [difficulties an individual may have when performing or executing an activity], participation restrictions [problems an individual may experience]” (WHO, 2002: 10).

Thus, disability remained with the individual’s limitations.

2.1.4. Social model of disability

In a radical challenge to the medical model of disability, the Union of Physically Impaired Against Segregation (UPIAS), a disabled activist organisation, offered an alternative explanation of disability (Barnes, 1997); the social model of disability. It is argued that this model has dominated thinking about disability in Britain since its inception (Goodley, 2011). The creators of the social model of disability identified disability as the social limitation of society, rather than the functional limitations of the body (Oliver, 1990). Here, a person without eyesight would be seen as disabled not because of the sensory impairment, but because of the barriers that prevented full participation in society. Significantly, this model of disability distinguished between impairment and disability (Oliver and Barnes, 2012). For example,

**Impairment:** functional limitation within the individual caused by physical, mental or sensory impairment.

**Disability:** is a disadvantage or restriction caused by the social organisation which takes little or no consideration of impairments and excludes them from participation (UPIAS, 1976).
It is the redefining of disability within the social model of disability that can be observed as the catalyst that brought about new understandings of disability within society and is central to debates surrounding disability issues (Barnes, 2012).

There are several positive concepts associated with the understanding of disability within the social model of disability. However, the defining feature of the model is that disability is constructed by social and political barriers, rather than individual limitations. This is clearly identified by Oliver (1996a), a key architect in the development of the social model of disability, he stated that

“It does not deny the problem of disability but locates it squarely within society. It is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide adequate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation.” (Oliver, 1996a:32).

Thus, he asserted that disablement had nothing to do with the body (Oliver, 1990). This change in thinking was a ‘paradigmatic leap’ which switched the focus from impairment to the exclusion, oppression and marginalisation within society (Olkin, 2009:12; Terzi, 2005). Additionally, Oliver and Barnes (2009) argued that disabled people have frequently lacked control over their lives and have been silenced in the decisions that impact upon their experiences and within research itself. However, by distinguishing between disability and impairment it has encouraged disabled people to consider their strengths and take control of their lives (Mackelprang and Salsgiver, 2009). Thus, disabled people began to detail difficulties encountered in several aspects of policy; including education, housing, health, benefits and social support (Barnes, 1991). Crow (1996: 207) demonstrated how this empowerment and control impacted upon her own personal life,

“the social model of disability has enabled me to confront, survive and even surmount countless situations of exclusion and discrimination ... it has played a central role in promoting disabled people’s individual self-worth, collective identity and political organisation”.

Thus, the social model allowed disabled people to demand rights and express their anger and frustration at the exclusion experienced (Shakespeare and Watson, 2002; Thomas, 2004).

However, several debates or uncertainties have also been identified. Firstly, as the model was created by disabled activists it has been considered to be biased because not all disabled people had such strong views or self-advocacy skills (Barnes, 1997; Goodley, 2011). Secondly, it is argued that the social model has not been accepted within society because it has only sensitised the negative attitudes towards disability, rather than developed positive perceptions (Brett, 2002; Coles, 2001; Deal, 2007). In support of this, Swain et al. (2003),
promoters of the affirmative model (section 2.1.5), argued that the model has simply managed to redefine impairment and disability, rather than alter attitudes towards disability within society. Therefore, the problem has only shifted (Swain et al., 2003). It is argued that a true ideology of disability would highlight that disabled people are equal to non-disabled people in terms of humanity and unequal in terms of the support needed (Low, 2006).

Finally, the most common criticism surrounding the social model centres on the omission of impairment within the definition of disablement (Crow; 1996; Harris, 2000; Morris, 1996; Shakespeare and Watson, 2002; Shakespeare, 2006; Terzi, 2004). It is argued that the social model provides a one-dimensional analysis of disability and the rejection of the influence of the physical and physiological experiences of impairments, insisting that disablement is entirely socially created, is a weakness of the model (Low, 2001; Low, 2006; Shakespeare, 2006). In support of this, Crow (1996), a disabled feminist, acknowledged that impairment may restrain an individual’s activities to the extent that restriction of the outside world becomes irrelevant. Thus, the difficulties experienced may not simply cease to exist once the social barriers are removed (Crow, 1996; Harris, 2000; Morris, 1996; Shakespeare and Watson, 2002). Consequently, for many disabled people, the experience of impairment will have a significant part to play in their lives.

The omission of impairment has called for a re-conceptualisation between impairment and disability within the social model of disability (Crow, 1996; Sheldon et al., 2007; Thomas, 2007). However, there is understandable caution surrounding the inclusion of impairment within the social model of disability. Both those who have supported the omission of impairment from the social model of disability (Finklestein, 1996) and those who critiqued it have acknowledged the danger of including impairment within the conception of disability (Crow, 1996; Shakespeare, 1992; Shakespeare, 2006). Shakespeare (1992:40) succinctly summarised this fear and explained that,

“to mention biology, to admit pain, to confront impairments, has been to risk oppressors seizing on evidence that disability is “really” about physical limitation after all” (Shakespeare, 1992: 40).

The critique regarding the omission of impairment has also been addressed by Oliver (2004) himself. He explained that:

“The social model of disability does not ignore questions and concerns relating to impairment and/or the importance of medical and therapeutic treatments. [but] It acknowledges that in many cases, the suffering associated with disabled lifestyles is due primarily to the lack of medical and other services ... [and] the real misfortune is that our society continues to discriminate, exclude and oppress people with impairments viewed and labelled as disabled” (Oliver, 2004: 23).
Thus, the denial of impairment within the social model is not a denial at all, rather it is pragmatic and purposeful to address political action over medical and professional treatment (Oliver, 1996b). The model was not developed to deal with personal experiences, but to create a new way of thinking or understanding of disability (Finklestein, 1996; Hogan and Llewellyn, 2000; Oliver, 1996b; Smart, 2009). Therefore, Oliver (1996a) argues that the critique associated with impairment within the social model of disability has been wrongly placed and is a conceptual misunderstanding. The limitations of the social model were not with the model itself, but the way it has been utilised. As the social model of disability has aided the removal of institutional, environmental and attitudinal barriers, allowed progression within the disability movement and within anti-discrimination legislation, it could be argued that the social model has developed understanding of the barriers disabled people face (Johnstone, 1998; Johnstone, 2001).

However, Oliver’s (2013) more recent paper has argued that the critiques associated with the social model of disability have taken disabled people back more than thirty years. Specifically, the focus on impairment being absent from the model has brought about unwelcome changes to the benefits system, where only those with more severe impairments benefit. Consequently, this has resulted in disabled people campaigning in defence of benefits and adopting roles that portray them as tragic victims of impairments. He reflected that, “The disabled peoples’ movement that was once united around the barriers we had in common now faces deep divisions and has all but disappeared, leaving disabled people at the mercy of an ideologically driven government with no-one to defend us except the big charities” (Oliver, 2013: 1026).

Thus, it is argued that perceptions of disability have recently shifted to reflect the earlier more negative conceptions of disability.

2.1.5. Affirmative model of disability
In response to the weaknesses of the previous models of disability, Swain and French (2000), drawing upon the disability arts movement, introduced the idea of an affirmative model of disability. Essentially it is

“a non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people grounded in the benefits of lifestyle and life experience of being impaired and disabled” (Swain and French, 2000: 569).

Thus, the affirmative model emerged in response to the negative assumptions associated with disability within society (Swain and French, 2000). It directly opposes the ‘personal tragedy’ concept of disability as it is constructed within the medical model of disability (Swain and French, 2004a; Swain and French, 2008). Rather, disability is portrayed as an affirmative part
of a disabled person’s identity and one that has contributed positively to their quality of life and lifestyle (Swain and French, 2008). Affirmation occurs through the rejection of non-disabled attitudes that assumes disability is a disadvantage and influences a person’s quality of life detrimentally, to the extent that they need to be cured. According to Morris (1993) the perception that a disabled person wants to be someone else because of their impairment is one of the most oppressive experiences of being disabled. Thus, the affirmative model of disability attempts to alter the perception of both disability and impairment and challenges the conception of normality; emphasising, embracing and celebrating diversity within society (Swain and French, 2000).

Additionally, the affirmative model strengthened weaknesses identified in the social model of disability (Swain and French, 2000), particularly those of disabled feminists (e.g. Crow; 1996; Morris, 1996). It extended aspects of the social model of disability by encouraging positive attitudes towards disability and included the experience of impairment. This was further built on by Cameron (2008) who put forward definitions of impairment and disability, before updating these and embedding them within practical experiences and insights from disabled people in his thesis in 2010:

**Impairment:** physical, sensory, emotional and cognitive difference, divergent from socially valued norms of embodiment, to be expected and respected on its own terms in a diverse society.

**Disability:** a personal and social role which simultaneously invalidates the subject position of people with impairments and validates the subject position of those identified as non-disabled (Cameron, 2010: 113).

It was argued this aided the clarity of the affirmative model of disability. Significantly, the definitions underpinning the affirmative model removed the concept of ‘normality’, ‘loss’ and ‘limitations’ as discussed within the previous models of disability (Terzi, 2004). Rather, impairment was introduced as a characteristic of human difference (Cameron, 2008; Cameron, 2010). Thus, the affirmative model acknowledged that impairment can be seen an ordinary part of a person’s experience (Swain et al., 2003; Kurma and Manfredi, 2012).

Despite the optimistic elements put forward within the affirmative model, Swain and French (2008) identified and addressed the perceived conceptual weaknesses associated with the model. Firstly, mirroring the social model, it is evident that not all people will have positive perceptions of disability or have the self-advocacy skills to promote such perceptions and ‘celebrate difference’. Additionally, Swain and French (2008) did not deny that disabled people may indeed find impairment problematic, which may cause difficulty with affirmation; for example, disabled people may experience chronic pain from an impairment. However, the purpose of the model was not to deny that there can be negative
experiences resulting from impairment, but that this is not all that impairment is about (Cameron, 2010). Thus, the model challenges assumptions that the impairment is solely negative and something that a disabled person wishes to remove. Swain and French (2000) argued that it is not the impairment that is disabling, but society’s assumption that to live with an impairment is tragic. A further line of criticism centred on the multiple or ‘fractured’ identities that people adopt (Swain and French, 2008). However, they argue that a fixed disabled identity was not the intended outcome of the affirmative model. Instead, the model encouraged the development of an affirmative identity over time to challenge the multiple stereotypes and prejudice they experience within society (Swain and French, 2008). These may not be confined to disability. The affirmative model of disability focused on “valuing individuals and celebrating difference[s] irrespective of race, sexual preference, gender, age and impairment” (Swain and French, 2000:580). Therefore, it can be considered useful in promoting a new understanding of disability, one that promotes difference and diversity as a positive rather than a dilemma, a perception also discussed by Terzi (2005). Other critiques of the affirmative model and its conception of disability have been sparse.

2.2. Disability and inclusive education: key concepts

2.2.1. Introduction

In education, debates regarding inclusion and disability have frequently been discussed within compulsory educational settings, within discussion papers and empirical research (e.g. Baker, 2007; Barton, 2003; Farrell, 2001; Florain, 2008; Houghton, 2005; Norwich, 2008; Riddell and Brown, 1994; Runswick-Cole, 2011; Runswick-Cole and Hodge, 2009; Thomas and Loxley, 2001; Topping, 2012; Warnock, 2005; Wedell, 2008), within government policies (e.g. Department for Education, DfE, 2011; Department for Education and Employment, DfEE, 1997; DfEE, 1998; Department for Education and Skills, DfES, 2004; Department of Education and Science, DES, 1978) and within other reports (House of Commons, 2006; Lamb, 2009; Ofsted, 2010). However, inclusion within HE has been discussed less frequently, perhaps because of the lower participation rates of disabled people within such settings. Nonetheless, as HE has progressed into a mass system there has been an increase in the diversity of the student population within universities (Dee, 2006; Fuller et al., 2009). Therefore, discussions and debates regarding inclusive education in HE have also gathered momentum (Adams and Brown, 2006). Significantly, the concept of inclusion has shifted beyond issues associated with access to HE settings towards the removal of barriers within these to ensure an inclusive learning environment. This section provides a discussion of inclusion within HE settings.
2.2.2. Disability, equality and inclusion in HE

The last two decades have seen an increase in legislation and policy to remove the social, political and environmental barriers that affect DS’ experiences in HE (Riddell et al., 2004). This has coincided alongside the government’s widening participation agenda that aimed to increase the participation of non-traditional students in HE more generally, and ensure these students were not at a disadvantage in comparison to traditional students (Beauchamp-Pryor, 2012a; NCIHE, 1997; DfES, 2003; Gorard et al., 2007). Adams and Brown (2006) have named such developments as a catalyst in emphasising the changes in HE. Whilst it is not the intention of this section to describe the developments in policy and legislation in depth, the key changes and progression in policy and legislation have been outlined to contextualise the importance of inclusion within HE. Two types of policy have addressed the inequality issues in HE: anti-discrimination Acts, influenced in part by the shift towards the social model of disability, and HE funding councils and regulatory frameworks to aid and support HEIs and students entering HE.

Firstly, the anti-discrimination Acts associated with disability (from 1995 onwards) focused on providing equal opportunities for DS in HE in an attempt to reduce the exclusion experienced. These were initially developed to ensure HEIs, and other education and public settings, made ‘reasonable adjustments’ for DS where they would otherwise be significantly disadvantaged (e.g. DDA, 1995; SENDA, 2001- part IV of the DDA). Gooding (1996) recognised that the introduction of such legislation marked a fundamental shift in the rights of disabled people and reflected social model ideals. Prior to these Acts, it was not unlawful to discriminate against disabled people in HE, and where support was experienced by DS it was often determined by ad hoc arrangements and the generosity and willingness of staff to make adjustments (Fuller, Healey et al., 2004). Consequently, DS often had to ‘fit in’ to what was already provided (Porter, 1994), as reflected in earlier empirical research (McConnell, 1981; O'Connor and Robinson, 1999). Following the DDA (1995) and SENDA (2001) (part IV of the DDA), anti-discrimination Acts related to disability were amended and HEIs were required to be more proactive in their response to DS (DDA 2005, DRC 2005). Specifically, the DED (DRC, 2005) required HEIs to develop Disability Equality Schemes (DES) to promote equality, tackle inequality and monitor the progression and developments of proposals made.

Therefore, anti-discrimination Acts shifted the thinking about the participation of DS in HE and recognised that the social model of disability was documented within policy (Beauchamp-Pryor, 2012a, 2013; Dunn, 2003; Riddell and Weedon, 2009). In support of this, Harrison et al. (2009) - who conducted an evaluation of the provision available for DS in HE
in England and Wales using desk-based research of past and present studies, a national survey of Further Education Institutions (FEIs) (n=13) and HEIs (n=59) and case studies of 7 HEIs (which interviewed 38 staff and 6 students) - observed that most HEIs in England (n=51) and Wales (n=8) had developed a DES and this was available on their individual HEI websites. However, more robust information about this (i.e. how well it was adhered to) was not noted. Nonetheless, Harrison et al.’s (2009) research identified that over the last decade or so, disability issues had now been considered in several aspects of HE (e.g. site planning, admissions, learning and teaching, and assessment), placing the barriers experienced by DS within the context of the environment. Thus, the collective power of policy and legislative documents demanded HEIs to think more strategically about the inclusion of DS in HE.

However, it is important to note that in terms of inclusion, these anti-discrimination Acts have not always been considered adequate. For example, when the DDA was formulated in 1995 education was largely excluded from the Act (Swain et al., 2003). Additionally, the definition of disability within the anti-discrimination Acts (from 1995 to 2010) has not reflected social model ideals in its measurement. Thus, there are ideological inconsistencies between the definition of disability and what the anti-discrimination Acts intended to do. Specifically, the organisation of support requires students to identify their impairment through medical categories of disability and requires assessment of these to gain a proof of impairment (Tozer, 2006). Finally, several ‘loop holes’ have also been observed because adjustments only need to be provided ‘if reasonable’ (Swain et al., 2003). In this respect, the anti-discrimination legislation associated with disability differed from other equal opportunity legislation combating racial or sexual discrimination, which saw a more comprehensive coverage (Pearson and Watson, 2007).

Secondly, HE funding councils and regulatory frameworks were introduced to promote national policy initiatives that aimed to enhance the quality of learning and teaching provision in HE. Key developments included the implementation of the Higher Education Funding Councils for England, (HEFCE) Scotland (SHEFC) and Wales (HEFCW) which promoted funding to increase provision for DS (Riddell et al., 2005; Beauchamp-Pryor, 2013). It also included the QAA which produced the Code of Practice to monitor standards of teaching and learning within HE (QAA, 1999; QAA, 2010). This was implemented in 2000 (and revised in 2010) and had a specific focus on ensuring DS had a comparable experience to non-DS during HE (Harrison et al., 2009). The HE funding councils were thought to aid the access of DS into HE because it provided HEIs with the opportunity to consider the removal of institutional barriers, while receiving a financial incentive at the same time; just as other aspects of HE did (i.e. research) (Riddell et al., 2005).
Additionally, Reaney *et al.* (2012) recognised that another key aspect that influenced the development towards inclusion, or certainly contributed to the increased participation of DS in HE, included the Disability Student Allowance (DSA) which was established in the early 1990s (Riddell *et al.*, 2005). DSA is paid by the Student Loans Company to individual students once they have been able to provide proof of their impairment in order to cover any additional costs of being a disabled student (Reaney *et al.*, 2012). Riddell *et al.* (2002) recognised that the DSA allowed for the easiest implementation of adjustments. For example, they explained that most people got some form of additional equipment or assistive technology (e.g. computer equipment and/or voice recognition software) via DSA and it also paid for any additional support staff where required. Therefore, DSA has frequently been recognised as critical for the recruitment (Riddell *et al.*, 2005; Taylor, 2004), retention (Department for Innovation, University and Skills, DIUS, 2009; NAO, 2007; Riddell *et al.*, 2010) and the achievement (Madriaga *et al.*, 2011; Taylor *et al.*, 2009) of DS in HE. Riddell *et al.* (2010) reported that DS who were not in receipt of DSA were more likely to drop-out after the first year of HE (25.4%) in comparison to those DS in receipt of DSA (11%). Additionally, Madriaga *et al.* (2011) conducted a systematic survey of DS (n=172) and non-DS (n=312) in one HEI. Although the findings indicated that there was not a significant difference in achievement between DS and non-DS in HE, DS without disability support underperformed. They concluded that,

“there is no statistically significant difference in achievement when comparing non-disabled students and disabled students (with or without specific learning difficulties) who have institutional disability-specific support. However ... there is a statistically significant difference in achievement between students with no known disability and disabled students who do not have institutional disability support” (Madriaga *et al.*, 2011: 914-915).

Thus, institutional disability support can be considered critical to the achievement of DS in HE. Reaney *et al.* (2012) further reflected on the significance of the DSA in their exploration of support available at one UK HEI. Although not based on empirical evidence, the authors indicated that the DSA was a mechanism which provided the support and equipment DS required to succeed (Reaney *et al.*, 2012).

### 2.2.3. Barriers to inclusion in HE

The varied approaches to improving equality for DS in HE have been challenging and multifaceted (Tinklin *et al.*, 2004). One difficulty associated with inclusion in HE is the lack of cohesion between policy and practice (Borland and James, 1999; Goode, 2007; Holloway, 2001; Riddell *et al.*, 2002; Riddell *et al.*, 2004; Tinklin *et al.*, 2004; Beauchamp-Pryor, 2012a) and this highlights the limitations of the legislation. For example, it seems HEIs would generally adopt reactive reasonable adjustments, rather than anticipatory ones as legislation and policy require (section 2.2.2). It is further suggested that the reactive
nature of support is because staff understand disability in terms of inequality, care and welfare rather than an aspect embedded within society (Beauchamp-Pryor, 2007; Beauchamp-Pryor, 2012a; Parker 2001). The conception that disability is associated with welfare is argued to encourage the marginalisation and negative perceptions of disabled people (Oliver, 1992). The difficulties observed between policy and practice further explained the direction of recent research exploring inclusion in HE (i.e. the quality of learning, teaching and assessment).

Furthermore, exploration into staff members’ experiences of teaching DS in HE has demonstrated that the restricted academic freedom and requirement to provide alternative assessments has contributed to a perception of decreasing standards (Fuller and Healey, 2009; Riddell and Weedon, 2009). In support of this, earlier writings from Riddell et al. (2002) recognised that there was evidence to suggest a misconception of the concept of inclusion; staff misunderstand that inclusion is not about treating every individual the same, but ensuring equal opportunities. This misconception is also evident within other levels of education as well (e.g. Wedell, 2008), exemplifying why DS may experience disadvantage in HE. Therefore, the challenges and attitudes towards the inclusion of DS in HE has remained problematic for several decades.

Such difficulties could have been compounded by the terminology used within the anti-discrimination legislation, as briefly outlined in section 2.2.2. For example, ‘reasonable adjustments’ do not have to be followed if academic standards are compromised or if the safety of the student was at risk (Brown and Simpson, 2004; Fuller et al., 2009; Reaney et al., 2012; Roulstone, 2003). These limitations are likely to have contributed to a failure to alter perceptions towards inclusive education in HE significantly. The legislation is still based on a number of ‘get out clauses’, influenced in part by ambiguous terminology (e.g. ‘reasonable’, ‘normal day-to-day activity’ ’substantial’ and ‘long-term effect’) which can be challenged (Roulstone, 2003; Riddell et al., 2002). Therefore, it can be argued that the changes in legislation are simply complied with rather than fully adopted.

Additionally, the DSA excludes certain groups of DS (i.e. those pursuing access courses, many part-time students and those from overseas) from its remit (Brown and Simpson, 2004) or they are insufficiently supported by it because it does not cover their full needs (Riddell et al., 2002; Tozer, 2006). Thus, it is argued that DSA is only suitable for UK students with less complex support needs. Roberts (2009) also noted that some students found the inflexibility and bureaucracy associated with the DSA problematic and a barrier to enable inclusion. Such difficulties meant that provision was often delayed on entry to HE (section 2.4.4 further discusses support).
Moreover, it is argued that dichotomy is evident because DSA makes a change for the student at an individual level, but does not encourage institutional adjustments (Reaney et al., 2012). Whilst the funding received in HE was a mechanism for students to gain additional provision to ensure participation, the process of receiving this individual funding is incompatible with the concept of inclusion and social model ideals. This is reflected in practice as Riddell et al. (2005) indicated that staff often focused on a student’s individual difficulty, rather than the disabling experiences throughout a HEI. Thus, the issue of individual support contrasts with the idea of a fully inclusive environment. In order to move towards an inclusive HE environment, disability issues cannot simply “remain closed within a student service arena, but must become part of the mainstream learning and teaching debate” (Adams and Brown, 2002, cited in Adams and Brown, 2006: 32).

Indeed, a whole-institution ethos is considered to be significant within HE in order to demonstrate how a fully inclusive environment could be achieved (Hopkins, 2011). The importance of leadership and management is frequently recognised as a key aspect of effective inclusive education in compulsory education settings (Ainscow, 1999; Dyson et al., 2004; Lipsky and Gartner, 1996) and it seems this perception also holds in HE (Adams and Brown, 2006; Riddell et al., 2002). Recently, the National Student Survey (NSS) reflected this and identified that the organisation and management within HE was a concern for DS, particularly in comparison to non-DS (HEFCE, 2014). This contributed to DS being less satisfied with their overall HE experiences (HEFCE, 2014). Thus, indicating how the organisation and management can have an important role to play in supporting inclusion within HEIs.

It is suggested that mainstreaming learning and support would address the difficulties DS face in HE. Embedding an inclusive educational approach would benefit the learning needs of all students within HE (Avramidis and Skidmore, 2004; Georgeson, 2009; Harrison et al., 2009; Healey et al., 2006; Hurst, 2009; Jacklin and Le Riche, 2009; Jacklin and Robinson, 2007; Madriaga et al., 2010; Matthews, 2009; Tinklin et al., 2004) and avoid a “reactive” approach to supporting DS (O’Connor and Robinson, 1999:99). Therefore, a framework of standardised academic support could ensure a more conducive learning and teaching environment for all students in HE to “enhance the learning experience, cancelling out distinctions and removing ghettoising barriers” (Madriaga et al., 2010: 656). Thus, widespread consideration of the diversity in learning may benefit all students in HE, rather than just DS (Georgeson, 2009). As indicated by Weedon et al. (2008: 5):

“The main beneficiaries of disability legislation may be non-disabled students. Many of the adjustments introduced to help disabled students, such as well-prepared handouts, instructions given in writing as well as orally, notes put online, and variety
and flexibility in forms of assessment, are good teaching and learning practices which benefit all students”.

However, Harrison et al. (2009: 17) cautioned that HEIs need to “ensure that achievements are not put at risk if there is a significant reduction of on-going [personalised] support”. Thus, it is important that provision is enhanced by a mainstream framework of support, rather than minimized. Healey et al. (2006:41) also recognised this and indicated the importance of listening to students to ensure their needs are met:

“The importance of individual discussions with disabled students rather than assuming that an impairment indicates that teaching or assessment adjustment is required ... there is a vital need to continue to seek out, listen to, and act upon the views of disabled students in our attempt to make higher education more inclusive ... However, more radically given the overlap identified herein the learning experiences of students labelled as ‘disabled’ and ‘non-disabled’, would be to start from the basis that everyone is impaired”.

Thus, a ‘blanket’ approach to support for DS may be too formulaic and unhelpful in meeting the diversity of students’ needs as they are not a homogenous group (Georgeson, 2009; Harrison et al., 2009; Roberts et al., 2009: 49; Shevalin et al., 2004; Talyor et al., 2010; Wright, 2005). Therefore, it seems a balance between mainstream learning and flexibility is required to ensure an inclusive HE environment.

While the concept of ‘mainstreaming’ provision has previously been vague, omitting timescales and action plans, it has been addressed more recently. Willets (2014) argued that to rebalance the responsibilities between government funding and institutional support there will be cuts to DSA funding in 2015 (now extended to 2016 in England). This is largely to acknowledge that much of the computer equipment, software and consumable items have become ‘standard’ to most students (Willets, 2014). Thus, only those with more complex needs will receive support through DSA, the rest of the support will be institutionally funded and managed (e.g. note takers, amanuensis, readers and specialist accommodation). While the proposed changes may be a positive step and encourage institutions to take further responsibility in the planning, provision and mainstreaming of support for DS, they have also been critiqued because it is ultimately dependent on each HEI’s commitment to DS and there is a fear they will be “cut” from HE (Lewthwaite, 2014: 1162). As a result, many DS are unlikely to have their needs met at an institutional level and may experience further financial strain (National Union of Students, NUS, 2014). Moreover, there are concerns that the changes, and the extra costs associated with DS, could discourage HEIs from recruiting DS (Hubbert, cited in Pring, 2014; Lewthwaite, 2014). Consequently, there is uncertainty whether these new introductions will aid or impede inclusion in HE for DS.
Finally, to aid inclusion and support practises in HE, research has recognised the importance of DS providing feedback to HEIs in order to aid the development of policy and practice (Borland and James, 1999; Hall and Tinklin, 1998; Riddell et al., 2005). This serves to develop control and empowerment for DS, which theoretical debates have argued has been absent for disabled people throughout society (French, 1994; Oliver, 1990). However, research has observed that consultations and feedback processes in HE for DS are minimal (Hall and Tinklin, 1998; Riddell et al., 2005). Riddell et al. (2005: 55) argued that until this is addressed HEIs will remain ignorant of the difficulties and barriers faced by DS in everyday life and this will compound the exclusion they face. To address this Beauchamp-Pryor (2013) explored DS’ perceptions towards their input in HE via a survey in one HEI. Their perceptions indicated that ninety percent of respondents (n=105) (disabled students) felt they should have an input into disability policy and provision. However, less indicated that they would want to be involved in this personally (n=39) (Beauchamp-Pryor, 2013). This reluctance was varied and included the timing of consultations, whether their involvement would actually result in an improvement within the HEI, but it also was notable that several reservations were related to stigma and being perceived as ‘different’ (Beauchamp-Pryor, 2012b; Beauchamp-Pryor, 2013). Although it was not possible to determine the frequency of each barrier to the DS’ participation in such discussions, it indicated that there was a requirement for HEIs to consult with DS. However, the practical implementation of gathering input and responding to issues needed further consideration.

2.2.4. Disability, Higher Education and (unequal) Opportunity?

Education has also been thought of as a way to minimise exclusion in society and provide greater opportunities for all. Specifically, James (2007) acknowledged the benefits of HE for the general population and observed that it aided personal development, social status, career possibilities and lifelong learning. Furthermore, it is argued that educational qualifications have been critical in aiding disabled peoples’ access to the labour market, minimising the gap between the employment rates of disabled and non-disabled people (Riddell et al., 2002; Riddell et al., 2010; Weedon and Riddell, 2010), and has also allowed young disabled people to become more independent in early adulthood (Hirst, 1987). Therefore, education has the potential to contribute to a more inclusive society.

i) Unequal Opportunity?

Evidence has identified that disabled people are subjected to disadvantage, poverty and low employment rates in contrast to non-disabled people (Burchardt, 2004; Hirst and Baldwin, 1994; Hopkins, 2011; Morris, 2001; Prime Minister’s Strategy Unit, 2005; Riddell et al., 2005; Riddell et al., 2010; Shah, 2008; Stalker, 2002; Wray, 2013). In support of this, Riddell et al. (2010) reflected such disadvantage and indicated that in 2010 disabled people
in the working age population were nearly thirty percent less likely to be in employment in comparison to the non-disabled population (49.9% in comparison to 78%). Additionally, Wilson (2004) explored research from the DRC (2002) which identified that eighty-six percent of more than three hundred young disabled people perceived that it was more difficult for them to get jobs. Burchardt (2005) also observed that the gap between the employment and non-employment of disabled people widens as they get older and often this has left young disabled people with ‘frustrated ambition’. That is, when they did hold high aspirations, it was not translated into comparable educational and occupational opportunities (Burchardt, 2005). This is particularly problematic as employment has been recognised as critical for social inclusion and access to lifelong learning, as well as financial benefits (Coffield 1999; Riddell et al., 2010).

The DIUS (2009) reflected similar disadvantages for DS in education. Disabled sixteen year olds tended to have lower attainment than those without disability, were less likely to be studying A-levels and because of this were considerably less likely to be in HE at age nineteen. For those DS who did enter HE, it is likely they did so with lower qualifications and entered via non-traditional routes (DIUS, 2009; Burchardt, 2005; Shah 2005). For those disabled young people who did not enter FE or HE, they did not enter because they believed they would not have got the support they needed (Prime Minister’s Strategy Unit, 2005).

Positively, statistics from 2006/7 indicated that the employment rates of DS with degrees six months after graduation were similar in relation to non-DS with a degree, although the rate of employment was observed to be slightly lower (60% versus 64%) (DIUS, 2009). Similarly, Riddell et al. (2010) reported on data from the Association of Graduate Careers Advisory Service (AGCAS, 2009) and indicated that in 2007 more than 60 percent of graduates moved into graduate level occupations, and there was limited difference between disabled and non-disabled graduates (65.8% versus 67.2%). However, they did indicate caution was needed with such statistics because of the low response rate. Additionally, both datasets identified differences between impairments. The DIUS (2009) reported that DS with mobility impairments were more likely to be in employment, whereas AGCAS (2009) identified that graduates with dyslexia were most likely to be in employment. Nonetheless, despite small differences in employment statistics, it would seem that HE has the potential to address the disadvantage experienced by DS and improve access to employment.

However, research has also suggested that attendance at HE does not automatically break down the inequality experienced. A survey completed by disabled graduates also
demonstrated they had difficulty gaining entry to full-time employment in comparison to non-disabled graduates (AGCAS, 2005). This difficulty has continued where it has recently been identified that more non-disabled graduates are in full-time employment (58%) in comparison to disabled graduates (50.4%), and more disabled graduates are in part-time employment (14.4%) in comparison to non-disabled graduates (12.2%) (AGCAS, 2015).

ii) Aspirations

Several studies have explored students’ reasons for choosing to study at HE and a predominant reason for both DS and non-DS is associated with the economic advantages of a university degree (Elliot and Wilson; 2008; Hoskins and Newstead, 2009; Jacklin et al., 2007; Marandet and Wainright, 2010; Purcell et al., 2008; Madriaga, 2007; Shuter, 2009; Whitehead et al., 2006). Additionally, for certain careers, students recognised that a degree qualification was necessary (Whitehead et al., 2006; UNITE, 2006). Of course, there are also other reasons for students entering HE (Appendix 3).

Piggot and Houghton (2007: 574) also reflected on the importance of a degree for DS, and suggested that HE qualifications can bring DS to a more “level playing field”. Therefore, Riddell et al. (2005) suggest the low participation rates of DS in HE is a significant social injustice that exists in our education system. Although there is difficulty determining the representation rate of DS in HE (further discussed in 2.4.2) and statistics on the conversion rate of applications to offers made by HEIs to DS were not available for analysis, the low participation rates of DS can be considered problematic and may reflect lower aspirations. Indeed, the DRC (2002, cited in Wilson, 2004) indicated that thirty percent of DS who had not gone on to FE or HE said they were discouraged from doing so for reasons relating to their impairment. Similarly, Sanderson (2001) observed that people working with DS often had not considered HE as a viable progression route for those students, and too frequently disabled pupils have been associated with low expectations and poor academic abilities (Gray, 2002). This has been highlighted by past and more recent government policy and is a significant feature that needs to be addressed within education (DfES, 2004; DfE, 2011; Lamb, 2009; Ofsted, 2010).

Additionally, Madriaga (2007) observed how ‘disablism’ within previous education had not encouraged DS to pursue HE. Although this study explored twenty-one DS (the majority of whom had dyslexia) who had made the successful transition to HE, their earlier educational experiences were thought of as barriers to access HE as students had limited knowledge of HE (Madriaga, 2007). Shah et al. (2004) also observed, in a small-scale study, that previous educational experiences and attainment can influence DS’ decisions to enter HE. Furthermore, other literature over the years recognised that a holistic conception of inclusion is critical throughout the education system in order to develop aspirations and to
help young disabled people achieve throughout education (Anderson and Clarke, 1982; DIUS, 2009; Houghton, 2005). This is particularly important as DS demonstrate low self-confidence at several points in education, not just in their decisions to enter HE (Wilson, 2004). More recently, Wray (2013: 98) stressed the role that teachers play in “dampening or raising aspirations” as this was the most frequently mentioned factor by students (both disabled and non-disabled) when discussing entry to HE. Similarly, Hopkins (2011) observed that teachers often provided poor career advice about future opportunities which did not help to encourage DS’ aspirations. Burchardt (2004) also indicated that developing aspirations in education can motivate young people to overcome difficulties when achieving educational qualifications and subsequent employment. Thus, early experiences are an important factor.

Furthermore, according to Elliot and Wilson (2008) guidance and positive encouragement were a significant factor for DS when considering whether or not to enter HE. The encouragement came from both family members and teachers in schools (Burchardt, 2004; Elliot and Wilson, 2008). Thus, when DS experienced support and positive influences from others it contributed positively to their decisions to attend HE (Wray, 2013). However, Shah et al. (2004) also found that for some DS in their study the adversity faced in their prior educational experiences actually aided their individual development and contributed to the DS’ persistence in education.

2.3. Disability and the transition into HE

2.3.1. Introduction
The transition between educational phases can be challenging, it often involves a change in context, a change in teaching style and a variety of different positions and roles to get used to. Specifically, the changes during the transition to HE can be vast and complex. Therefore, Wray (2011) considered the movement to HE to be the biggest educational transition. This section builds on aspects of transition briefly outlined in the introduction.

2.3.2. The concept of transition into HE
The concept of transition is complex with several difficulties associated with the term. Transitions can be horizontal and associated with the movement between settings in a similar time frame (i.e. the movement from HE to work or home), or vertical and associated with the progression of settings over time (i.e. movement from sixth form to HE) (Ecclestone, 2009). Hodgkin (2014), who focused on the transition of children from primary to secondary schools in Wales, identified several misconceptions of transition within the literature. He argued that academics have tended to use the term ‘transition’ (the progression to the next level of education) and ‘transfer’ (the change of context and an
aspect of transition) interchangeably, despite the significant distinction between the two terms. In support of this, Ecclestone (2009) agreed that transition is not the same as ‘transfer’ or ‘movement’, but it does involve both.

Hodgkin (2014) recognised that problems can occur when transitions are conceptualised as short-term events. He argued that the ambiguity about the concept of transition causes problems in and between educational settings because there is lack of clarity about when transition begins and ends. Consequently, this causes problems in understanding how far transition should go to ensure learners progress within an education setting. Shuter (2009) indicated that transition could indeed be considered as an event or a moment, but it is more useful to consider it as a process where the influences prior to and during entry into HE can be taken into consideration. Similarly, Whittaker (2008) explored the transition ‘to and during the first year experience of HE’ and concluded that a significant feature of an effective transition should be that it is considered as a longitudinal process, beginning at the pre-entry stage and continuing to the end of the first year. Although Whittaker’s (2008) research was focussed predominately on conducting a literature and ‘best practice’ review rather than assessing students’ experiences empirically, it emphasised the significance of adopting a longitudinal process of transition. Additionally, Brooman and Darwent (2013) clearly defined the ‘induction process’, the first contact with students in the first week of HE as an aspect that formed part of the overall transition to HE, and ‘transition’ which was recognised as the overall acclimatisation to HE throughout the year. Studies with a more specific focus exploring DS in HE, are also in support of a longitudinal transition (Elliot and Wilson, 2008; Madriaga et al., 2008; Weedon and Riddell, 2007) because it can be difficult to get started in HE (Jacklin et al., 2007).

It is recognised that DS may experience additional transitions during their educational trajectory (Weedon and Riddell, 2009) or take longer to progress through the educational phases (Burchardt, 2004; Burchardt, 2005; Smith, 2012; Wray, 2013). Consequently, DS may be older when they enter HE (Purcell et al., 2009; Rickinson, 2010). Additionally, Shah (2005) observed that there may be a significant difference in the transitions experienced by DS who attended special education in comparison to those in mainstream education (Shah, 2005). While pupils in mainstream schools were likely to experience a change in the physical environment during several transitions, for young disabled people attending special schools leaving school (at age sixteen or eighteen) is often one of the first major transitions, and the first time they have to become accustomed to a different environment (Shah, 2005). Therefore, the transitions DS experienced prior to HE may have been varied.
Despite the varied ways that the transition into HE may be experienced, it is frequently reflected that a smooth transition between education phases is favoured (Fabian, 2002). Research has emphasised that when students encountered negative experiences in previous transitions, it may have had a detrimental effect on future educational transitions (Hodgkin, 2014). In support of this, Piggot and Houghton (2007) identified how early experiences can either help or hinder the progression of DS throughout education and into employment. They further reflected that the challenge for HE and for employers is how to build on a student’s previous learning experience and skills (Piggot and Houghton, 2007).

Moreover, previous experiences in education can influence the pathways students take into HE and consequently their experience of transition. Foster (2009) identified that students within the general student population who had experienced difficulty in earlier academic experiences were more likely to take alternative pathways into HE (i.e. enter HE with a vocational qualification, or be a mature student with any qualification) in contrast to the traditional pathway into HE (i.e. enter below age twenty-one and from an A-level background). However, they identified that these alternative routes did not have a significant impact upon students’ experiences when in HE; although those who entered via non-traditional pathways did experience greater difficulties in exams and with essays.

As indicated in Chapter 1, the transition of DS into HE is often more complex and fraught with barriers in comparison to their non-disabled peers (Adams and Holland, 2006; Taylor et al., 2010; NDT, 2004). In support of this, Jacklin et al. (2007) described the transition into HE, or more specifically ‘becoming a student’ and ‘becoming a disabled student’, as a period of vulnerability. Elliot and Wilson (2008) also explained that the transition of students with hidden disabilities was significantly different to their non-disabled peers who could concentrate on becoming a student, rather than spending extra energy organising support.

Elliot and Wilson’s (2008) research sought to explore eighteen DS with hidden disabilities and their experiences of transition to HE. It used an unstructured approach to interviews (as well as other methods), with the purpose of students identifying the difficulties that mattered to them. While it revealed several areas of difficulty for the students, which are useful to consider during transition, the study often failed to indicate the extent to which a theme impacted upon the students’ experiences. Therefore, it was difficult to identify how significant each finding was for the students and whether this varied between the participants. Moreover, this was problematic because it failed to distinguish between the students in different years of HE where the impact of the difficulties in the transition process may have been alleviated, as students reflected back on first year experiences. Furthermore, over half the students in the study were indicated to have
dyslexia. Thus, research has not focused on (general) DS’ experiences as they progress through the first year.

Weedon and Riddell (2009) suggested that further exploration into transitions and more specifically, at which points transitions were problematic in HE is important in order to gain knowledge of when support should be provided. Madriaga et al. (2008) also recommended that further exploration into transition is necessary to better inform policy and practice. As part of a large-scale study Weedon and Riddell (2009) concluded that a successful transition into HE is one which is not problematic on entry, shows reasonable progress throughout study and one in which the student enters a job or further study. However, a successful transition may not simply be focused on the absence of ‘problems’, but the ability to overcome such problems by successfully acquiring skills to cope within the new environment (Piggot and Houghton, 2007). Moreover, exploring individual perceptions of goals, both academic and personal is important in determining success, rather than simply focusing on retention and withdrawal (Whittaker, 2008). Thus, students’ experiences of barriers and successes are useful to explore their perception of transition.

2.3.3. Understanding the problems of transition into HE - a lack of preparation?

It is argued that the transition into HE has become more difficult in recent years (for both staff and students) because of the development of a mass system of HE, which has further depersonalised the HE system and created a more diverse student population (Crabtree et al., 2007; Knox, 2005; Whittaker, 2008; Wingate, 2007). Table 6 summarises the various changes students may have to adapt to when entering university as discussed by Whittaker (2008) and Johnston (2010).
One major difficulty often reflected on is that students entering HE are required to develop a new understanding of learning during the first year (Brinckerhoff, 1996); one in which the process is initiated and driven by them (Harvey et al., 2006). It is recognised that the difference between the levels of education is not only about academic progression, which is expected, but of students’ ability to engage in the learning process as well (Piggot and Houghton, 2007). The literature exploring student and other stakeholders’ perceptions of HE has emphasised the importance placed on students developing independent study skills in order to succeed (Adams and Holland, 2006; Ballinger, 2002; Brooman and Darwent 2013; Elliot and Wilson, 2008; Lumsden et al., 2010). Jacklin et al. (2007)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Changes in HE</td>
<td></td>
</tr>
<tr>
<td>Academic</td>
<td>- Different teaching styles</td>
<td>- New subjects, new concepts of learning</td>
</tr>
<tr>
<td></td>
<td>- Reduction in tutor contact</td>
<td>- Increased quantity of material and tasks</td>
</tr>
<tr>
<td></td>
<td>- Pace and volume of work may be higher</td>
<td>- Different writing conventions and approaches to writing</td>
</tr>
<tr>
<td></td>
<td>- Marks may be lower due to different marking system</td>
<td>- Increased self-regulation of time and effort on task</td>
</tr>
<tr>
<td></td>
<td>- New level of independence</td>
<td>- New feedback and assessment process</td>
</tr>
<tr>
<td>Social</td>
<td>- New structure to HE causes reduced time with students</td>
<td>- Anonymity within large classes</td>
</tr>
<tr>
<td></td>
<td>and less time to develop relationships with them</td>
<td>- New town</td>
</tr>
<tr>
<td></td>
<td>- Find balance between work, social life and part-time job</td>
<td>- Separation from friends and family</td>
</tr>
<tr>
<td></td>
<td>- Students living at home may have difficulty developing friendships</td>
<td>- Living in halls of residence with people from different backgrounds and with different values</td>
</tr>
<tr>
<td>Personal</td>
<td>- Emotional challenge of moving from adolescence to adulthood</td>
<td>- Developing self-assessment</td>
</tr>
<tr>
<td></td>
<td>- Taking responsibility of personal life-developing time management skills</td>
<td>- Adapting strategies for managing disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Confronting employment and financial imperatives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Commuting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Career aspiration/indecision</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Stress tolerance</td>
</tr>
<tr>
<td>Geographical/</td>
<td>- Large campuses and high volumes of students</td>
<td>- Move from familiar social class, ethnic and religious connections</td>
</tr>
<tr>
<td>Administrative</td>
<td>- Students living away from home coping with new living arrangements in a new city of country</td>
<td>- Move from regional locations</td>
</tr>
</tbody>
</table>

Table 6. A summary of changes that are likely to occur on entry to HE
observed that this often requires a shift in the student’s identity as a learner. Thus, HE requires students to engage in learning, develop motivation, self-discipline and organisation to ensure they are able to complete the work required of them.

If students fail to develop or negotiate such skills during early experiences of HE then this can result in stressful experiences and even non-completion and withdrawal (Harvey et al., 2006; Yorke, 2000a; Yorke 200b; Wingate, 2007; Wray et al., 2014). Therefore, Wingate (2007) stressed that a framework of transition is needed and should focus on supporting students to learn how to learn, rather than ad hoc approaches to support. Thus, Whittaker (2008) identified that transition experiences should focus on empowerment and enhancement to build on the previous skills and knowledge developed in order to support the transition of all students. However, Yorke and Longden (2007: 46) also acknowledged that students need to take greater responsibility for their entry into HE; personal research is important to support transition because it can help students to manage their own expectations and circumvent “ill-considered choices”. To aid this Beauchamp-Pryor (2013) stressed the importance of the admission process because it allowed students time to explore the HEI and its ethos.

Although the lack of preparedness is recognised as being problematic for all students, which studies have also associated with a mismatch in students’ expectations and experiences of HE (e.g. Crabtree et al., 2007, Ertl et al., 2008; Haggis and Pouget, 2002; Wray, 2013), it is argued that DS feel considerably less prepared for HE in comparison to their non-disabled peers (NDT, 2004). Elliot and Wilson (2008) identified that over three quarters of students (approx. n=14) who participated in their study exploring the first year experience of students with hidden disabilities reported being unprepared for the challenges faced on entry to HE. Additionally, Jacklin et al. (2007) recognised that not coping with the contextual changes caused significant difficulties and was a reason for DS to seek out support and disclose disability in HE. Thus, DS may not be prepared for the challenges of HE and require additional support to progress.

Building on this, a longstanding failing found in studies of HE has often been associated with the lack of information that DS have received about HE. This included a lack of information about HE in general, the programme of study, and information about the support processes in HE (Elliot and Wilson, 2008; Holloway, 2001; Piggot and Houghton, 2007; Sanderson, 2001; Tinklin and Hall, 1999; Wray, 2011; Wray, 2013). Sanderson (2001: 236) identified that issues regarding poor information had been compounded by the poor communication between FE and HE. This, they argued, was at the ‘heart’ of the difficulty as DS were unable to make informed decisions about HE and were unable to
prepare for it adequately. Similar findings emerged in Elliot and Wilson’s (2008) study. Specifically, over half of students (n=9) were disappointed with the lack of information received from their previous education providers and one third (n=6) indicated they had received no information about disability related issues prior to their entry into HE (Elliot and Wilson, 2008). Without such information DS can be unaware of the need to disclose a disability in order to get support in HE (Reaney et al., 2012; Smith, 2012). In support of this, Harrison et al. (2009) recommended that improvements to university websites are necessary to ensure they are accessible, but more specifically they should enable access to disability support pages to portray this information.

Studies have explored the benefits of Summer-Schools and other permutations to prepare students in the general student population for the transition to HE (e.g. Whittaker, 2008; Reed et al., 2011; Wray et al., 2014) and Smith (2012) also recognised the significance of such events for DS aged thirteen to fifteen. These events provided information about HE through “fun and informative activities” which aimed to help DS make informed choices (Smith, 2012: 137) and consider HE as a ‘real’ option. Although it was not possible to determine whether the event resulted in more DS entering HE, it was evident via an ‘end of event’ questionnaire that it had helped raise students’ awareness of HE. Smith (2012) also discussed the importance of holding events for students who were thinking about applying for HE or had already applied as they helped to alleviate apprehensions and informed DS of the processes of support in HE. Thus, engaging DS earlier via such schemes may be beneficial in developing aspirations and raising awareness of HE.

2.3.4. The importance of the location of the HEI

Following the decision to enter HE, students need to decide where they will study (Whitehead et al., 2006). Despite varied reasons, the most significant aspect that determined this was the location of the HEI (Foster, 2009). However, location can be seen as an umbrella factor for choosing a specific HEI. For example, younger students who wanted independence away from parents chose HEIs away from their home town (Beauchamp-Pryor, 2007; Purcell et al., 2008), conversely those students who were concerned about financial aspects chose local HEIs so they could continue to live with parents (Purcell et al., 2008). Similarly, for those students who had family responsibilities the HEI they attended was dictated by the close proximity to their home (Foster, 2009; Purcell et al., 2008). This is also true for students who wished to remain close to support networks (i.e. family or friends) (Foster 2009). Thus, the location of the HEI in relation to a student’s home will often dictate where they will study. In support of this, several studies reflected that social networks, namely family and friends were a significant factor that influenced and helped students
decide where they wish to study at HE (Brooks, 2002; Brooks, 2003; Brooks, 2004, Purcell et al., 2008).

The location of the HEI is also a theme that influenced DS’ reasons for attending a specific HEI, but has only been explored by a small handful of studies exploring DS’ experiences. Elliot and Wilson (2008) identified that the location of the HEI in proximity to their home was important for half the students in their study (n=9), and this was largely associated with students being close to family and support networks to continue emotional support. Therefore, they observed that DS’ decisions were not always different to non-DS when choosing a HEI. Additionally, Beauchamp-Pryor (2007) recognised how ‘many’ DS in her study wanted to move away from home to gain independence from their families, but wanted to be near enough in case they required additional support. She also further discussed the difficulties certain DS experienced in achieving this independence because of their reliance on or interference from families.

However, for a small number of DS the location of a HEI was dictated more specifically by aspects associated with disability and the support required for their impairment (Foster, 2009). For example, Fuller, Healey et al. (2004) recognised that students with more complex support needs wished to remain close to the medical professionals who were already aware of their needs. In support of this, Grewal et al. (2002) observed that a difficulty disabled people face during transition can be associated with the delay in and discontinuity of the support they receive. Consequently, the support required can also influence DS’ choice of HEI (Purcell et al., 2008). Although not a commonly cited factor, it was significant for a small number of DS.

Other factors identified that impacted upon the choice of HEI for DS over the last two decades have been associated with the general approach of HEIs towards disability (i.e. the advice and guidance provided prior to students choosing the HEI) (Hall and Tinlin, 1998) as well as the physical environment and provision available to DS (Baron et al., 1996; Fuller, Healey et al., 2004; Hopkins, 2011; Redpath et al., 2013). In support of the latter, Shevalin et al. (2004) identified that such concerns were particularly important for students with physical or sensory impairments. Additionally, Fuller, Healey et al. (2004) found that nearly one in ten DS in their study (9%/n=16) had chosen their HEI based on support-related aspects associated with disability, particularly those with physical and mental health difficulties. Their decisions were associated with general support, facilities and the nature of assessment on a course. Similarly, Jacklin et al. (2007) reflected that although the majority of factors that influenced DS’ choice of HEI were not related to disability, where they were associated with impairment they were to do with the general ethos and provision
available at the HEI. Thus, previous literature identified that there may be varied and additional aspects DS need to consider when choosing the location of their HEI.

2.4. Disabled students’ experiences in HE

2.4.1. Introduction

As indicated in Chapter 1, the research exploring DS in HE in the UK has increased and there has been a focus on the ‘lived’ experiences of DS. By analysing the academic studies, this section discusses the key themes identified from DS’ experiences in HE.

2.4.2. Participation of disabled students

The number of DS entering HE has increased since the mid-1990s and this increase in participation has continued (2013/14) (see Table 1). Similar trends have also been reported in other studies exploring DS’ experiences in HE. For example, Fuller et al. (2009) reported data from the HESA 2008 which recognised that the participation of DS (on first degree programmes) had increased (3.4% in 1994/5 to 6.9% in 2004/05). Additionally, Beauchamp-Pryor (2013) reported (again using data from HESA) that there was a dramatic increase in the number of DS participating in HE at all years of study and from all locations, with the percentage of DS more than doubling (from 2% to 7.4 %) between 1994 and 2008.

Although the figures regarding the participation rates of DS are significant, it is argued that they are not enough to determine whether the representation of DS in HE has actually improved (Gorard and Smith, 2006; Riddell et al., 2005). Thus, despite the increase in the participation of DS, Riddell and Weedon (2009: 22) have demonstrated their concerns that DS in HE are “well below the people in the disabled [working] population”, which they suggested was around sixteen percent. The DIUS (2009) also argued that simple participation rates are not particularly useful in determining whether DS are under-represented or over-represented in HE.

Beauchamp-Pryor (2013) attempted to address this concern and explored the representation of DS in HE. Data of non-disabled people in the general population and non-disabled people within HE (2007/2008) were compared, as was data of disabled people in the general population and data of disabled people in HE (2007/2008). This helped to provide a more direct insight into the incidence rates of DS in HE. The data in relation to HE statistics included the number of students studying full-time and part-time at all levels of study and from all locations. It was found that non-disabled people (aged 18-65) were more than twice as likely to access HE in comparison with disabled people (aged 18-65) (5.9% of non-disabled people in contrast to 2.2% of disabled people). However, when considering
the younger disabled population (aged 18-24), the representation rates in HE were not significantly different to their non-disabled peers (aged 18-24) (19.3% of non-disabled people accessing HE in contrast to 16.4% of disabled people) (Beauchamp-Pryor, 2013: 54-55). However, this differed to data from 2003/2004 in Riddell et al.’s (2010:28) research which reported on the Office for Disability Issues statistics that:

“during 2003-04, 28 percent of disabled 19 year olds from England and Wales [doing a first degree in HE] had participated in higher education, compared to 41 percent of non-disabled people of similar age”.

Thus, there was a significant difference in representation at HE when comparing disabled and non-disabled nineteen year old students. Although data from both sources differed, therefore not directly comparable, it suggests that in recent years (i.e. Beauchamp-Pryor’s, 2013 findings) the representation gap between younger DS and their younger non-disabled peers in HE may be improving. However, there is a wider difference when considering all DS in the population which suggests disabled people age twenty-four and above are not accessing HE and are significantly under-represented in HE. Although Beauchamp-Pryor (2013) attempted to provide a more complete picture of the participation rates of DS in HE and advocated the statistics reported provided a starting point for further exploration, she also recognised the difficulties that existed when determining the representation of DS in HE.

Indeed the difficulties associated with analysing disability statistics in HE are frequently recognised and therefore such figures should be used cautiously (Hopkins, 2011). There are two significant reasons for this. Firstly, DS are under no obligation to disclose a disability (Gorrard et al., 2007; HESA, no date; Jacklin, 2011). Thus, the disclosure of disability, and the statistics associated with this, are self-assessed and require self-reporting. Consequently, individual disclosure has become the most pressing issue in the measurement of DS in HE (Harrison et al., 2009). In support of this, Vickerman and Blundell (2010) concluded that it is difficult to know whether the actual number of DS has increased in recent years, or whether the confidence in disclosing a disability had improved.

It seems reasonable to suggest then, that the changing attitudes towards disability, particularly towards certain types of impairment, and the incentives of declaring a disability (e.g. receiving funding and provision in HE) could have eased the disclosure of disability and influenced the increase in the participation of DS in HE (Taylor et al., 2004). As outlined in the introduction, the increase in the participation of DS in HE has frequently been associated with the increase in the disclosure of dyslexia (Gorard et al., 2007; Hopkins, 2011; Riddell and Weedon, 2009; Riddell et al., 2007). Riddell (1998: 211) suggested that
the increase in dyslexic students in HE is because dyslexia is perceived to be a ‘borderline’ disability allowing students to access resources provided in HE with minimal, negative perceptions that a person with a different impairment may receive. Consequently, the reduced concern regarding the disclosure of dyslexia is thought to have encouraged an increase in the number of students with dyslexia, and subsequently disability within HE. This is discussed further in section 2.4.3.

Secondly, the disability prevalence rates in HE are determined by the differing measures, definitions and categories used to gather the information (DIUS, 2009; Ramsden 2005). For example, data from the HESA only records information of those students who declare a disability on their UCAS form on entry to HE, anyone who declares after this point, or fails to disclose a disability is not recorded (Riddell et al., 2005:44). Additionally, inconsistency in FEIs that offer courses at HE level and HEIs themselves is evident because of the different definitions used (Ramsden, 2005). Further variances can be associated with the evolution of the UCAS sub-categories, which have obscured the longitudinal comparisons of data. Changes to UCAS in 2003, meant that dyslexia was included within the learning difficulty subcategory, autistic spectrum disorders were included as a subcategory and the personal care subcategory was removed (Harrison et al., 2009). The more recent changes to the UCAS disability fields also make data from previous years less comparable. Entrants in 2010/11 are no longer permitted to have an ‘unknown’ disability. They must either have a specified disability otherwise they will be included in the ‘no known disability’ category (HESA, no date; Jones, 2014). Moreover, how people individually understand disability determines whether or not they disclose a disability. Consequently, these individual interpretations can also influence results regarding the representation of disability.

The categorical approach that determines disability figures has also been critiqued when discussing the participation rates of DS in HE. It is critiqued because it only identifies one aspect of a person’s characteristics, making it difficult to explore the extent to which other characteristics impacted upon DS’ experiences (Houghton, 2005; Murphy et al., 2009; Riddell et al., 2005). For example, aspects such as ethnicity, social class and gender have been considered useful to explore in order to further evaluate the social profile of DS participating in HE (Beauchamp-Pryor, 2013; Riddell et al., 2005). Moreover, researchers have argued the categorical approach relies on these students conforming to the medical model of disability and associating themselves within a category of disability (Appendix 2) (Madriaga, 2007; Murphy et al., 2009; Roberts et al., 2009). Although the UCAS form is not only associated with disability (i.e. it categorises several characteristics of a prospective student’s identity - gender, ethnicity, socio-economic status), disability is a category which
students will be required to provide professional evidence for in order to access the support in HE (Riddell and Weedon, 2014). While the general statistics regarding DS in HE are useful, a qualitative approach can help to interpret the statistics more accurately to understand how DS negotiate their identities on entry to HE (Riddell et al., 2005). The disclosure of disability will be discussed further in the following section.

2.4.3. Disclosure of disability

The disclosure of disability is recognised as a distinctive and complex process that influences a disabled student’s experience in HE, particularly in the early stages (Jacklin et al., 2007). In support of this, Roberts et al. (2009:109) recognised a ‘dilemma’ of disclosure for DS in HE. This was particularly problematic for students with hidden disabilities (Roberts et al., 2009). They must determine whether the advantages of disclosing a disability in HE (i.e. to gain access to support) outweigh the disadvantages of disclosing a disability (i.e. difficulties associated with stigma, negative perceptions, exclusion and labelling) (Matthews, 2009; Riddell and Weedon, 2014; Roberts et al., 2009; Taylor., 2004, Weedon et al., 2008), this can exist throughout HE into postgraduate study as well (Jacklin, 2011).

This process of evaluation was also observed by Olney and Brockelman’s (2003) American study of twenty-five students with hidden impairments which explored the self-perception of disability. Here students actively engaged in “perception management” when considering disability disclosure to circumvent stereotypes and was often done on a “need to know basis” (Olney and Brockelman, 2003: 49). It was described as “an intricate decision-making process” and was also dependent on the relationship the students had with others (Olney and Brockelman, 2003: 49). Low (1996) identified similar perceptions and acknowledged, in her study of nine DS in one Canadian HEI, that DS strived to minimise and conceal their disabled identity from others.

Essentially, certain impairments have been considered easier to disclose than others. Both Deal (2003) and Olney and Brockelman (2003) recognised this as a ‘hierarchy of disability’ and suggested that disabled people made comparisons to other groups of impairment. This hierarchy impacted whether DS wanted to be associated with or distance themselves from a certain type of impairment (Deal, 2003). For example, a student in Olney and Brockelman’s (2003:41) study explained that “for some reason I have diagnoses that I prefer over other ones”. In support of this, Roberts et al. (2009), in their large study exploring DS in HE, found that when interviewing DS with one or more impairments ‘several’ of them concealed the less socially acceptable impairment. Although the frequency of responses from the students in Roberts et al.’s (2009) study was not evident, it reinforced
that students considered the degree of stigma attached to impairments to manage the perception of others towards them. Thus, certain impairments may be easier to disclose than others for some individuals in some circumstances.

Deal’s (2003) review of literature exploring the hierarchy of impairments demonstrated some variance regarding what is an ‘accepted’ disability. Mental health difficulties and blindness was frequently viewed less favourably and medical difficulties were reflected on more positively (Deal, 2003). Thus, there was less concern about disclosing the latter impairment. Others have also observed a “non-accepting culture” regarding mental health difficulties because of the stigma attached (Tinklin et al., 2005: 507). It was observed that DS should keep discussions regarding their impairments minimal, particularly those associated with emotional difficulties (Tinklin et al., 2005).

Additionally, Deal (2007) observed how people who had recently acquired a disability often held negative perceptions towards disability and this reflected self-oppression and pity. Of course, this could also be associated with the nature of impairment which was not evident within the research. In contrast, other studies have reflected how students have a lack of concern about the disclosure of visible impairments or acquired physical disabilities (Roberts et al., 2009; Olney and Brockleman, 2003), although perceptions were often dependent on how severe something was (Olney and Brockleman, 2003).

Additionally, building on discussions from section 2.4.2, dyslexia has been acknowledged as one of the easiest impairments to disclose. Although Deal (2003) associated this ease to its ‘newness’, it seems the ease of disclosure of dyslexia in HE is because it continues to be perceived as a ‘borderline disability’ (Riddell, 1998). Furthermore, a study identified that dyslexic HE students were more confident disclosing their impairment because attitudes towards it had changed and people were now more familiar with the barriers dyslexic students faced (Elliot and Wilson, 2008). Additionally, the students did not associate with disability per se, but with their specific impairment-dyslexia (Elliot and Wilson, 2008). This is also recognised by Riddell et al. (2005) and Roberts et al. (2009) who reflected how students with dyslexia did not want to be associated with disability, but were prepared to do this in HE to access necessary support.

Furthermore, disability has not always been considered as a fixed entity, varying within certain contexts. Jacklin et al. (2007: 46) observed that disability was a “relative” concept for DS in HE; students “may have an impairment or condition, whether they are also disabled relates to the existence and absence of a disabling barrier” (Jacklin et al., 2007: 46). Therefore, certain contexts and processes were more disabling for specific impairments than others. In support of this, Richardson and Wydell, (2003) observed that the change in
the nature of the work and tutor contact in HE propelled students to get support which they may not have previously required. Additionally, other research identified that many students who disclosed disability in HE to access support, discarded this label after HE to avoid stigma in the workplace (Weedon et al., 2008) or only saw it as something they referred to within university (Roberts et al., 2009).

In contrast, certain DS (n=8) were able to view their impairment positively and felt that it enriched their experiences in HE (Olney and Brockelman, 2003). The students interviewed in this small-scale study depicted a negative response when asked if they would cure their disability, if this was possible. Thus, they reflected an affirmative attitude towards disability, in line with Swain and French (2000). Although one student indicated they would cure their disability, if possible, they indicated they would only do so for the convenience of others (Olney and Brockelman, 2003).

In addition to the students’ personal decisions, studies indicated that the actual process of disclosure could be problematic. Students were often confused about when and how to disclose a disability (Beauchamp-Pryor, 2013; Houghton, 2005; Matthews, 2009; Redpath et al., 2013; Vickerman and Blundell, 2010), or were anxious and uninformed about what HEIs did with the information once an impairment had been disclosed (Elliot and Wilson, 2008; Roberts et al., 2009; Olney and Brockleman, 2003). Beauchamp-Pryor’s (2013) study identified that DS entering one HEI in Wales reflected concerns that the disclosure of impairment on entry to HE would mean rejection from a course. They observed that more than half of its registered DS did not declare a disability before starting HE. Such confusions often meant that DS only revealed a disability when it impacted upon their experiences in HE, rather than prior to entry (Matthews, 2009). Additionally, Goode’s (2007) study demonstrated that some students had denied the scale of challenges they may face on entry to HE, or had been ‘naive’ about their own needs. Thus, it seems that greater transparency in the application process and how this information is used in HE is necessary, as suggested by Sanderson (2001). This is particularly important because the early disclosure of disability enables timely support to be put in place (Taylor et al., 2010).

Whilst several studies have provided a useful insight into perceptions of disclosure to access support and the difficulties associated with this, the studies have often not differentiated between the disclosure of disability to HEIs and the disclosure of disability to peers in HE, with the exception of Madriaga et al. (2008) who explored students with Asperger Syndrome (AS). It was found that five out of eight of the students in this study did not disclose AS to peers and viewed it in a negative light. Another study exploring DS and disclosure has only briefly acknowledged that the disclosure of disability is “problematic”
because of the negative treatment from both staff and students (Roberts et al. 2009:109). Similarly, Watson (2002: 525) observed “there is no social status to be gained from coming out disabled”. Therefore, research exploring DS’ perceptions of disclosure to peers more specifically is important to consider within HE.

2.4.4. Support for disabled students in HE

Support has been acknowledged as a factor that aids the retention of all students in HE. Wray et al. (2014) and Yorke (2000a) exemplified this by indicating that it was a ‘pull’ factor that influenced the retention of all students during the first year of HE. For DS in HE the importance of provision is compounded because it helps to remove barriers to allow for a more inclusive HE environment (section 2.2.2) and has been a frequent theme highlighted in the literature exploring DS’ experiences of HE (e.g. Fuller et al., 2009, Jacklin et al., 2007).

There are several formal mechanisms in place to support DS in HE. These include:

- Equality policies;
- Considerations of reasonable adjustments (e.g. additional time in exams);
- DSA (covers extra disability-related costs or expenses in HE - e.g. specialist equipment such as computer software or recording equipment; non-medical helpers such as readers, note-takers or tutors; aid with travel costs or others aspects such as photocopying);
- Disability support advisor/s (or otherwise named person responsible for organising support);
- Departmental Disability Coordinator/s (DDC) (or other named person responsible for coordinating departmental support).

These provisions will vary via HEI as not all are mandatory or fully embedded within each institution (Fuller et al., 2009). Therefore, not all DS will be accessing or benefiting from the support outlined above. Additionally, some DS will “continue to fall though the gaps” and may not get the support they are entitled to, as Harrison et al. (2009:135) observed in their review of provision in England and Wales.

Studies have acknowledged that when support was implemented effectively it contributed to DS’ positive experiences (Elliot and Wilson, 2008; Fuller, Healey et al., 2004; Holloway, 2001; Riddell et al., 2010; Wray, 2013) and aided the achievement of DS in HE (Madriaga et al., 2011). Thus, DS benefited from provision being implemented because it provided them with equal opportunity (Hall and Tinklin, 1998; Piggot and Houghton, 2007). However, Fuller, Healey et al. (2004) also recognised that students
differed in their willingness to seek support for their impairment, indicating the heterogeneity of DS in HE.

Equally, poor support has had an adverse effect on students’ experiences and has caused obstacles in HE (Redpath et al., 2013). A dominant theme discussed within the academic studies of DS in HE was the myriad of challenges associated with arranging provision. According to Jacklin et al. (2007), the students who experienced difficulties organising and receiving provision demonstrated significant frustration which dominated discussions within their study exploring DS’ experiences in HE, as reflected by Wray (2013). Additionally, Goode (2007:44) in their study of twenty students with varied disabilities in various years of HE, described the initial organisation of support as a “battleground” which required students to become “battle-hardened” and demand the support they were entitled to. Similarly, Roberts (2009) reflected that getting support in place often seemed down to chance and was unpredictable. Although neither Goode (2007) nor Roberts (2009) indicated exact figures regarding the frequency of these comments, their findings identified that DS often have difficulty organising provision in HE.

By exploring DS’ experiences of support in HE, it has been observed that provision was often absent at the beginning and therefore required students to be proactive in organising this (Holloway, 2001; Piggot and Houghton, 2007; Redpath et al., 2013; Roberts, 2009). For example, students had to request information in alternative formats from lecturers (Piggot and Houghton, 2007) and spend time away from their peers or from academic activities arranging their provision (Beauchamp-Pryor, 2013; Goode, 2007). Roberts et al. (2009) and Goode (2007) also discussed how the additional aspects DS had to consider caused further ‘emotional’ work in HE that non-DS would not have to consider. Therefore, inefficient support contributed to the barriers experienced by DS in HE and this has been persistently identified in academic studies. However, what is absent from such studies is the DS’ perception of when support was implemented effectively.

Difficulties implementing provision were wide-ranging and occurred both before and during HE. Even when students were proactive in arranging support, disclosed disability and communicated with disability support services prior to entry, they still experienced challenges. For example, Vickerman and Blundell (2010:27) stated that:

“of the 75% [n=21] of disabled students who declared a disability on their university application, 47.6% [n=10] had not been contacted prior to the commencement of their course by either academic or welfare services”.

Vickerman and Blundell (2010) stressed the importance of disability support services reaching out to students because it allowed students to feel welcomed, accepted and
encouraged within the HEI environment, thus reflecting social model ideals. Other studies observed that DS with hidden disabilities in HE were often unaware that there was a disability support service to aid them (Elliot and Wilson, 2008; Sanderson, 2001). While there may have been several factors that influenced this lack of awareness, it indicated that communication and promotion of support is needed in HE to ensure that less proactive or shy students do not miss out on necessary support (Elliot and Wilson, 2008). Moreover, Vickerman and Blundell (2010: 27) identified that even when students did receive communication from the disability support services before entering HE (53.4%/n=11), only just over a third of these students (36.4%/n=4) found it useful. Although it was unclear why this contact was uninformative, because of the quantitative nature of data in this phase of the research, the findings reinforced that better communication and information was needed to ensure DS benefited from early disclosure on entry to HE.

Additionally, other studies reflected that DS were frustrated by the poor implementation of support during HE. This was problematic because ‘once students ‘got in’ [to HE], they wanted to ‘get on’” (Shevalin et al., 2004: 21). For many DS provision was critical in allowing this (Roberts, 2009). Similarly, Beauchamp-Pryor (2013) observed that provision was important to enable student empowerment so that DS are not reliant on others to aid their experiences. Thus, implementing support was crucial to DS’ experiences in HE.

Two main difficulties caused problems with support during HE. Firstly, the delay in the equipment and/or the DS’ lack of knowledge and inability to use the equipment put DS at a disadvantage in HE (Beauchamp-Pryor 2013; Riddell et al., 2002; Riddell et al., 2005; Shevalin et al., 2004). It emphasised that the implementation of provision did not automatically remove barriers even when support was agreed upon. Secondly, there were problems with the implementation of support from academic staff. A specific and frequent difficulty referred to by DS has been associated with the lack of lecture notes prior to lectures. Although earlier research identified that some academic staff (often from pre-1992 universities) indicated that they were unwilling to do this, because they felt it encouraged students not to come to lectures (Riddell et al., 2002), for many academic staff a lack of awareness of the support that needed to be put into place left students with gaps in their provision (Fuller, Bradley et al., 2004; Harrison et al., 2009; Hopkins, 2011; Parker, 2001; O’Neil and Wilson, 2006; Sanderson, 2001).

The lack of provision received meant that DS had to disclose their impairment to several staff within HE (Borland and James, 1999; Fuller, Bradley et al., 2004; Fuller et al., 2009; Goode, 2007; Holloway, 2001, Roberts, 2009). This has been noted as a difficulty for DS for a number of years. It is problematic because of the complexity associated with
disability disclosure (section 2.4.3) and, as Redapth et al. (2013) observed, the constant justification of support requirements to academic staff was exasperating for DS in HE. Furthermore, Roberts (2009) concluded that a fundamental difference between the learning experience of DS and non-DS in HE were the barriers regarding the lack of provision, reasonable adjustments and the additional organisational duties required of DS. Others have also emphasised the additional considerations required by DS compared to non-DS in HE (e.g. Elliot and Wilson, 2008; Holloway, 2001; NDT, 2004).

Positively, in some instances, it is evident that once staff were aware of a disability, the provision that DS were entitled to was implemented (Holloway, 2001; Roberts, 2009). However, this reflected a reactive process perpetuating the dominant medical model approach towards disability and provision. Thus, as Matthews’s (2009) evaluation of disability articles recognised, there is a need for accessible and transparent procedures to ensure both staff and students are aware of the support processes on entry to and throughout HE. This accessible information should identify what provision is available, when it is available and who is involved within the process of support (Mathews, 2009). This will help to manage the expectations of students and inform staff of their roles. The importance of raising disability awareness among staff within HE is also explored in section 2.4.6

The importance of liaison between departments in HE has also been discussed in previous research. O’Neil and Wilson (2006:100), who drew on several real case studies, observed that “a major emerging issue is the way in which this range of provision is managed within the structure of HE”. In support of this, Georgeson (2009) also identified that successful support was difficult to provide at an individual level because staff and students were working within a network of systems that made up a degree course. Thus, organisational contradictions between individual staff beliefs, departmental ethos and university policies meant that the issue of support was complex to provide (Georgeson, 2009). In support of this, several studies exploring DS’ experiences in HE demonstrated how inconsistency throughout departments in HEIs impeded experiences of support (Elliot and Wilson, 2008; Fuller, Healey et al., 2004; Roberts, 2009; Weedon and Riddell, 2009). Thus, greater collaboration and transparency is necessary.

It also seems a named person of contact is a favoured way for DS to organise and discuss provision and this has been reflected on for more than a decade. Sanderson (2001) reflected that this position was preferred by staff and DS in both FE and HE. Specifically, the HE DS felt that having a named contact within each department who was “immediately accessible, known and who had in-depth knowledge of the requirements of the subject area” would be beneficial because this contact could “act” on any difficulties arising from
impairment (Sanderson, 2001: 233). Despite the study being undertaken in one area, with a small number of participants, over a decade ago, several studies have also reinforced the importance of a named contact and identified that nominated individuals (e.g. DDCs) would be beneficial in academic departments to ensure continuity in DS’ experiences in HE (Holloway, 2001; Hurst, 2006; Jacklin et al., 2007; Taylor, 2005).

However, Taylor (2005) and Hurst (2009) recognised that DDC roles have been slow to develop and are often not fully evolved or compulsory within HEIs. Furthermore, Georgeson (2009), who explored staff perceptions regarding DS in HE, indicated that the DDC role is often only complied with because academic staff champion other priorities and question academic standards. Thus, such roles are dependent on how academic staff perceive disability, their personal motivations to respond to disablism and other practical difficulties relaying information to others (e.g. absent or part-time staff) (Elliot and Wilson, 2008; Georgeson, 2009).

In addition to formal processes of support, informal processes of support (i.e. the interaction between staff and students) have also been observed as an important part of the support received in HE, for both DS and non-DS (Jacklin and Robinson, 2007). Students valued helpfulness, availability and approachability of academic staff in HE and this often related to positive experiences (Roberts, 2009). This has often been discussed in relation to specific academic staff (see section 2.4.6).

2.4.5. Relationships with others in HE

Within research there has been a tendency to focus on the academic support that DS require in HE (section 2.4.4). Exploration into other means of support that DS may experience to enable their participation has been relatively limited. Specifically, there is a lack of research exploring the DS’ relationship with peers.

The importance of interpersonal support is reflected in other studies exploring the general student population. For example, it is frequently observed that social interaction and friendships, as well as academic integration, are factors that influence successful experiences for all students in HE (Douglas et al., 2014; Harvey et al., 2006; Jacklin and Robinson 2007; Tinto, 1993; Whittaker, 2008; Yorke and Longden, 2007). Students in the general student population value being able to work through academic problems with their peers in HE as well as other categories of support (e.g. ‘human and material resources’ and ‘information, guidance and direction ’) (Jacklin and Le Riche, 2009; Jacklin and Robinson 2007). Furthermore, Whittaker (2008) indicated students often needed the opportunity to share and discuss issues and concerns with their peers, rather than seeking the services of professional support staff. In support of this, it has been observed that social relationships
aid the development of academic ideas in HE (O’ Neil and Wilson, 2006) and academic peer
groups can form part of a student’s social network (Caroll and Iles, 2006). More
specifically, according to Harvey et al.’s. (2006) review of literature exploring the first year
student experience, difficulties with social interactions were problematic and influenced
early departures from HE more than academic ones. This has also been recognised
elsewhere (NUS, 2012; Palmer et al., 2008). Thus, as Wilcox et al. (2005: 713) observed it
was imperative for students to feel they had made “good friends” during the first year of HE
to ensure a positive experience.

Although little is known about DS’ friendships in HE (Beauchamp-Pryor, 2007),
research exploring young disabled people more generally has recognised that developing
friendships may be more complex for young disabled people (aged between twelve and
twenty) and that friendships and social participation are closely linked (Hirst and Baldwin,
1994). For example, non-disabled young people had closer friendships and more wide-
ranging networks than disabled young people; nearly twice as many young disabled people
experienced difficulty making friendships in comparison to non-disabled peers (this
increased as they got older) and young disabled people also experienced more limited social
interactions than non-disabled peers (again this increased as they got older) (Hirst and
Baldwin, 1994). The difficulties making friends were assigned to young disabled people
feeling awkward or anxious and other disability related reasons, such as rejection and
impairment related difficulties (i.e. communication and transport difficulties) (Hirst and
Baldwin, 1994). Additionally, lower levels of self-esteem and self-confidence were
identified by DS and this is also likely to have impacted their interaction with others (Hirst
and Baldwin, 1994).

Although the former study is dated and not focused directly on education settings,
more than twenty years on, Beauchamp-Pryor’s (2007) research observed that a quarter of
the twenty-three DS who were interviewed felt excluded by their non-disabled peers in HE.
Thus, a divide remained between DS and non-DS. Beauchamp-Pryor (2007) assigned part of
the difficulty to the limited interaction between the two groups of students prior to attending
HE. Those entering HE from mainstream settings who had interacted with peers previously
were more confident in the development of relationships with peers (Beauchamp-Pryor,
2007, 2013). This appears to be the only study that has explored the friendships of DS in
HE. However, it reflected similar findings to a research study exploring friendships in FE
settings (e.g. Ash et al., 1997). Others have also suggested that segregation within
education settings should be minimised to encourage a more positive perception of disabled
children and young people (Ainscow, 2005; Taylor and Palfreman-Kay, 2000). As Morris
(2001:168) indicated:
“Negative attitudes held by non-disabled children and young people may be an important factor [to understanding vulnerability of social isolation and exclusion], and a key context to the interaction between disabled and non-disabled young people is the extent to which the latter grow up with the idea that the former are to be pitied and made the objects of charity”.

Thus, it is argued that increased familiarity can alleviate difficulties with the interaction between disabled and non-disabled young people.

However, a limited number of studies have explored social activities in HE. For example, Beauchamp-Pryor (2007:326) found that the majority of DS did not report any issues with such activities, but a quarter of DS (n=29) who completed the survey from within one HEI were unable to participate in social events as much as they would have liked. In support of this, Jacklin et al. (2007) stated that although the majority of DS were pleased with their social experiences while in HE (67.2%/n=129), the small number that experienced barriers in this area (12.5%/n=24) associated these difficulties with disability. Additionally, more than half of the DS (57.7%/n=110) indicated improvements to the social experiences could be made by the HEI (Jacklin et al., 2007). Therefore, understanding the social barriers DS’ experience is important. Particularly, as shared experiences with non-disabled peers can aid the development of friendships (Hirst and Baldwin, 1994).

A range of difficulties associated with barriers to social activities in HE have been identified, although the extent of the difficulty experienced is often not reported on. These difficulties include a lack of time to participate in social activities because of additional time studying and arranging support (Elliot and Wilson, 2008), low self-confidence, lack of friends, ill health, reliance on others for transport, personal assistance and access to social activities (Beauchamp-Pryor, 2013). Hall and Tinklin’s (1998) case study supported the latter point and indicated physical restrictions impacted DS’ access to social environments. Similarly, Jacklin et al.’s (2007) much later research also recommended that consideration of accessibility needs to be extended to cafes and other similar social spaces, to ensure DS have equal opportunities to participate. In support of this, other research has discussed this barrier in relation to students with AS, indicating that access challenges in such environments are not only a difficulty for those with mobility impairments (Madriaga et al., 2008; Madriaga, 2010).

Further concerns regarding social interaction have been noted in Fresher’s week where DS often experienced difficulties participating in the activities (although it was not evident how widespread this was) (Beauchamp-Pryor, 2007). In support of this, Madriaga et al. (2008) observed that some students with AS felt there were limited activities and fewer opportunities to interact socially with peers during the initial weeks of HE. However, they
also cautioned that immersion in social activities did not automatically mean the development of friendships. This was evident as two students with AS had signed up for activities but failed to engage with other students (Madriaga et al., 2008). However, the nature of the impairment may have influenced their difficulties with this.

Additional aspects also impacted upon the development of relationships between DS and non-DS in HE. For example, individuals with visual and hearing impairments indicated that communication difficulties with peers acted as a further barrier to the development of social relationships (O’Neil and Wilson, 2006). Additionally, other general factors impacted upon students’ development of friendships in HE. They included their status as mature students (Harvey et al., 2006; Roberts et al., 2009; Jacklin et al., 2007) and whether they lived away from campus (Harvey et al., 2006; Yorke and Longden, 2007). Thus, there may be additional factors that influence social interactions in HE as well.

Two studies also reflected on the consideration of DS’ interaction with other DS. On the whole this interaction was viewed positively. For example, Elliot and Wilson (2008) recognised that creating friendships for mutual support and in particular with those with the same impairment was important. However, it was not possible to identify how many students indicated that this was significant. Furthermore, it seemed such interaction was often not in any formal capacity, rather it was about students meeting other DS in academic departments, in halls or resource centres, as Beauchamp-Pryor (2013) also indicated. More formal interactions between DS were also considered in the latter research but received mixed reviews (Beauchamp-Pryor, 2013). The quantitative data in this research indicated that the majority of students (n=80) would not like to join, or were unsure about joining, a disability society or disability forum. Specifically, those with a learning difficulty, deaf/hearing impairment, mental health difficulty and unseen disability were less interested in joining such a group. However, those students with wheelchair/mobility difficulties or with multiple difficulties indicated that they would like to (Beauchamp-Pryor, 2013). Therefore, it seemed those with more visible disabilities were more likely to participate in a disability society than those without. For those with hidden impairments, the involvement in such a society was dependent on the adoption of a disabled identity and whether students viewed themselves differently to their peers (Deal, 2007; Beauchamp-Pryor, 2007; Olney and Brockleman, 2003; Riddell et al., 2005; Roberts et al., 2009; Jacklin et al., 2007).

Although the barriers associated with the development of friendships and social interactions in HE has been recognised briefly by a small handful of the studies exploring DS’ experiences in HE, the nature of these friendships and the students’ satisfaction of the relationships developed have been relatively limited and requires further exploration,
particularly because those who developed friends found them to be supportive (Beauchamp-Pryor, 2007, 2013).

2.4.6. Learning, teaching and assessment

Learning and teaching has emerged frequently in the studies exploring DS’ experiences in HE and has often been a predominant focus. Both statistical and qualitative data has provided an insight into DS’ experiences of the teaching and learning environment.

The importance of the course has been identified in research exploring the general student population in HE. Several studies have identified that the course chosen to study can contribute to positive or negative experiences (Douglas et al., 2014; Foster, 2009; Wray et al., 2014; Yorke, 2000a; Yorke, 2000b). However, the significance of the course has been relatively unexplored in relation to DS in HE. The findings have predominantly been limited to statistical data outlining the subjects DS study and has not explored their perceptions of such courses.

It is argued that only a small number of DS chose their field of study because of disability (12%/n=20) (Fuller, Healey et al., 2004; Healey et al., 2006). However, statistically DS are more likely to take subjects in arts and humanities (Ashworth et al., 2010; Beauchamp-Pryor, 2007; Riddell et al., 2005) and are significantly under-represented on science and medical courses (Beauchamp-Pryor, 2007; Riddell et al., 2005). Purcell et al. (2008) also found similar results and argued that although there may be some fluctuation year on year, probably because of the relatively small numbers of DS involved in HE, DS were indeed more likely to be under-represented on certain courses. Ashworth et al. (2010) suggested that arts subjects are popular for DS because they encouraged differing viewpoints to be sought. However, Beauchamp-Pryor (2007) advocated that further exploration into DS’ enjoyment of a course is necessary to understand and promote full inclusion. In support of this, Jacklin et al. (2007) observed that positive perceptions of a course contributed to an affirmative learning experience for DS whilst in HE. Thus, gaining greater insights into DS’ experiences of a course would be beneficial.

Additionally, statistical data has allowed an insight into the achievement of DS in HE. According to Pumfrey (2008) first class degrees increased between 1998 and 2005 for both DS and non-DS in HE. The data also indicated that the standards of HE appears to have been maintained contrary to concerns of some academic staff (section 2.2.3). However, the DIUS (2009) and Beauchamp-Pryor (2013) (using statistics from the HESA) reflected that DS are slightly less likely to attain higher level degrees (first and upper second class degrees) than non-DS and are more likely to achieve lower degree classifications. Nonetheless, when comparing the breakdown of degree classifications with
non-DS the differences between the overall attainment was minimal and meant that the provision available to DS was suitable (Beauchamp-Pryor, 2013). In particular, dyslexic students praised the provision received because it allowed them to perform at a roughly equivalent level to their non-dyslexic peers (Taylor et al., 2009). Additionally, Madriaga et al. (2011) indicated that the inclusion of DS in HE did not decrease the standards of achievement in HE (unless DS had not accessed DSA). Of course, there are other factors as well as provision that can enable student success in HE this can include motivation, parental support and previous educational experiences (Beauchamp-Pryor, 2007).

Much of the research regarding DS’ attainment has largely been done from an objective perspective and this has focused on what the students achieved rather than the progression they had made. Therefore, there has been a focus on statistical data. However, following exploration into the general student population and their perceptions of achievement in HE, it was acknowledged that self-perception of ability tends not to match the results of tests or perspectives of tutors (Harvey et al., 2006). Additionally, studies exploring the general student population in HE have acknowledged that academic achievement was considered critical for satisfaction within HE (Douglas et al., 2014) and where academic progress was lacking, a reason for non-completion (Yorke, 2000a). Therefore, exploring DS’ perception of achievement in the first year is necessary to see how progression and achievement can impact upon transition.

Other research of teaching and learning elements has tended to focus on the identification of disabling barriers, challenges and oppression experienced by DS in HE in order to improve their learning and teaching experiences (Borland and James, 1999; Tinklin and Hall, 1999; Goode, 2007; Healey et al., 2006; Jacklin et al., 2007; Fuller, Healey et al., 2004; Fuller, Bradley et al., 2004; Fuller et al., 2009; Madriaga et al., 2008; Sanderson, 2001). Such studies have identified that there were explicit barriers that made learning experiences more difficult for DS and also demonstrated variation between and within different impairments (Fuller, Healey et al., 2004). In support of this, Madriaga et al. (2008) found that autistic individuals may vary from one another in their learning experiences as much as their non-autistic peers.

Initial studies regarding learning and teaching experiences tended to highlight the physical restrictions and lack of access to learning spaces, perhaps because of the context and the lack of disability legislation in place in education settings when these studies were carried out (e.g. Borland and James, 1999; Chard and Couch, 1998; Tinklin and Hall, 1999; O’Connor, and Robinson, 1999). With the exception of a few more recent studies, which still recognised some physical restrictions or obstacles in the learning environment for
students (mainly those with physical and sensory impairments) (e.g. Jacklin et al., 2007; Redpath et al., 2013; Shevlin et al., 2004), changes in disability legislation have meant that many of the physical barriers have been removed (Harrison et al., 2009). Therefore, more recent studies have explored obstacles beyond the physical environment and addressed the learning environment.

Specifically, difficulties identified in the learning and teaching environment were wide-ranging. For example, lecturers speaking too fast and/or wandering around the room, difficulties with the amount of time to read material, difficulty taking notes and with other aspects of writing, difficulty with literacy skills and students’ inability to hear lecturers in large lecture halls (Beauchamp-Pryor, 2013; Fuller, Healey et al., 2004; Fuller et al., 2009; Healey et al., 2006). In support of the latter, Madriaga et al. (2010) identified that DS had more difficulty hearing within lectures in comparison to non-DS. However, there were a large number of respondents with hearing impairments within their sample and this is likely to have impacted upon the results. Nonetheless, varied difficulties have been reported for DS in learning environments in HE.

Generally, the difficulties that DS had to overcome were greater than non-DS. That is not to say non-DS did not face these, but that DS experienced more challenges (Healey et al., 2006). Interestingly, research identified that non-DS only experienced more difficulty in three areas of learning and teaching in HE (Healey et al., 2006). This included, group work, oral presentations and understanding the work that was expected of them (Healey et al., 2006). However, the difficulties experienced by non-DS were considered to be relative to the challenges they experienced (Healey et al., 2006). Therefore, rather than group work being less difficult for DS, it is likely the barriers they experienced elsewhere in the learning environment were more complex than experiencing anxiety in group work (Healey et al., 2006). In contrast, Elliot and Wilson (2008) identified that students with hidden disabilities did indeed have difficulties in group situations, observing that peer attitudes and a lack of disability awareness from peers in group work impacted upon the DS’ feelings of confidence and their ability to succeed.

DS also frequently discussed challenges with assessments. Difficulties emerged because assessments had not been fully explained, or because there was a reliance on summative and written assessments (Fuller and Healey, 2009; Healey et al., 2006; Madriaga et al., 2011). Thus, it has been suggested that alternative assessments should be encouraged in HEIs so that DS can show their understanding via different methods and move away from assessment that focuses on a prescribed way of learning (Hanafin et al., 2007; Harrison et al., 2009; Redpath et al., 2013). However, it has been recognised that there is caution
surrounding alternative assessments from some academic staff within HEIs (Fuller and Healey, 2009). Staff have been concerned about learning outcomes being met, practical complications if assessments are based on group work, how to ensure fair assessment and whether they would be acting more favourably towards certain students (Fuller and Healey, 2009; Riddell and Weedon, 2009). In support of the latter, Ashworth et al. (2010: 221) discussed the contentions that may be held between making legal “reasonable adjustments” and the complexity of “academic judgements”. It is argued that such perceptions are why assessment practices have failed to adapt as quickly as teaching practices in HE (Riddell et al., 2005) and why DS’ experiences of alternative assessment have varied (Fuller and Healey, 2009).

However, the implementation of a range of assessment methods is often commonplace and recognised as important within HE today. For example, Holgate (2015) explored assessment issues in HE for dyslexic students and identified how visual methods of assessment on architecture courses were favoured, as they experienced more difficulty with extended written work. However, the participating students also valued a range of writing workshops to help them develop their academic writing as well. Furthermore, certain forms of assessment (e.g. poster presentations) may be beneficial for some students (e.g. those with dyslexia) but cause further difficulties for others (e.g. those with visual impairments) (Shepherd, 2006). Therefore, considerations regarding alternative assessment may be complex.

According to Konur (2007) academic staff are considered ‘gatekeepers’ of inclusive learning and teaching experiences and of equal participation in HE. Within previous studies difficulties in the learning and teaching environment have been exacerbated by negative attitudes or unhelpful academic staff who made learning and teaching experiences in HE more challenging (Madriaga 2007; Roberts, 2009). In contrast, when staff were positive, approachable and helpful it aided learning and teaching experiences (Elliot and Wilson, 2008; Roberts, 2009; Tinklin and Hall, 1999). Thus, research has acknowledged the difference between lecturers within the academic contexts of HE, with some being more supportive and aware of inclusive adjustments than others (Beauchamp-Pryor, 2013; Hurst, 2009; Riddell et al., 2005; Riddell et al., 2014). In support of this, Fuller et al. (2009:176) concluded that teaching in pre-1992 HEIs was impacted “more severely” than those in post-1992 HEIs, because of the focus on staff research commitments. However, the researchers also commented on the variance of learning and teaching between disciplines as well. Furthermore, Georgeson (2009) also explained that DS often relied on the helpfulness of individual staff on entry to HE, rather than the support systems that should be in place.
In the past, a significant difficulty developing disability awareness amongst staff in HEIs has been because disability training has been optional (Parker, 2001; Sanderson, 2001). More recently, Harrison et al.’s (2009) review of provision within HEIs indicated that although some level of disability or equality training was available in the majority of HEIs, for many it remained voluntary (e.g. 29 out of 53 in England and 5 out of 7 in Wales). Hopkins (2011) stressed the importance of disability awareness training and identified that it should be made compulsory for staff. Although equality training is often mandatory within several HEIs today (e.g. Cardiff University, 2014; Cardiff Metropolitan University, 2012; University of Cumbria, 2013; University of Exeter, 2015; University of Winchester, 2015), research has not specifically explored staff perceptions of disability after training or explored the quality of such training in UK HEIs. Nonetheless, it is likely such training has helped to develop a better awareness of disability. An American study exploring staff attitudes following disability training indicated that staff who had training had a more positive perception of disability (Murray et al., 2009). They had increased sensitivity towards DS and demonstrated a lower rating of insufficient knowledge regarding learning disabilities (Murray et al., 2011: 297). Thus, in-depth and multiple opportunities for training would be beneficial for staff in HEIs (Murray et al., 2011). In support of this, recent research in one UK HEI has recognised that sharing experiences of accessibility and inclusion to develop best practice was valuable (Kioko and Makoelle, 2014).

Research also reinforced that DS had additional aspects to consider or overcome within the academic areas of HE. These varied within each study because it was dependent on the nature of the students’ impairments. Nonetheless, it was commonly found that DS spent longer studying and completing assessments in HE (Elliot and Wilson, 2008; Fuller and Healey, 2009; Healy et al., 2006; Hopkins, 2011; Madriaga et al., 2010). In support of this, Madriaga et al. (2011) identified that students with specific learning difficulties experienced greater difficulty with literacy than non-DS in HE, even with institutional support. Similarly, Roberts (2009) commented how a student’s organisation, concentration and attendance had been impacted by diabetes. Madriaga et al. (2008) and Talyor et al. (2008) also demonstrated that students with AS and Emotional Behaviour Difficulties had difficulties interacting in teaching groups and public spaces in HE. To overcome these difficulties, some students developed coping mechanisms to deal with their individual difficulties, as reflected by Konur (2006) in a review of literature. However, for some the coping mechanisms were nothing more than “getting on with it” (Roberts, 2009:108). These varied experiences demonstrated the heterogeneity of the disabled student population and reinforced that there were additional and often individual aspects that DS had to overcome in teaching environments.
However, the barriers faced did not automatically mean students felt negatively about their overall learning experiences. In a survey of DS (n=192) it was observed that the majority of DS (73%) felt satisfied with their overall learning experiences in HE (Jacklin et al., 2007). This included students who experienced barriers in their learning because of impairment. Thus, a more optimistic view of DS’ experiences in HE is depicted. However, as the research only took place in one HEI and used quantitative data to depict this result, it is not in-depth or representative of all DS. Nonetheless it indicated that the barriers encountered did not always impact upon DS’ experiences negatively.

2.5. Summary

The nature of HE has changed and this has seen the number of DS in HE increase. Consequently, research associated with DS has also increased (particularly in the mid-2000s) and several studies explore DS’ experiences in HE, using both qualitative and quantitative data. Predominantly studies have explored the general barriers towards teaching and learning experiences, the provision available for students in HE and the disclosure of disability. Although the importance of social activities has been recognised in studies exploring the general student population and more recently in studies of DS in HE, the discussion and exploration of DS’ friendships has been limited.

Additionally, literature has recognised the nature of changes the general student population face when entering HE and the increased challenges DS may experience when adapting to these differences in the first year. Despite this there has been limited focus on the transition of DS into the first year of HE. Rather, there have been more general investigations, whereby studies have explored all three years of HE and explored experiences of both past and present students. Consequently, studies focusing on DS have failed to explore DS’ progression into and through the first year of HE. This is a gap that this research aims to explore in more detail. Following this review of the literature, the next chapter will explore how this research study was carried out.
Chapter 3 Methods

This chapter explores the methods of the study. It outlines and describes the overall research framework; including the general approach to the research, the key principles underlying the research process, the data collection methods, ethical issues, sampling and the data analysis undertaken within the study.

3.1. Qualitative research

As indicated in Chapter 1, this research aimed to evaluate DS’ personal journeys during the first year of HE. It aimed to provide a space for their voices to be heard in order to learn as much as possible about their lived experiences and perceptions during this first year. Consequently, a qualitative approach rather than a quantitative one was adopted.

Quantitative research was deemed unsuitable for this research because of its focus on numerical data, pre-defined concepts, pre-prescribed frameworks and the testing of hypotheses (Bryman, 2012a; Newby, 2010; Punch, 1998). This would have hindered the depth in which the DS’ personal journeys could be explored and discovered (Denscombe, 2010; Hennick et al., 2011; Hopkins, 2011; Lichtman, 2006). In contrast, qualitative research is generally observed as an approach “that uses methodologies…to provide a rich contextualised picture of an educational or social phenomenon” (Mertens and McLaughlin, 2004: 96). It is commonly described as exploratory and descriptive which allows an in-depth understanding of participants’ experiences to be elicited (Marshall and Rossman, 2011; Maykut and Morehouse, 1994; Mills and Birk 2014). This helps to ensure a complex and more complete picture (focusing on more than one or two variables) can be represented (Creswell, 1998). Consequently, qualitative inquiry was deemed suitable for the nature of the current study where the emphasis was on the richness of the data. The qualitative nature of the research allowed the complexity of the DS’ social world during the first year of HE to be retained in both the data collection and analysis processes (Braun and Clarke, 2013).

Aside from the significance of the depth and richness of the data, there were four other characteristics associated with qualitative research that determined the nature of this research. Firstly, a central feature of qualitative research recognises that participants attach meaning to their experiences and/or actions (Denscombe, 2010; Flick, 2007; Swandt 2007). Thus, identifying that there is not one reality, rather people construct meaning through their interpretation and interaction of the world (Gray, 2009). This was significant to this research as it focused on how the individual DS explained and understood their experiences during the first year of HE within their own frame of reference (Bryman, 2012a) from an ‘insider’
perspective (Hennick et al., 2011: 18). In support of this, studies exploring HE have recognised the importance of exploring the ‘student perspective’ in order to understand how the students made sense of their social world (Fung, 2006, Hurst, 1996). Straus and Corbin (1998: 11) observed the benefits of this and explained that “intricate details about phenomena such as feelings, thought processes, and emotions” can be extracted from individuals. Additionally, qualitative research acknowledges the importance of context within research because it can influence behaviour, thoughts and feelings (Maykut and Morehouse, 1994). Thus, data is not produced in isolation (Braun and Clarke, 2013; Flick, 2007) and this was important within the current research to ensure the DS’ experiences were not discussed out of context.

Secondly, qualitative research acknowledges the importance of naturalistic data as opposed to experiments and controlled variables associated with quantitative research. Thus, obtaining data as it exists in the most natural setting as possible is important (Lichtman, 2006). This is crucial in qualitative research in order to emulate the phenomenon under research closely and to uncover detailed aspects of the phenomenon (Newby, 2010, Maykut and Morehouse, 1994). While one method chosen in this study was interviews, which can be considered to be artificial to some extent (Newby, 2010), a fundamental principle of the research strategy aimed to develop relationships with the participants over time to ensure they were comfortable in the environment and to enable and retain (as far as possible) natural and genuine responses from the participants. Thus, ‘naturalistic data’ was an important feature that determined qualitative research in the current study.

Thirdly, qualitative research recognises the importance of the process (Bryman, 2012a; Maykut and Morhouse, 1994). This acknowledges that social life is ongoing and changing (Woods, 1999). Again, this was significant to the current research because the focus of the study evolved and emerged over time (Charmaz, 2006). Consequently, different aspects were explored with the individual participants throughout the first year of HE. Thus, the ‘process’ was an important part of the research.

Finally, qualitative research focuses on inductive theory which is grounded in data (Maykut and Morehouse, 1994). In the current study, there was not a pre-determined theory or hypothesis that needed testing (Braun and Clarke, 2013). Rather, key issues emerged as the DS discussed their personal journeys and this allowed more to be learned about the research topic as the year progressed (Hennick et al., 2011). This was particularly significant because of the limited area of research that focused on DS’ lived experiences during the first year of HE. In support of this, Straus and Corbin (1998) observed that qualitative methods are useful when exploring areas where little is known about a topic and where much ‘novel’
information would be gained from exploring such situations. Although the current study aimed to explore certain areas because of their absence (e.g. friendships) or significance (e.g. support) within previous literature, the way in which DS discussed their experiences was not constrained. Rather it was led by the DS’ experiences and prerogatives. This will be discussed throughout this chapter.

Furthermore, qualitative research was deemed appropriate for this research because it is valued when conducting research with marginalised groups or when researching sensitive areas (Mertens and McLaughlin, 2004). It is considered particularly useful in special educational research to ensure that details of individuals and programs are extracted (Patton, 2002) and when researching areas of low incidence to ensure depth to the participants’ experiences (Mertens and McLaughlin, 2004). Additionally, studies exploring DS’ experiences in HE have frequently engaged with DS’ voices within or as part of, their research to explore the students’ experiences in-depth (e.g. Beauchamp-Pryor, 2013; Borland and James, 1999; Elliot and Wilson, 2008; Fuller et al., 2009; Goode, 2007; Holloway, 2001; Hopkins, 2011; Jacklin et al., 2007; Madriaga 2007; Redpath et al., 2013). Thus, previous research has recognised that it is necessary for DS to talk about their individual experiences without pre-determined constraints.

Although there are challenges and critiques associated with qualitative research, such as time and labour intensive research methods (Klenke, 2008), the lack of generalisation evident from data (Houser, 2014), the lack of transparency and the subjective nature of the data collected (Bryman, 2012a), the orientation of the study was nevertheless underpinned by the key principles of qualitative research. It provided a rich, contextualised study about DS’ personal journeys during the first year of HE.

3.2. Key principles underlying the research design

Qualitative research is rooted in several philosophical beliefs which determine how meaningful knowledge can be generated (Braun and Clarke, 2013: 29; Hennick et al., 2011). Therefore, it is necessary for researchers to go beyond the consideration of whether their research is qualitative or quantitative (Bryman, 2012a). Guba and Lincoln (1995: 108) observed that researchers should consider the “relationship between the knower and the would-be knower and what can be known” when conducting research. Therefore, the principles that underpin the research are important to establish.

As indicated in the introduction, this research intended to explore DS’ experiences during the first year of HE in-depth by engaging with the student voice. However, it also aimed to ensure the students were not merely passive subjects within the research process.
and that they were empowered. It is this stance that aligned interpretive assumptions and other emancipatory principles within this research. Furthermore, principles underlying a narrative approach were also recognised as important in order to address the overall aim of the current research. These are discussed within the following sections. Additionally, the compatibility between these principles is discussed in Appendix 4.

3.2.1. Interpretivism

Interpretivist assumptions underpinned the values and beliefs regarding the construction of knowledge in this study. In contrast to the positivist tradition - which emphasises objective knowledge, scientific facts, provable positions and is generally considered less appropriate for the study of human behaviour (Cohen et al., 2000; Denscombe, 2010, Maykut and Morehouse, 1994) - interpretivism is rooted in the belief that knowledge should be sought from an emic or ‘insider’ perspective to understand a person’s lived experience or social world. As Bryman (2012a: 30) indicated:

“interpretivism is an alternative to the positivist orthodoxy… it is predicated upon a view that a strategy is required that respects the differences between people and the objects of the natural sciences and therefore requires the social scientist to grasp the subjective meaning”

Furthermore, interpretivist assumptions acknowledge the variations between individuals’ experiences and perceptions, and explore the subjective meaning people assign to their experiences in order to achieve “verstehen” (Hennick et al., 2011; Lichtman, 2006). It is evident, then, that interpretivism is integral, and well-suited, to qualitative research and qualitative research methods. These can be applied to gather participants’ in-depth perspectives of a particular phenomenon (Snape and Spencer, 2003; Merriam 2009; Marshall and Rossman, 2011). Thus, assumptions underlying an interpretivist perspective underpinned this research as the researcher explored the DS’ personal journeys during the first year of HE.

Several key principles of interpretivism helped shape the current research. For example, the research adopted an interpretive approach to seek an understanding of DS’ lived experiences during the first year of HE from the students’ individual perspectives (Denscombe, 2010; Hennick et al., 2011; Swandt, 2007). The research relied on the in-depth accounts given by the participants where they negotiated their individual meanings about their world (i.e. their experiences during the first year of HE). Subsequently, the researcher was thrust into a continual process of meaning construction in order to understand the DS’ experiences (Scott and Morrison, 2006). Additionally, the current research recognised that the DS’ interpretations of their experiences were socially constructed. Their experiences and perceptions in this current study did not occur in isolation, but within social, cultural,
historical and personal contexts (Grbich, 2007; Hennick et al., 2011; Meterns and McLauglin, 2004). Thus, their perception of reality was a social process and they engaged in a continual process of meaning-making throughout their experiences (Cohen et al., 2000). Finally, the subjective nature of the students’ experiences was acknowledged and this emphasised there were multiple realities of a situation or phenomenon (Cohen et al., 2000). Thus, this study explored the varied experiences of individuals to make sense of the situation.

A frequent critique when adopting an interpretivist stance is the subjective nature of reality, which may decrease the validity and rigour of the research at hand (Denscombe, 2002; Ezzy 2002; Swandt, 2007). This concern is further emphasised because of the co-construction of knowledge. As participants bring their own subjective views of their social world to the research phenomena under investigation, so do researchers (particularly within the data collection and analysis stages within research) (Hennick et al., 2011). Consequently, a critical feature within the interpretive approach is to recognise that the researcher’s background and position can have a significant influence on the research process (Hennick et al., 2011). Therefore, reflexivity is deemed a significant characteristic of a social researcher (Denscombe, 2002; Mills and Birk, 2014). The researcher in this current study continually considered her role and influence within the research and analysis process. However, the social position of the researcher is explored further in the next section.

3.2.2. Other principles influencing the research design

Social model theorists such as Oliver (1992, 1996a) have critiqued past research exploring disability issues because it is said to have been done ‘on’ rather than ‘with’ disabled people. Consequently, it is argued that the researcher rather than the disabled person has been viewed as the expert (Swain and French, 2004b). Stone and Priestley (1996) recognise this has been particularly problematic when research has been carried out by non-disabled researchers. Specifically, concerns have been raised about the purpose, the design and the outcomes of disability research as they have failed to improve disabled peoples’ lives (Barnes and Mercer, 1997; Barton, 2005). Thus, it is observed that disability research has contributed to the marginalisation and objectification of disabled people (Abberley, 1992; Oliver, 1992; Stone and Priestley, 1996). These criticisms have been identified in both positivist and interpretivist approaches to conducting disability research (Oliver, 1992; Mercer, 2004). Despite significant differences between these, both have ultimately failed to challenge oppression through research (Oliver, 1992). Consequently, new ways of doing disability research have emerged. These have included the emancipatory and participatory research frameworks.
The emancipatory approach to conducting disability research has its roots in the disability movement and the social model of disability which rejected the notion that disability is caused by impairment (Barnes and Sheldon, 2007; French and Swain 1997). Key principles within this approach include reciprocity, gain and empowerment (Barnes, 1992; Oliver, 1992) and the fundamental assertion that disabled people should have ‘control’ within the research process from the outset (Barnes, 1992). It is argued that such principles will ensure research is transformative, relevant and significant to the lives of disabled people (Barton, 2005: 318). Thus, it can be of benefit to disabled people beyond methodological considerations.

However, several obstacles have impacted the achievement of emancipation within disability research. Even Oliver (1992), an advocate of emancipatory research, questioned whether it was an ‘impossible dream?’. Specifically, Barton (2005: 322) observed practical limitations to this approach. He referred to difficulties in the degree of control and ownership and also recognised the constraints in achieving emancipatory research fully because of ‘time-honoured’ practices (Barton, 2005). Various other limitations have also been recognised. These have included the constraints encountered by funding councils and employers which posed restrictions on the employment and involvement of disabled researchers within research processes (Zarb 1997); difficulties with the utilisation of resources (Zarb, 1992); and concerns about the ownership and participation of those with learning difficulties (Walmsley, 2004; Ward, 1997).

Zarb (1997), whilst seemingly aspiring to emancipation in disability research, reinforced the difficulties of achieving this by acknowledging the participatory approach to disability research and recognised it as a pre-requisite. This approach to conducting disability research acknowledged the meaningful involvement of disabled people within the research, but did not provide them with power or control as emancipatory research did (French and Swain, 1997). It also failed to discuss the social model in any detail (Chappell, 2000) and therefore, according to Oliver (1997), failed to challenge the existing power relations within research. However, similarities between these two approaches to disability research have been recognised. They included the empowerment of disabled people and the bid to improve the social relations between the researcher and the researched (Barnes, 1992; Zarb, 1992). Thus, although the participatory approach is arguably rooted within qualitative research, it aimed to move beyond this by establishing equality in relationships and improving the material and social relations of research production (Chappell, 2000; Swain and French, 2004a).
This thesis does not claim to have constructed or carried out research using an emancipatory or even participatory approach because of the practical implications in achieving this fully (see Figure 1). However, the research has attempted to draw on some of the key principles and considerations within these approaches to challenge the inequalities and oppression noted within disability research design. This was particularly important to consider as a non-disabled researcher and recognised a fundamental shift in thinking that was key within disability research (Barton, 2005). These principles were significant when framing the research process and are discussed below.

i) Adoption of the social model of disability

Demonstrating a clear understanding of disability was an important consideration within the research design. Barnes (1992) identified that this was a fundamental principle for non-disabled researchers to contemplate when conducting disability research. Thus, the research has been informed by the legal definition of disability within anti-discrimination legislation, but ultimately it aimed to adopt the social model of disability and its understanding of disability and impairment (section 2.1.4). This is similar to others exploring DS in HE (e.g. Wray, 2013). This understanding rejected impairment as the cause of disability and looked to identify the disabling barriers DS experienced in the HE environment in order to consider how such barriers could be overcome (Oliver, 1992; Zarb, 1997). To do this the research placed the DS at the centre of the research. It focused on gaining in-depth information about their experiences in HE to illuminate how the general environment, structure and processes within HE (and broader society) influenced their experiences. It encouraged a positive understanding of disability within the research process (Gilbert, 2004) and did not objectify DS or locate their difficulties to their impairment, as the medical model of disability would.
**Figure 1. Reasons why the emancipatory/participatory approach could not be fully adopted**

**Practical challenges limiting the achievement of emancipatory/participatory research**

**Lack of consultancy, planning and control within the research** - A key principle of disability research, particularly emancipatory research, is that disabled people should be actively involved in the planning and development of the research project to ensure control and input into the research design (Zarb, 1997). This was not realistic to achieve within this research process and DS were not consulted during the start of the research process in this study. Rather the researcher used literature to identify a unique topic for exploration to meet the requirements of a doctoral study (Garbutt and Seymore, 1998). Additionally, there were practical issues achieving the involvement of disabled people from the outset. The difficulties encountered during the recruitment process (section 3.5.2) meant the researcher was unable to meet the participants prior to their entry in HE. Furthermore, as the research was undertaken as part of a doctoral thesis time and financial constraints were imposed and meant it would have been difficult to employ and train first year DS to participate as researchers. Additionally, it was recognised that the DS may have had additional time constraints and commitments during the first year of HE which could impact their involvement in the work. However, in attempt to breakdown traditional hierarchies between researcher and researched (Stone and Priestley, 2004) the researcher worked ‘with’ DS as research participants, rather than considering them as passive subjects.

**Ownership tensions** - Stone and Priestley (1996) identified that emancipatory research required disabled participants, not the researcher, to have ‘full ownership’ of the research production. As this was a doctoral thesis there was contention surrounding ownership if the students were to conduct the research (Garbutt and Seymore, 1998).

**The issue of ‘gain’** - As acknowledged by Oliver (1997), the researcher was aware that they (potentially) had the most to gain out of the research process - both professionally (i.e. doctoral degree and other subsequent publications) and personally. Although the researcher intended to disseminate findings and break down barriers to aid DS in HE, the researcher was aware of difficulties achieving change and therefore the extent to which the research was transformative (Barton, 2005).

**Reciprocity** - Although the researcher attempted to build mutual relationships within the research process, the students were divulging their life story to the researcher. Therefore, the extent to which reciprocity could be achieved was also questioned. Although the researcher reflected aspects back to DS and demonstrated empathy when listening to the students’ experiences, the researcher was not disclosing the same amount of detail/information.

**Uncertainty of dissemination** - The intention following completion is to disseminate results from this research within academic journals, conferences and within HEIs to remove the barriers DS experience during transition to HE (Barnes and Sheldon, 2007). However, it is recognised that doctoral studies have had relatively low impact upon enabling changes at policy or ‘Macro-level’ (Barnes and Sheldon, 2007), particularly within the immediate future (Stone and Priestley, 1996). Therefore, it puts into question the extent to which this current study can transform and improve disabled peoples’ lives (Barton, 2005).
However, the research did not reject impairment altogether. At the start of the research process, students were asked to describe any impairment they experienced to show how they perceived and understood it; they were also asked to describe how it influenced their everyday experiences. This allowed the researcher to gain an understanding of the nature of the students’ impairment from their individual perspective and was not done to further medicalise disability (Cameron, 2010). Gathering this information was important as it provided a more complete picture of the participants and this helped the researcher to avoid misrepresentation of the DS’ views and experiences, a further concern within disability research (Duckett and Pratt 2001, cited in Beauchamp-Pryor, 2007). In support of this, Oliver (1996b), who in response to the criticisms regarding the denial of impairment in the social model of disability, maintained that ignoring impairment altogether was not the purpose of the social model of disability (section 2.1.4).

Furthermore, following the social model of disability fully within the research process was not always possible. For example, within the recruitment process the students were asked to self-disclose a disability via the UCAS categories in order to address the aim of the research and this adopted the definition of disability outlined in Chapter 1. Additionally, within the research it was observed that impairment exacerbated certain difficulties encountered by the DS in HE and this confirmed ideas about the ‘medical’ aspects of their impairment. Where this occurred, the researcher felt it was important to explore in order to gain an accurate understanding of the DS’ experiences. However, the researcher did not view impairment as an individual limitation or the sole reason for their difficulties. Rather the research considered what could be done to limit the impact of these difficulties for future students entering HE. In support of this, Madriaga (et al., 2008:46) considered similar aspects;

“Yes in a medical model view, this report confirms the notion that individuals [with AS] have differences processing information in a learning context [individual difficulties] … However, the difficulties these respondents described may be more the result of teaching methods employed rather than on their so-called individual ‘deficits’”.

Thus, the perception taken in the current research sought to acknowledge where students discussed impairment related difficulties, but did not consider these as the only reason for difficulties experienced in HE.

Additionally, the participating DS were not solely viewed as DS within this research. This was important as not all replies would be related to disability, as Jacklin et al. (2007) observed. Thus, it was recognised from the outset of the research that other characteristics of equal importance would also influence the DS’ experiences in HE, as others have recognised (Barnes, 1992). Thus, when students discussed experiences that
were considered common to the general student population or where they were specific to another characteristic (i.e. mature students), the researcher did not discount these experiences, or hinder discussion of these aspects. Instead, they were viewed as significant because they helped to provide a more complete picture of the DS’ journeys during the first year of HE.

**ii) Empowerment**

The empowerment of the participating DS was another key principle within this research. As the oppression and marginalisation of disabled people through research has been a frequent critique of disability research (Oliver, 1992), it was important to challenge these inequalities within the current research design. Therefore, the research was designed to facilitate self-empowerment.

Deconstructing the traditional hierarchal barriers between researcher and participant was an important way the current researcher aimed to do this (Denscombe, 2010). The researcher adopted three key aspects to enable this throughout the research process - the researcher acknowledged the significance of the ‘disabled student voice’, recognised the DS were the experts in their experiences and recognised the importance of their active role within the research process. In support of this first aspect, Ward (1997) acknowledged that research about disabled peoples’ lives is the first step to translating emancipatory research from theory to practice. Porter and Lacey (2005) also observed that in order to understand a specific phenomenon research needs to explore participants’ experiences. Therefore, the emphasis on the lived experience and student voice was significant when enabling empowerment within this research and encouraged the students to reveal their own views. The importance of the ‘student voice’ was made evident to the students during the recruitment phases and beyond to ensure DS felt comfortable to tell their own stories throughout the year. The student voice was also critical within the writing-up phase to ensure the students’ experiences were depicted accurately.

The second aspect adopted to enable empowerment within the research indicated that the DS (rather than the researcher) were the ‘expert-knowers’ (Barnes and Mercer, 1997) in their own journeys. It was their experiences that framed and shaped the research. Thus, it was imperative that the researcher paid close attention and interest to what the students had to say throughout the research process (Barnes and Mercer, 1997; Barton, 2005; Oliver, 1992). This second aspect also helped to address the third aspect which encouraged participating students to have an active, rather than passive, role within the research process (Walmsley, 2004). The research design was constructed around the involvement of the DS and it was their experiences that shaped the research as the first year
progressed. The data collection methods and longitudinal nature of the research facilitated this. In-depth interviews took place over the first year of study in HE (in three phases) and were driven by the individuals’ subjective experiences which helped frame subsequent discussions within the research (Mertens and McLaughlin, 2004). Consequently, as the year progressed the agenda became more meaningful to the participants. Weblog diaries were also adopted to further empower DS within the research process. Although some general guidelines were given when using the weblog diaries, it was ultimately the students that had control over what, when, where and the frequency at which they posted. These posts then further directed the research (section 3.4 discusses the data collection methods in more detail). Thus, empowerment was an underlying principle that helped shape the research.

### iii) Position as a non-disabled researcher

Another principle that was imperative to acknowledge within this research was the researcher’s status as a non-disabled researcher. This was important because the way researchers interpret their own world, can also influence their decisions within the research process itself (Hennick et al., 2011; Mills and Birk, 2014). As a non-disabled researcher, the values, beliefs and experiences encountered may have been very different to the DS’ social world. Therefore, it was necessary to consider within the research design.

The researcher acknowledged that there were both benefits and disadvantages to being a non-disabled researcher doing disability research. On the one hand, it allowed greater detachment from the research process to allow the researcher to see the situation ‘as it is’ (as far as it is possible to do this) (Denscombe, 2010). This is something disabled researchers may have difficulty doing because of similar experiences and prejudices (Beauchamp-Pryor, 2007). However, it is also argued that non-disabled researchers engaging in disability research may not be able to gain as great an insight into experiences of disability as disabled researchers are able to (Beauchamp-Pryor, 2007). In support of the latter point, Shah (et al., 2004) indicated that being a disabled researcher was beneficial when exploring DS’ educational backgrounds because the researcher had shared experiences with the participants. This enabled rapport to be built, reduced suspicions, avoided inappropriate areas of discussion, allowed further probes into key areas and encouraged students to talk freely about situations to gain rich data (Shah, 2006). However, as Barnes (1992: 121) explained “having an impairment does not automatically give someone affinity with disabled people”. Thus, there may be other characteristics such as race, age, class and gender that are of equal importance between researcher and participants as well (Barnes, 1992).
In the current study the researcher’s status as a young, female, postgraduate student, of similar age to the DS, was beneficial to the research process. It seemed to aid rapport between the researcher and participants and seemed to encourage in-depth dialogue. It also allowed the researcher to pose certain questions to the students about HE to explore any relevant areas that had not been discussed, or probe for further detail where necessary. Furthermore, although the researcher had not experienced HE as a disabled student, the researcher had some awareness of potential areas of difficulty on entry to HE. Therefore, the researcher demonstrated empathy of the difficulties that could be experienced during the early experiences of HE. However, the researcher was also careful not to allow her own experiences to have an influence on the participants’ responses.

Nevertheless, the benefits of shared experiences within the research process reinforced that the research process can never be free from bias (Shah, 2006). Thus, researchers must take a reflective stance in order to understand the influence of their nuances on the process and of their influence on the participants (Mills and Birk, 2014). The researcher in this study engaged in personal reflexivity throughout the research process to consider how her experiences, values and perceptions influenced the research design, data collection and responses from the DS. This was particularly important as a non-disabled researcher conducting disability research.

3.2.3. A narrative approach to understanding experiences

A further principle underlying the research was related to a narrative approach. Although it is recognised within the literature that a narrative approach may take different forms and be interpreted in different ways (Bold, 2013; Chase, 2013; Clandinin, 2013; Gilbert, 2008; Riessman, 2008), “narrative is essentially set in human stories of experience and provides researchers with a rich framework through which they can investigate how humans experience the world depicted through their stories” (Webster and Mertova, 2007: 1). It has been an approach frequently utilised within educational research, among other social sciences disciplines (Connelly and Clandinin, 1990), thereby indicating the relevance of such an approach for the current research. Essentially, it was utilised in this instance as a way to explore the personal journeys of DS’ experiences in HE.

By telling their stories the participants are active agents in their own experience and are able to explore, construct and interpret their own version of reality (Clandinin and Huber, 2010; Connelly and Clandinin, 1990; Holloway and Freshwater, 2009). In support of this, Moen (2006: 2) explained how individuals “continually produce narratives to order and structure … life experiences … [and] also develop narratives to make sense of the behaviour of others”. Thus, narratives are considered to be more than descriptions of
participants’ experiences, rather they help to understand how participants bring order to their experiences, thoughts and perceptions (Bruner, 1990, cited in Gilbert 2002). Therefore, the narrative approach provided “a way of understanding and inquiring into an experience” (Clandinin, 2013: 13). Narratives were utilised in the current study to explore how individuals made sense of and understood their experiences to show the significance of these within context (Clandinin, 2013; Elliot, 2005; McCance et al., 2001; Polkinghorne, 1995).

Furthermore, a narrative approach was also beneficial to the current research because it helped gather an understanding of the complex inter-relationships of experiences and events (Bathmaker, 2010), and had the potential to explore new ways of “representing complexity, uncertainty, contradictions, and silence” to give further meaning (Chatakai, 2007: 123). Thus, in line with the interpretive principles outlined (section 3.2.1), this allowed the complexities of participants’ experiences to be explored and reflected upon (National Centre for Research Methods, NCRM, 2008), to find a deeper understanding of DS’ personal journeys during the first year of HE. However, as a non-disabled researcher it was important not to make assumptions which may have resulted in the misinterpretation of the participants’ stories.

Additionally, narrative approaches can also aid the negotiation of a participant’s identity over time (Bathmaker, 2010; Creswell, 2013; Riessman, 2008) and can even have the potential to transform a participant’s experience (Hunter, 2009). While identity has been recognised as an important aspect within narrative approaches (e.g. Bathmaker, 2010; Creswell, 2013), particularly within the psychology tradition (Flick, 2013; Rudestam and Newton, 2014), this study is more in line with the social science discipline which looks to explore lived experience and how participants may construct and understand their experiences within organisations and contexts (Rudestam and Newton, 2014). Thus, the focus on identity, in detail, was beyond the scope of this study. Rather it aimed to explore the process of the DS’ experiences during the first year and how they understood this.

There were several other aspects associated with the approach that determined why it was an appropriate principle underlying the current research. Specifically, there were three common underpinnings or “dimensions of narrative approaches” (Clandinin, 2006: 46) that were important to recognise in the current study. The first dimension recognises that narratives develop through the interactions with others and the world we live in; “people are individuals and need to be understood as such but they cannot be understood only as individuals. They are always in relation and always in social context” (Clandinin and Connelly, 2000: 2). Thus, relational elements and social contexts are acknowledged to play
an important role within narrative approaches to research (Chase, 2005; Clandinin, 2013; Elliot, 2005; Reissman, 2008). This was considered throughout the current research.

The relational aspects emphasised the collaborative nature of narrative because it involved mutual storytelling and restorying as the research proceeds (Connelly and Clandinin, 1990). In the current study, the DS’ personal journeys were shaped through discussions with the researcher in a dialogue (i.e. interviews and weblog diary entries - section 3.4) (Moen, 2006; Creswell, 2013; Reissman, 2008). Therefore, the researcher considered their relationship with the participants ensuring there was a space for their voices to be heard (Connelly and Clandinin, 1990; Marshall and Rossman, 2011). The researcher also recognised the importance of developing a positive relationship with the participants and attempted to minimise any influence they may have had within the research process (section 3.4.1). However, it was important to acknowledge that the researcher also participated in the telling of narratives through questions, follow-up questions, non-verbal cues, utterances and physical presence (Elliot, 2005; Gilbert, 2008).

Additionally, the current research also recognised the importance of the social environment (milieu) (Clandinin and Connelly, 2000). Narrative stories are situated within personal experiences, cultural, historical and linguistic contexts and these are important to acknowledge in order to gather meaning (Marshall and Rossman, 2011: 153; Clandinin, 2013; Creswell, 2013). Thus, exploring the social contexts of the DS was important in order to make sense of their experiences. The researcher explored the background of the participants, their previous experiences prior to entry into HE and also ensured any aspects beyond their experience of university and disability were explored (if necessary) to ensure a more complete picture of their developing experiences. Both elements related to interaction (relational and the social context) are also reflected within interpretive principles (3.2.1). This further emphasises the importance of such principles within the current research.

Secondly, temporality (or continuity) has been acknowledged as an important principle within a narrative approach (Elliot, 2005; Webster and Mertova, 2007) because experiences are embedded within a “longer-term historical narrative” (Clandinin and Connelly, 2000: 19) and unfold over time (Bold 2013). Creswell (2013) explained that there is a temporal change that is often evident when individuals talk about their experiences; individuals discuss the past, present and potential future of experiences, people, places, things and events under study (Clandinin, 2013; Clandinin and Connelly, 2000; Clandinin and Huber, 2010). While these temporal aspects are often not discussed in a specific order, narrative chronology can be important to gather a greater meaning from experiences (Elliot, 2005; Creswell, 2013). This is because events are linked and prior choices or decisions
influence subsequent events (Elliot, 2005). Given the nature of this current research, the
temporal element of narrative is relevant as it explores the DS’ experiences and perceptions
as they progress throughout the first year of HE (Elliot, 2005). Although the current research
aimed to explore these as the year progressed, the students also discussed past, present and
future aspects within their narratives to provide a more complete and contextualised
understanding of their experiences.

Thirdly, place has importance within a narrative approach because it further shapes
the stories told by participants (Clandinin, 2013). Clandinin and Connelly (2006: 480)
defined place as “the specific concrete and topological boundaries of place or sequences of
spaces where inquiry and events take place”. Thus, place was important to acknowledge
within the DS’ stories and the researcher reflected on such aspects where necessary and in as
much detail as possible.

Some additional aspects associated with the narrative approach also determined the
adoption of such principles in the current research. For example, Chataika (2007) recognised
that the shift towards a narrative approach in social sciences reflected insights into the
experiences and multiple realities of marginalised groups, or those that have been under-
represented or unknown (Bathmaker, 2010; Marshall and Rossman, 2011; Riessman, 2008).
Thus, the current research recognised that DS have stories to tell and it is through these that
we can understand their personal journeys during the first year of HE (Chataika, 2007).
Additionally, as narrative encourages students to have a space to share their voices it
encourages the empowerment of participants to reflect on their personal journeys and “what
matters most” to them (Chataika, 2007: 119).

Finally, the narrative approach recognised that multiple realities exist and these rely
heavily on interpretation and individual experiences (Bold, 2013; Clandinin and Connelly,
2000). Thus, in line with the interpretive principles, it is acknowledged that reality is
subjective and multiple (section 3.2.1). Importantly, within the current research the findings
were grounded in human experiences, using the quotes and themes in the words of the
participants to provide evidence of varied perspectives. Therefore, the reality of the
participants was reported through the DS’ voices and interpretations using extracts from
their narratives to illustrate their experiences (Chapters 4 and 5). As indicated, the researcher
acknowledged her individual perceptions and potential biases (Chase, 2013) (section 3.2.2)
in order to demonstrate how these may have influenced the process.

It is important to note that narrative analysis was not undertaken during the current
research, although it is often discussed as an aspect of narrative inquiry (e.g. Reissman,
2008). The current study adopted a narrative approach as an overarching principle to gather
the stories from the participants and to ensure the meaning of the experiences was
understood, with thematic analysis as the method of analysis (see section 3.7). This focused
specifically on the content in order to gather meaning through finding a set of themes (Bold,
2013; Elliot, 2005). However, a narrative approach is compatible with thematic analysis as
reflected in other literature (e.g. Floersch et al., 2010; Shukla et al., 2014). Furthermore,
there is often a mix between narratives and categorising within qualitative research (Barone,
1990, cited in, Flick, 2013) as it allows research to gain an understanding of themes within
and across cases to highlight the complexity of aspects explored (Shukla et al., 2014). The
compatibility between the narrative approach and thematic analysis is further demonstrated
via Reismann (2008: 73-74) who discussed narrative thematic analysis (one of the modes of
analysis within a narrative approach). This focuses on themes using “prior theory as a
resource for interpretation… [but aimed] to keep the story intact”, as a whole rather than
categorising.

By adopting a narrative approach as an underlying principle, the DS were able to
detail the experiences of their personal journeys in the first year of HE to explain to others
what practices, experiences and perceptions held meaning to them. Thus, it allowed the
researcher to:

- Collect stories and reflect on the expertise of DS during their first year of HE
- Gain invaluable insight into the lived experiences and appreciate the temporal
  nature of these experiences in order to gather a more complete understanding
  of their experiences (i.e. the DS’ progression during the first year of HE, their
  thoughts beyond the first year and aspects prior to HE that influenced their
  experiences).
- Empower the participants to allow them to contribute to determining what
  was most salient in terms of their experiences (Elliot, 2005).

3.3. The research framework

The overall strategy and underlying assumptions underpinning the research process
have been discussed above and this section discusses the overarching research framework
that shaped how the research was systematically carried out. The overall aim of the study
was to evaluate DS’ personal journeys during the first year of HE. To achieve this, the
research adopted a longitudinal and in-depth study which focused on the lived experiences
and perceptions of DS throughout the first year of HE. Six students were interviewed in-
depth three times throughout the first year. They also kept online weblogs diaries throughout
the year to document their experiences, feelings and perceptions as they experienced them.
In order to gather a rich understanding of the lived experiences of DS during the first year of HE it was necessary carry out an in-depth study. This framed the research and allowed the researcher to explore and gather a comprehensive understanding of the DS’ experiences and feelings from their own perspectives. Thus, an important feature of the research was the ‘student voice’. Consequently, the DS and their personal journeys were at the centre of the research process allowing their experiences, thoughts and perceptions to be expressed in their own words in order to understand how participants perceived, described, felt and made sense of the first year in HE (Patton, 2002). Thus, the emphasis on the student voice allowed complex stories to be told about the DS’ personal journeys during the first year.

A longitudinal element was also adopted in the research because transition (and more specifically transition within educational phases) was determined as a longitudinal process rather than a short-term event (as discussed in section 2.3.2). Therefore, in order to gather an in-depth understanding and more complete picture of the DS’ experiences during the first year of HE it was necessary to explore their experiences as they occurred throughout the year. Madriaga et al. (2008) who conducted a similar study with AS students also adopted this methodological approach; as did Fung (2006) who also explored first year experiences of students in HE. In the current research, it meant that rather than gaining a ‘snapshot’ of the students’ understanding of transition and first year experiences using a cross-sectional study, the students were interviewed at several phases within the first year (Flick, 2007) and participated in weblog diaries throughout the first year. This allowed their experiences and perceptions to be documented, explored and analysed at several junctures during the first year which provided further insight into their journeys.

There were several benefits to this longitudinal element of the research. By interviewing students at several points in the year the research was able to identify change (Fung, 2006; Kail and Cavaganuagh, 2013; Russipini, 2000; Saldaña, 2003) and critical points within the year. Secondly, the longitudinal element allowed the students’ initial reflections and reactions of an experience within the first year of HE to be explored as they developed. Thus, the students’ responses and understandings of their experiences were depicted as soon as possible after they were experienced. This helped to ensure key details and immediate feelings were depicted in the interviews or via the weblog diaries. Thus, the longitudinal element of the research design aided the recall of information for students. This differs to other studies which required DS to reflect back on their early experiences of HE or on their transition within HE (e.g. Elliot and Wilson, 2008; Jacklin et al., 2007; Weedon and Riddell, 2009; Sanderson, 2001). Additionally, the instantaneous reactions were particularly important because the transition into HE has been acknowledged as a complex and difficult
time. Therefore, identifying aspects that caused stressful experiences as DS were experiencing them in the first year of HE was significant.

However, as well as allowing initial reactions to be explored, the longitudinal element also allowed key aspects to be reviewed and compared over time so that DS could assess the impact of their experiences in HE. Thus, the longitudinal element was able to see how particular aspects were exacerbated or overcome throughout the first year and whether any earlier experiences impacted upon this. This was beneficial and improved the researcher’s understanding of influences impacting the students’ journeys during this first year of HE (Bryman, 2012a).

Finally, the longer time frame meant several aspects of the first year of university study could be explored (Fung, 2006) and students could become more familiar with the researcher. Although the latter can be considered a disadvantage within longitudinal research due to panel conditioning (Bryman, 2012a), becoming familiar with the participants was considered beneficial to this research as it allowed the students to discuss their experiences more openly with the researcher, who was also able to probe and explore these further. Thus, the longitudinal research design helped to gain a more in-depth understanding of the DS’ journeys during the first year of HE.

3.4. Data collection methods

This study used two methods of data collection. Firstly, semi-structured interviews were used with DS on a one-to-one basis in order to gather rich information about the DS’ feelings, perceptions and experiences during the first year of HE. Each student participated in three semi-structured interviews which were carried out throughout the first year in phases. These interviews occurred during the first term (Phase 1), the second term (Phase 2) and near the end of the first year of HE (Phase 3). Secondly, private weblog diaries were used in order to gather information from the participants throughout their HE experience. The students were asked to ‘blog’ about their lives at regular intervals throughout the year. Each of these methods will be discussed in more detail in this section, but using two methods of data collection helped to triangulate the data and ensure a range of perspectives were sought (Ary et al., 2013; Murray, 2004; Payne, 1994).

3.4.1. Interviews

i) Semi-structured interviews

In line with the underlying research principles and framework (section 3.2. and 3.3), the primary data collection method used was in-depth, semi-structured interviews because they allowed exploration into the social world of individuals within the research (Marhsall
Thus, they were considered suitable to explore the DS’ personal journeys during the first year of HE.

Fundamentally, semi-structured interviews were used because they are:

“non-standardised ... The interviewer has a list of questions to be covered but may not deal with all of these in the interview. The order of questions may also change depending on the direction the interview takes. Indeed, additional questions may be asked ... as new issues arise” (Gray, 2009:373).

Thus, semi-structured interviews ensured that there was depth and rigour to the interviews by addressing key areas associated with the topic being explored (Cousin, 2009; Hennick et al., 2011; Newby, 2010; Rapley 2004). However, they also allowed flexibility where the participants were able to raise issues pertinent to them and the researcher was able probe participants to gain additional insights into their personal experiences (Lichtman, 2006; Shevlain et al., 2004). The flexibility associated with this method also allowed questions to be posed at different times depending on the direction of the conversation with each participant. Thus, semi-structured interviews ensured that the context and subjectivity of the participants was acknowledged (Hennick et al., 2011).

Furthermore, the flexibility of semi-structured interviews has been recognised as being useful when conducting research which is exploratory in nature and when research seeks to explore perceptions, experiences, feelings or situations experienced by individuals as they unfold, from their personal perspective (as this research does) (Gray, 2009; Hennick et al., 2011; Punch, 1998; Newby, 2010). As Arksey and Knight (1999: 32) have indicated, “interviewing is a powerful way of helping people to make explicit things that have hitherto been implicit - to articulate their perceptions, feelings and understandings”. Semi-structured interviews have provided a ‘middle-ground’ between structured interviews and questionnaires which have a standardised set of questions, and unstructured interviews where the respondents talk freely and openly about a topic (Newby, 2010:340). Semi-structured interviews were therefore ideal as the main data collection method for this research which sought to explore the under-researched area of DS’ experiences during the first year of HE.

ii) Structure and design of the interviews

As indicated above, the students were interviewed three times throughout the course of the first year; these were known as ‘Phases’. The phases and a general overview of aspects discussed in each interview phase can be seen in Figure 2.
Figure 2. The structure, content and timing of the interview phases

The timings of the phases were significant because they allowed an insight into the DS’ experiences at certain points in the year, and also allowed the progression of the students’ experiences within HE to be monitored and revisited. Thus, it helped to capture their personal journeys. As Madriaga et al. (2008:5) stressed, within a similar research project “it was envisioned at the beginning of project that data extracted at these particular junctures would offer valuable insight to universities and disability support teams”. Additionally, the timing of the interviews ensured there was minimal delay between the DS’ actual experiences and the interviews which attempted to explore these. Thus, the structure of the interviews was thought to aid the recall of information. Where there were slight points of delay between experiences and interviews, the time between these was minimal. However, for one student the final interview did not take place until August due to her work commitments abroad. Nonetheless, it appeared that the student was still able to reflect back with relative ease on her experiences at the end of the first year in HE.
As indicated the interviews were semi-structured. The questions and key prompts were prepared prior to the interviews taking place to ensure certain topics were covered, but also ensured the information gathered from the participants was not restricted to these pre-prepared topics. This ensured the DS’ voices, experiences and perceptions were respected and encouraged within the research process. Although there were standardised questions asked to all students in the Phase 2 and 3 interviews, there were also additional questions asked from previous interviews and weblog diary entries to explore the participants’ individual and personal experiences that emerged during the first year. Thus, the interviews dealt with other personal details as the term progressed. This ensured detailed information was gathered about the DS’ personal journeys, but also encouraged students to feel empowered to tell their own stories. To ensure this happened the researcher transcribed the interviews and read through the latest interviews to identify topics to build on before the subsequent interview took place.

The questions asked to all students within the interview were considered with tutors and were in line with literature surrounding the general topic. This allowed the researcher to respect the integrity of the interview participants and ensured they were prepared within the interview process (Kvale, 2008; Marshall and Rossman, 2011). Kvale (2008: 60) indicated that,

“...The interviewer’s ability to sense the immediate meaning of an answer and the horizon of the possible meanings that it opens up ... requires a knowledge and interest of the interview theme and the human interaction of the interview”.

Therefore, understanding the topic and the type of questions that could be asked was important to ensure knowledge was constructed about the topic at hand.

For each interview phase the DS were emailed a list of the prepared questions (excluding the prompts and follow-up questions) (Appendix 5). These were broken down into headings to aid the students’ awareness of the structure of the interview process. The students were not required to read the questions prior to the interview, but could do so if they wished. Although there were concerns about defining boundaries too tightly within semi-structured interviews (Lee, 1993), the purpose of providing the questions to students prior to the interviews being conducted was to put the students at ease. It helped to ensure they felt comfortable to share their experiences within the interview and had adequate time to understand the questions posed. Additionally, it also enabled them to think about any other areas they wished to address within the interview and consider whether there were certain questions they did not want to answer.
Lee (1993:102) raised “approaching the topic” as an important consideration when sensitive topics are being explored via interview methods. It was particularly important with this research because of the potentially sensitive nature of the study and because certain students may have had difficulties with vocabulary and short-term memory. One student often wrote prompts prior to the interviews as she found this was beneficial to remember certain aspects she wanted to discuss. She looked back on these at the end of the interview to see if she had missed anything that she wanted to tell the researcher about. To ensure the students were aware of the semi-structured nature of the research, the researcher conducted a briefing before each interview took place. This briefing explained that the participants could raise other aspects they felt influenced their experiences in HE (Appendix 6).

There were various styles of questions used in the interview process. Generally, the researcher asked open-ended questions to allow students to freely discuss the most pertinent aspects to them in their own words, rather than answer with closed ‘yes/no responses’. Where appropriate their responses were then further explored through appropriate probes and follow-up questions. These additional questions urged further explanation or clarification of aspects discussed to ensure detailed data surrounding a question was gathered, rather than accepting broad statements (Cousin, 2009; Maykut and Morehouse, 1994). This was an important aspect of the interviews and was particularly useful when students answered in monosyllabic answers towards the beginning of their interviews. It also reminded the participants the focus was on their experiences and that the researcher valued their insights and opinions (Marshall and Rossman, 2011).

The interview questions also used appropriate, uncomplicated language to evoke honest answers from participants and helped to avoid ‘leading’ participants in a specific direction. This ensured the DS fully understood the questions asked and answered them using their own thoughts and experiences. Checking the nature and style of the questions with supervisors allowed for reflexivity on the questions posed and helped to further clarify these.

The researcher also included Likert scales within each phase of the interviews to explore the DS’ attitudes about certain topics associated with the first year of HE (Appendix 7). The questions used within the Likert scales were primarily the same in each interview phase, but as the year progressed additional statements were added/removed to address certain aspects that evolved. The students rated a range of statements associated with HE and were then asked to discuss the rating provided. This promoted further discussion within the interview process and according to Cousin (2009) is a ‘task question’. Therefore, it was the discussions generated from these attitude scales, rather than the numeric ratings.
themselves that were important to the researcher. In fact, when students explained the rating they had assigned to a statement it sometimes differed to the numeric rating provided. This reinforced the importance of using the Likert scale as a probe rather than to record attitudes. Consequently, the Likert scales are not reported on in detail within this study. However, the researcher did find this style of question useful as a tool to generate further discussion. It varied the type of questions posed within the interview process and this aided further engagement and active involvement from the participants (Newby, 2010).

Prior to implementation within the interviews, the Likert scales were carefully considered because they required reading and a small amount of writing. The researcher did not want to make the students feel pressured or uncomfortable within the interview process. Therefore, the students were asked if they wanted to complete the Likert scale individually and via a written format, or whether they would prefer to do it with the interviewer verbally. All students chose to complete the form individually and were given sufficient time to complete the form. The researcher remained nearby in case the students had any questions about the statements. The Likert scales were also sent to students in advance of the interview taking place so that they had time to comprehend the statements listed if they so wished.

iii) Influences on the interview process
Rapley (2004: 19) observed that there are “multiple influences on the interaction and trajectory of the talk [within interviews] - your recruitment conversation, the physical space, your status, your gender, the tape recorder ... your questions, your answers your comments”. Therefore, researchers are required to consider several aspects within the research process which are discussed below.

As this research aimed to gather rich and detailed data regarding the DS’ experiences, it was recognised that the researcher had a key role to play within the research process (Maykut and Morehouse, 1994). In order for the interviews to develop meaningful data a good rapport between the researcher and the participants was required so they felt comfortable discussing their experiences, thoughts and perceptions (Hennick et al., 2011; Lichtman, 2006). Thus, the relationship between the researcher and participants was significant to consider, as reflected in earlier sections (section 3.2). Furthermore, it was particularly crucial within the current research because of the nature of the research and the researcher’s status as a non-disabled researcher; and because of the longitudinal nature of the research which required relationships to be maintained for a longer period of time to avoid attrition.
To develop rapport several aspects were considered prior to the interview. Before the interview started the researcher engaged in informal conversations with the participants to ensure the students felt comfortable engaging with the researcher. This helped the researcher set an informal tone to the interview and seemed to help the DS see that the researcher was interested in their individual thoughts and experiences. Additionally, the researcher carefully considered the setting in which the interviews took place (King and Horrocks, 2010). The researcher decided that in order to ensure DS felt comfortable and safe within the interview process, the location of the interview would be determined by their preferences. This ensured that both the researcher and the participants mutually agreed on the setting (Lichtman, 2006). Furthermore, the importance of including the participants in the choice of location was critical for the students in the current study because there may have been accessibility difficulties for a number of the participating students. The majority of interviews took place in privately booked university teaching rooms, but four interviews took place within the students’ own homes. All of these settings were quiet and private so that the students (and the researcher) did not have to worry about being overheard, as this can influence the trajectory of the research (Bryman, 2012a; Rapley 2004). The researcher was aware of the potentially formal nature of the university setting in contrast to a home setting, but the students’ preference was important to ensure rapport. The researcher also considered the potential danger of going to participants’ own homes as part of the university ethics approval process. However, the researcher always informed their supervisor where they were.

Maintaining rapport within the interviews was also crucial within the research. The researcher used everyday language within the interviews to adopt an informal style of interviewing (Madriaga et al., 2008; O’Leary, 2004). This was useful because of the age range of the participants and it also helped to breakdown the traditional hierarchy between researcher and ‘researched’ (Braun and Clarke, 2013; Punch, 1998; Rapley, 2004). It is thought the informal style aided an open and natural response from the participants. The importance of ‘good’ listening was also important in maintaining rapport (Bryman, 2012a). This not only allowed the researcher to demonstrate an interest in the students’ experiences, but also ensured they were able to identify any nuances to allow further probing or understanding of the situation. This was of further benefit for the researcher as it avoided repetition and inappropriate questioning which could have hindered the progression of the interview (Bryman, 2012a). The researcher also made eye contact with the students during the interview and used positive body language to further encourage rapport. To do this the physical surroundings such as the seating were considered. Where possible the researcher sat next to the student (rather than across from them) and turned to face the student to ensure
eye contact (Hennick et al., 2011). However, it was also decided prior to the interview that if a student appeared uncomfortable with this then the researcher would move.

The prolonged engagement with the participants throughout the year was an important factor to consider during the research process, particularly when discussing the influences on the interview process. Although an informal tone was important, the researcher wanted to avoid the interview becoming a dialogue or conversation (Hennick et al., 2011). Therefore, the researcher avoided discussing their own opinions or stories with the students during the interview. There were two main reasons for doing this. The first was to circumvent the researcher influencing the students’ responses to aid the neutrality of their responses within the research (as far as it is possible to do this) (Rapley, 2004). Secondly, the researcher was aware that the prolonged engagement with the participants could have put strong demands on ethical sensitivity within the research process (Kvale, 2008). Thus, it was important the researcher minimised the risk of straying into a ‘therapeutic domain’. Cousin’s (2009: 77) suggested this could be heightened when engaging with (potentially) marginalised participants who may produce a collection of “victim narratives”. Thus, to circumvent this, if the participants began to look to the researcher for answers then the researcher would remind the participants that they are involved in an interview situation which aimed to elicit their responses, thoughts and opinions (Hennick et al., 2011) and would signpost them to further places of appropriate support if necessary. Significantly, the researcher was not unsympathetic or judgemental to the students within the research process, but empathetic and acknowledged when students were discussing difficult or emotional experiences (Braun and Clarke, 2013).

Other influences on the interviews included the recording of the information and general disruptions outside of the researcher’s control. These are explored further in Appendix 8.

iv) Online interviewing

As the internet is becoming more and more ubiquitous it is becoming an important tool to use within qualitative research (Markham, 2004; Markham, 2011). However, it is the beliefs and values of the researcher that determine how the internet can be used within research (Markham, 2011). In this research the internet was used in various ways, one of these included conducting online interviews with participants where face-to-face interactions could not take place (the other will be discussed in section 3.4.2). While research has debated the value of online interviews in contrast to other more traditional interviews (Markham, 2004), recent writing regarding online interviewing has demonstrated that researchers should no longer consider it as a poor substitute for face-to-face interviews.
(Braun and Clarke, 2013). The researcher used online interviewing as a replacement where face-to-face interviews could not occur. It was considered to be a useful tool because it enabled the researcher to continue to capture the DS’ experiences and progression of the first year.

Two (of eighteen) interviews took place online because of unforeseen circumstances. However, the form and context of these differed (Appendix 9). The first online interview was conducted with Joanna in ‘Phase 2’ because Joanna was abroad over Easter. She came back in the final term to submit work, but was only in the UK for a short period of time before moving abroad for the summer to do work experience. Therefore, it was not possible to arrange an interview with her before she went. This online interview was asynchronous and carried out through emails. The second online interview was conducted with Luke in ‘Phase 3’. Luke experienced ill health at the time the final interview was due to be conducted. Due to the distance and the difficulty of rearranging this interview an online interview was arranged to capture his experiences towards the end of the first year in HE. This was a synchronous online interview using video conferencing software. The methodological considerations and implications of each of these are discussed below.

Several advantages and disadvantages have been noted with both forms of online research (Table 7). These were considered prior to the implementation, during the data collection process and on reflection.
As indicated, emailing was the form of online interviewing that was carried out with Joanna. The researcher had considered the use of video calls to conduct the online interview to ensure face-to-face interaction, but as Joanna was only able to access emails in internet cafes abroad the researcher was aware the student may not have a private location for the interview to be conducted. King and Horrocks (2010) found that this to be particularly important to consider when conducting telephone interviewing, but it emerged to be equally critical when conducting online video interviewing. Additionally, the researcher was not confident that the necessary equipment (i.e. video camera and microphone) would be available in internet cafes. Consequently, the researcher sent the questions via email to the student, who then responded in her own time. Following the student’s reply, the researcher sent other follow-up questions and prompts in a second email and again the student completed these in her own time. Emailing the student the questions was not ideal because of the delayed responses (Braun and Clarke, 2013) and there was a lack of depth evident within the response in comparison to face-to-face interviews. However, this form of online interview was necessary because of the uncertainty of internet access where the student was, because of privacy and equipment concerns and because of the time-sensitive nature of the research.

<table>
<thead>
<tr>
<th>Type of online interviews</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| Email/ instant messaging  | - Convenience  
- Limited resources required- aids time and cost of transcriptions  
- Accessible-distance  
- Anonymity  
- Empowerment and control for participants  
- Greater reflection on answers  
- Discussion of more sensitive issues | - Lack of face-to-face interaction/ loss of certain types of information  
- Less immediacy  
- Anonymity- legitimacy/ authenticity of participants/ may discuss more negative points  
- Less accessible to certain groups  
- Can be more time-consuming  
- Researcher has less control  
- Less natural and more closed questions asked  
- Security of data  
- Context and engagement of the participant unknown |
| Video | - Face-to-face interaction  
- Capture spontaneity of traditional interviews  
- Rapport  
- Convenience  
- Location  
- Discuss more sensitive issues | - Transmission difficulties- disrupt flow  
- Equipment required  
- Technological issues  
- Need for private location  
- May not feel able to discuss sensitive issues |


Table 7. A summary of advantages and disadvantages of online interviews
The researcher also contemplated sending the questions individually to the participant to replicate a conversation (as much as possible), but rejected this as it was unlikely that all the questions would have been posed and responded to during the given time frame. This was largely because of uncertainty of the internet access, and it is likely this would have caused long delays between each of the questions. Thus, it was considered that the student engagement and momentum with the questions would have been difficult to maintain (Braun and Clarke, 2013).

While this form of online interviewing provided useful information, and avoided the researcher missing out on important data regarding the student’s progression, it was not the favoured format. It proved difficult to generate rich data in comparison to the face-to-face interviews and online video interviews. A significant difficulty emerged because of the asynchronous timing of the email interviews. It was difficult for the researcher to encourage responses and the student did not address all of the follow-up questions posed. Whether this was because of the type of question or the lack of engagement of the participant was not identified in this research. Thus, rather than complete this form of online interview again for the final interview, the researcher waited until the student returned from working abroad to carry out the final interview. This also meant the researcher was able to review aspects from the Phase 2 online interview in more depth.

The second form of online interviewing was more advantageous. It was conducted using a video conferencing programme (Adobe Connect). This software allows online interactive meetings with individuals or small groups, and larger webinars with big groups of people present (Adobe, 2015). Therefore, it was considered suitable for an interactive process such as interviews. Prior to the online interview taking place it was ensured that the researcher and the participant had access to the correct equipment (i.e. web camera and microphone) and a private location. The student used their laptop which had the necessary equipment on and chose the location of their university bedroom. The researcher used a computer in a private location on campus. The researcher then arranged a suitable time and a date for the interview to take place.

The day before the meeting the researcher emailed the student a ‘weblink’ which provided them access to the same video conferencing meeting. This was protected with a password in order to keep the research confidential (King and Horrocks, 2010). The interview was recorded using a Dicapphone which was able to pick up sound from the computer. Although there are concerns about the competence level of certain groups of participants in engaging with such methods (Braun and Clarke, 2013), the researcher was put at ease because of the student’s competence with computers and his engagement on a
degree in computer science. This made the process relatively straightforward. Additionally, the software had a ‘chat’ function. Thus, when there was a practical difficulty (as there was with the sound function when testing the software) the researcher was able to contact the participant via this function to monitor and update the student on the situation.

This form of online interviewing was useful as it allowed the researcher to record the interview and ensured engagement and interaction between the researcher and participant, just as the other face-to-face interviews did. The researcher was able to probe and ask follow-up questions which were responded to instantaneously, demonstrate their interest in the student’s story and pick up on the student’s facial expressions and tone. Thus, the rapport developed with the participant in previous interviews was maintained within this online interview process. There are mixed reviews of rapport within video interviewing in research literature (Anderson, 2008). Therefore, it may be that the longitudinal nature of data collection, where the participant and researcher had established rapport before the online interview took place, was beneficial in maintaining this rapport in the online interview.

On occasions, there were difficulties with transmission and turn-taking during the conversation and although this caused some delay and overlap in aspects of the conversation, it did not impact the flow of the dialogue significantly as other researchers have cautioned (Table 7). Thus, it was considered a valuable tool for conducting interviews. In agreement with Anderson (2008: 108), the online interview may not always be as strong as that of a traditional face-to-face interview but it may not always be a disadvantage.

3.4.2. Weblog diaries

The second use of the internet as a research tool in the current research involved the use of Weblogs or ‘blogs’. Generally, weblogs refer to a website which contains a series of frequently updated, reverse chronologically ordered posts on a common webpage by a single author (Dunworth and Scantlebury, 2006; Herring et al., 2005; Hookway, 2008). However, within the current research the weblogs were primarily used as a journal apparatus to supplement the interviews. Therefore, the researcher required the weblog diaries to be private and individual. Consequently, the use of the weblog within this research differed slightly to the general definition abovementioned, where commonality was recognised as a distinguishing feature. However, others have also observed that weblogs can be private and have typically been used as personal or ‘electronic’ diaries (Morrison, 2008; Information Resources Management Association, IRMA, 2015). The considerations and methodological implications of using weblogs as diaries are discussed below.
i) Using weblogs as diaries

There were several reasons for adopting weblog diaries (or a form of diary) as a data
collection method within this research. A diary is a document created by an individual who
maintains regular recordings about events in their life (Alaszewski, 2006). They can be brief
detailing key facts about a person’s life (which interviews may not draw on) and/or can
explore events and experiences in-depth; revealing emotions, moods, reasons and
interactions of people surrounding their everyday experiences (Lazar et al., 2010). Thus,
diaries can be a useful way to track experiences over time and explore how aspects evolve
(Braun and Clarke, 2013; Furness and Garrud, 2010; Hookway, 2008). Consequently, they
were deemed suitable when carrying out longitudinal research (section 3.3) and aligned with
the principles underpinning the research as well (section 3.2). While the interviews that were
carried out in phases were useful in reviewing and capturing experiences at certain points in
the year, the researcher felt that an additional method was necessary to capture the DS’
everyday lives during the first year of HE. Therefore, diaries were considered a useful tool
to explore the DS’ journeys throughout the year.

Diaries are also useful when conducting longitudinal research because they can help
with the recall of information. Furness and Garrud (2010) recognised that diaries were able
to record incidents, thoughts and experiences before, as, or just after they occurred. Thus,
they help to avoid inaccuracy of events and feelings (Lazar et al., 2010) as “the information
collected is subject to less distortion” (IRMA, 2015:1695). Thus, using diaries in the current
research allowed students to document their experiences and feelings as and when they
happened, rather than on reflection. This helped to ensure their immediate reactions to
experiences were not lost.

Other benefits of diaries in research include data being produced in a naturalistic way
(Alaszewski, 2006). That is, away from contextual biases and the influence of the researcher
(Furness and Garrud, 2010). Therefore, the researcher felt that diaries were suitable for the
current study because they had the potential to be a more empowering tool. The participants
had greater choice and control of what was documented within them and were able to report
on aspects significant to them, rather than aspects imposed by the researcher (Braun and
Clarke, 2013). This aligned with the emancipatory principles adopted within this research,
namely empowerment (section 3.2.2). Diaries were also beneficial to the current study as
students were able to discuss sensitive information that they may not have wanted to reveal
in the interviews (Hookway, 2008; Noyes, 2004). Thus, it provided further space for
students to share their voices. Furthermore, Alaszewski, (2006) discussed how diaries can
provide additional depth and insight into an individual’s interpretation of an event. Indeed,
in this research, diaries were not only useful in identifying key aspects or critical incidents
as they occurred, but also allowed participants to comment on how they felt and their perceptions of the consequences of certain events, as others have noted (Clarkson and Hodgkinson, 2007).

Moreover, diaries were suitable for this research because they were deemed compatible with interview methods (Furness and Garrud, 2010; Lazar et al., 2010). ‘Diary-interview’ methods are useful because they require participants to keep a diary for a period of time, which can then be discussed and expanded on in more depth (Zimmerman and Wider, 1977, cited in Braun and Clarke, 2013). Therefore, diaries can enrich the interviews that take place. In the current research, the diaries provided an immediate insight into an experience or feeling and these were then further discussed and reviewed in later interviews. It allowed certain aspects to be drawn on in more depth and also raised additional discussions that may not have been considered by the researcher. Furthermore, post-diary interviews helped to verify the data produced within them and also contributed to triangulation (Morrison, 2012).

Thus, there were several reasons why diaries were considered a useful data collection method within this research. However, it was evident when planning that the values and suitability of diaries as a research tool could be transferred online (Morrisson, 2012). In support of this, Hookway (2008: 96) observed that

“weblogs offer a viable alternative [to diaries], giving diary researchers the best of both worlds. On the one hand, blogs help to overcome issues of finding and accessing personal diaries, while on the other hand, they are not ‘contaminated’ by the predating interest of a researcher”.

Thus, the conventional research design was adapted for a virtual environment (James and Busher, 2009).

The researcher felt that weblogs would be more suitable as a form of diary research because of their accessibility and appeal to the young students participating in this research. A well-documented difficulty associated with diaries is maintaining the motivation and interest of participants to keep diaries regularly (Braun and Clarke, 2013; Furness and Garrud, 2010). Although this is difficult in any format, the researcher felt the increase in the use of the internet in recent years - specifically social network sites, where individuals frequently update their thoughts, feelings and experiences via statuses (James and Busher, 2009; Wakeford and Cohen, 2008) - would be more engaging to the participants and encourage them to post more frequently on the weblog diary. Indeed, all students in the current study had access to the social networking site used to host the weblog diary, indicating the popularity and suitability of the chosen site.
Additionally, by using weblog diaries (in contrast to written diary forms) the participants were able to word process their experiences. This was an important consideration in the current study as the students who participated in the research may have had difficulties with written information. Thus, the use of weblog diaries on computers ensured students were not excluded or overwhelmed within the research process (Furness and Garrud, 2010; Kaye, 2000).

Finally, using the weblogs as a diary was beneficial to the researcher because they had immediate access to the participants’ posts (Hookway 2008; Morrison, 2012). When a participant posted on their weblog diary, the researcher received a notification and this allowed the researcher to review and analyse aspects that occurred between each interview. This helped to develop in-depth and relevant discussions in the subsequent interviews and also allowed the participants to see how their individual experiences were directing the research process. Again, aiding the emancipatory principles underlying the research process (section 3.2.). In contrast, reviewing diaries in written formats prior to the interviews would not have been practical.

**ii) Structure and design of the weblog diary**

The students each used an individual weblog diary throughout the first year to document their experiences, thoughts and feelings as and when they happened. These were then used as prompts to explore and expand on key aspects of the first year of HE in the subsequent interviews (Figure 3). Thus, they were used to establish and elicit further information from the participants about their personal journeys (Lazar et al., 2010). Consequently, many of the posts identified on the weblog diary were also discussed in the interviews. However, the weblog diary entries also provided important contextual and emotional information that occurred as the events were experienced.

The weblog diaries were hosted on a popular social networking site following difficulties on a distinct blogging site when piloting the data collection methods (section 3.4.3). The social networking site was chosen because all students had access to this site prior to the research process and because this site already had facilities for participants to engage in weblog diaries. The students were sent a request to ‘join’ their individual weblog diary on this site and were asked to click on this to confirm their participation in the weblog diary. Although the students were familiar with the site, they were informed that if they had any difficulties or queries regarding the weblog diary they could contact the researcher who would get back to them as soon as possible.
The weblog diaries were introduced to the students in the consent letter, but detailed instructions on how to access and use the weblog diaries were provided following the first interview. The researcher was aware students may miss out on blogging about significant events, thoughts and feelings in the first few weeks of HE, but it was not possible to meet with students prior to the Phase 1 interview. This was because the researcher did not want to add to the demands and difficulties that may be experienced by students in the first few weeks of HE. Additionally, because of the length of time the students had to engage with the weblog diary, it was important for the participants to be fully aware of the expectations of the weblogs (Braun and Clarke, 2013). Therefore, it was decided to introduce the weblogs in person at the end of the first interview.

The weblog diaries used in the current research were unstructured so that the students had more scope to discuss what was significant to them during the first year of HE (Braun and Clarke, 2013). These types of weblogs are often used at times of "change, upheaval and exploration ... to give a far greater insight into the environment contexts determinants and consequences of coping, as well as the emotional and cognitive processes involved" (Furness and Garrud, 2010: 263).

However, some general guidance was given to students by the researcher to indicate what they could include in their weblog diary. As indicated, the guidance was given verbally after the first interview, but the researcher also included brief guidance on the weblog diary to remind them what could be discussed/posted throughout the year (Figure 4).
The guidance was designed to be informal so that students felt comfortable to take ownership of their weblog diary. Additionally, the students were advised that they should post fortnightly, but it was explained that they could post more or less frequently, or when they had specific aspects to document. Whilst some researchers have indicated that the control the participants had was a limitation of the diary research (Furness and Garrud, 2010), in this research it was important so that the students felt empowered. As James and Busher (2009) indicated, weblogs provide participants with a sense of ownership by being able to return to and expand on ideas.

Four of the students participated in the weblog diaries during the course of the year and the number of posts made on the weblogs diaries ranged from between five and twenty. One participant (Joanna) chose not to participate in the weblog diary at all because of the time available during the first year and another student (Simon) only posted once on the weblog diary. However, when deciding on weblog diaries as a research method, the researcher was aware that certain individuals were more likely to make entries than others (Lee, 1993). Additionally, the researcher was aware that differences in diary entries may be influenced by a participant’s gender, educational background, cognitive ability, interpretation of instructions, the time available for writing, the emotions experienced as well as their desire to share difficult experiences (Furness and Garrud, 2010). Thus, it was expected that the students in the current research would engage with the weblog diaries differently. This was not particularly problematic as the interviews provided ways to expand on the posts made within the individual weblog diaries and were considered the main method of data collection. However, the varied responses emphasised that there were limitations to this form of data collection method.
iii) Influences on the weblog diaries

As with the interviews, there were several factors that influenced the weblog diaries and needed further consideration prior to and during the collection of data. Many of the general concerns surrounding weblogs in the literature include the issue of trustworthiness, particularly when the weblogs are anonymous (Furness and Garrud, 2010; Hookway, 2008; IRMA, 2015). However, the current research avoided this; the researcher knew who the participants were and had met them prior to their participation in the weblog diary. Additionally, the data on the weblog diaries was explored in subsequent interviews to verify the information produced (Lazar et al., 2010). In contrast, it has also been recognised that when weblogs are anonymous it allows participants to reply more honestly (Hookway, 2008). Nonetheless, in the current study it was important for the researcher to be aware of the bloggers and it was hoped the rapport developed in the interviews (section 3.4.1) would also aid the honesty within the weblog diaries.

Building on the aforementioned factor, it was decided that the weblogs diaries would be private as the presence of an audience was not suitable because of the potentially sensitive nature of the topic in the current research (Hookway, 2008). It was thought this privacy would encourage students to reflect on a range of aspects that impacted their lives without any concerns that others would read their posts. The students were regularly informed that their weblogs diaries were secure and their interaction and nature of posts did not show any concern regarding this. The ethical considerations are discussed further in section 3.6.

An aspect that also influenced diary entries (and is transferable to weblog diaries) is the novelty of posting and ensuring students are kept engaged in this process (Alaszwkski, 2006; Furness and Garrud, 2010; IRMA, 2015). The latter, is particularly important in diary research because there is often a decrease in diary entries and the richness of entries as research progresses (Braun and Clarke, 2013; Furness and Garrud, 2010). Therefore, this was considered carefully at the start of the research process. To circumvent a decrease in diary entries other researchers have highlighted that maintaining contact with participants via telephone has been useful in keeping participants motivated (Furnerss and Garrud, 2008; Keleher and Verrinder, 2003). However, in the current research the researcher was able to communicate with the participants via the weblog diaries to remind the students to post if they had not done so for a period of time. The researcher posed questions such as “tell me about your week so far” or “how are things going?”. These notified the students who were then reminded to contribute to the weblog diary, if they wished to. This was less intrusive and less time consuming than placing a telephone call to each individual student, but was useful in motivating the students to post.
Although the researcher wanted to maintain motivation, they were also aware that the nature of the topic under exploration meant that the research occurred within a (potentially) difficult period of time for the students. For example, the students may have had other commitments which impacted their frequency of weblog diary entries in the first year of HE. Consequently, the researcher was careful not to be too forceful when motivating students to post on the weblog diaries. This was particularly important as inflexibility has been known to contribute to high drop-out rates (Braun and Clarke, 2013). Furthermore, the researcher recognised that forcing participants to make weblog diary entries could impact the accuracy of the data produced as participants may ‘duty-fill’ rather than consider their entries carefully (Bell and Waters, 2014). Additionally, Furness and Garrud (2010) noted in their research that there was a decrease in the frequency of posts when there was absence of difficulties. Therefore, the researcher recognised from the outset that there were periods where the frequency of weblog diary entries would vary. Indeed, this was observed in the current study as the students appeared to post less often when they did not experience difficulties during the first year of HE.

Finally, researchers who have engaged in diary research have suggested that the regular recording of a situation can change the phenomenon through reflection and this can impact the thoughts, feelings and behaviour of a participant (Furness and Garrud 2010; Lee, 1993). Specifically, where sensitive research topics have been explored, researchers have observed that diaries have been ‘therapeutic’ and have helped participants come to terms with change or understanding (Furness and Garrud, 2010; Lennox et al. 2008). Although the researcher was aware of this potential influence, it was not considered to be problematic in the current research. This may have been because of the frequency in the weblog diary posts and the fact that this method supplemented the interviews (rather than because it was the sole data collection method). Furthermore, if the process of completing a weblog diary was beneficial to the students then this was not considered an issue because the research process was designed to empower the participants. Thus, this method was considered beneficial to the research process and added a unique perspective to the findings. Other influences on the weblog diary are discussed in Appendix 10.

3.4.3. The Pilot study

In preparation for carrying out the data collection the researcher conducted a pilot interview. The participant that took part was a female undergraduate student and was eighteen years of age with no diagnosed disability. This student does not meet the exact criteria for the research, but because of the difficulty in obtaining participants and the generation of a small sample of participants (section 3.5) it was not possible to trial the methods on a student that met the exact participant criteria. Nonetheless, the researcher
recognised the importance of testing the research methods, particularly the layout of the questions and the general use of the weblog diaries. Interestingly, prior to the pilot interview, it emerged that pilot participant had considered having a dyslexia assessment in previous education but had been advised against this. Thus, there may have been some similar concerns and experiences during the early experiences of HE.

i) Pilot Interviews

Although not all the questions were applicable to pilot study (because they had not self-identified as a disabled student), many of the questions were general and not disability specific. Therefore, the researcher was able to get a sense of the style, structure and wording of the questions posed within the interviews (Hennick et al., 2011). Positively, the interview adopted a conversational style which the researcher felt was conducive to the research. Additionally, the researcher did not feel it was necessary to change any of the questions/prompts within the interviews and subsequently gained confidence during the interview process.

ii) Pilot Weblog diaries

The pilot process for the weblog diaries was particularly useful. Several aspects required changing before the weblog diaries could be used in the main data collection phase. Due to the unstructured nature of the weblog diaries, the pilot of this data collection method was predominantly concerned with the privacy and ease of the use of the weblog diaries. It was decided that because of the nature of the research the weblog diary could only be piloted for two weeks in the very early experiences of the first year of HE. The pilot participant was asked to post about her experiences, thoughts and feelings at least four times within this fortnight.

The pilot weblog diary was set up on a specific weblog site. The pilot participant had to sign-up to this site in order to create their weblog. To do this the researcher sent detailed instructions informing the student how to sign-up and how to create her weblog diary (Appendix 11). However, several difficulties were encountered and getting the participant to create the weblog diary was more complicated than previously anticipated. Therefore, the researcher worked with the student to sign-up to their weblog diary. When the student had access to the weblog diary it was noted that there was an absence of weblog diary entries, even after emails gently reminding the student to post their entries. These difficulties required the researcher to reflect on the weblog diary process to consider other ways this could be carried out.

The researcher acknowledged that it was a busy time of year for the pilot participant and recognised the need to make the ‘blogging’ process as easy as possible. The researcher
questioned whether difficulty in accessing the weblog diary (i.e. accessing a separate website that the student would not usually use and signing in) limited the number of weblog diary entries made by the pilot participant. Consequently, the researcher decided that the weblog diaries would be set up on a popular social network site.

The researcher developed a ‘test weblog diary’ with a computer consultant to check that the weblog diaries on the host site would remain private. When this was determined, the researcher asked whether the pilot participant had access to this site (they did) and then sent the student a weblink via email to their weblog diary page. Following this, the student was asked to make one/two posts about their experience in HE so far. The participant did this promptly. Therefore, it seemed the accessibility of this weblog diary worked well in contrast to the previous site. The researcher also discovered that they could post on the weblog diary and it was decided this would be useful in the main data collection phase where the researcher would be able to post prompts to remind students to post about their experiences.

3.5. Sampling and recruitment

3.5.1. Sampling

A small but relevant sample of DS participated in the research process. The participants were purposely chosen and not chosen at random because of the specific aspects that needed to be captured in the research (Lee, 1993; Patton, 2002; Punch, 2005). Purposive sampling ensured that the participants had information which was relevant to address the overall aim of the research (Bryman, 2012a; Cohen et al., 2000). This method of sampling is frequently used in qualitative research, particularly when there is an underlying narrative principle (Chase, 2005), to ensure an in-depth insight into a particular aspect is generated (Hennick et al., 2011; Madriaga et al., 2008; Mertens and McLaughlin, 2004). Thus, the information gathered is more to do with the richness of the data gathered, rather than the number of participants in the sample. It is acknowledged as being particularly useful for research which needs to access hard to reach populations or those which are small in numbers (Newby, 2010), as this research did.

In this research, the sample was based on students who had self-disclosed a disability according to the UCAS disability categories (Appendix 2) and were entering the first year of HE. The research focused on six students that met these criteria. These students volunteered to partake in the research following various recruitment strategies (section 3.5.2). Although it was acknowledged that those students who volunteered may have particular views or interests in the topic under exploration, it was important that students self-selected
themselves to participate in the current research to ensure engagement in the longitudinal nature of the research and, perhaps more significantly, because of the potentially sensitive nature of the topic (Mertens and McLaughlin, 2004; Newby, 2010; Tinklin and Hall, 1999). By volunteering it ensured the participants genuinely wanted to participate in the research and this helped to avoid attrition (which may have occurred if participants had been supplied a gift voucher or money). Furthermore, it was not deemed ethical to identify DS directly (Oliver, 1992). Thus, the term ‘self-identified’ was adopted (Table 5) and this indicated that the students declared themselves as having a disability according to the UCAS disability categories. Consequently, the involvement of the participating DS was dependent on how they viewed themselves on entry to HE, rather than the researcher identifying specific individuals. This followed other studies exploring DS’ experiences in HE which recognised the importance of ‘self-selecting’ students (Getzel and Thoma, 2008; Holloway, 2001; Tinklin and Hall, 1999).

The participating students had varied disabilities and were between the ages of 18 and 25 when they entered the first year of HE in Sept/Oct 2010. Four of the students had listed more than one of the UCAS disability categories. The participants were four women and two men who went to three different HEIs and were enrolled on a range of courses. In-depth profiles of the participants’ characteristics are provided in section 3.5.3 and Appendix 18. This includes information about their age, background, education and their perception and experience of their impairment. These descriptions allowed the researcher to compile a detailed picture of the participating students to contextualise their experiences and conceptions of disability before exploring their thoughts, feelings and experiences during the first year of HE. This was important to include because of the heterogeneity of the participants within this population (Mertens and McLaughlin, 2004). It is important to note that the description of the students’ impairments is not to satisfy medical model ideals, but to emphasise the diverse nature of disability and how it was experienced by the individual students.

The current research included six participants, eighteen in-depth semi-structured interviews and four weblogs diaries (which were kept throughout the year). Although the sample size was small, it was deemed appropriate for this research for several reasons. Firstly, there is no agreed rule or sample size for qualitative research (Patton, 2002). While there have been some recommendations regarding sample size, it varies depending on the nature of the research chosen and between methodologies used to frame the research (Baker and Edwards, 2012; Bryman, 2012a; Chase, 2005; Marshall et al., 2013; Mason, 2010). This wide variance of sample size in qualitative research is highlighted by Mason (2010) who explored the sample size of interview-based qualitative studies. It was observed that the
sample size varied from one to ninety (Mason, 2010). Thus, he indicated that the guidance provided regarding sample size is often not adhered to (Mason, 2010). Sample size is also frequently referred to by the numbers of interviews undertaken in qualitative research, rather than the number of participants (Baker and Edwards, 2012). Again, the recommendations associated with the number of interviews vary and range from between twenty and thirty (Warren, 2002 cited in, Bryman, 2012b), below sixty (Gerson and Horrowitz, 2002) and above twenty interviews (Braun and Clarke, 2013). Thus, it seems there is no correct or simple answer to address sample size in qualitative research; it simply “depends” on addressing the RQs, the data analysis and the availability of resources (Baker and Edwards, 2012; Bryman, 2012b; Guetterman, 2015; Merrian, 2009).

Furthermore, sample size recommendations have been critiqued because of the lack of justification behind the guidance provided (Guetterman, 2015; Marshall et al., 2013). Ultimately the principal of research is to adequately answer the RQ considered (Marshall, 1996). Therefore, where the fundamentals of the research are specific and detailed this may mean participants will be in the single figures (Marshall, 1996), as within the current research.

Secondly, because the current research was focused on narratives and gaining an in-depth and rich insight into the personal journeys of DS during the first year of HE, rather than the generalisation of experiences expected in quantitative research, a smaller sample was necessary (Charmaz, 2012; Ritchie et al., 2003) and allowed context to be explored (Bryman, 2012b; Mason, 2012). The in-depth nature of the research ensured exploration into the varied experiences of the DS during the first year of HE and provided an insight into the complex details of their lives, as well as the interconnection between their different impairments. This is likely to have been lost with a larger group of students, or with quantitative data. Moreover, the characteristics required of the participants in order to answer the RQs were specific and this is also a factor that can limit the sample size (Ritchie et al., 2003). The participants had to self-identify as DS and be first year students entering HE. Therefore, a smaller number of participants were suitable to participate in the research. For example, one potential participant was unable to be included in the research project because they deferred their entry into HE and did not experience the first year of HE during the data collection phase.

In support of the sample size, other studies exploring DS’ experiences in HE have used a similar, smaller, sample size to gain an in-depth insight into their experiences (e.g. Chatakai, 2007; Holloway, 2001; Goode, 2007; Hopkins, 2011; Michail, 2010; Shah et al., 2004; Shevalin et al., 2004; Redpath et al., 2013; Tinklin and Hall, 1999). These have
ranged between six and eighteen participants where the researcher has only interviewed the students once. Redpath et al. (2013) explained the small in-depth sample was important because it enabled the voice of the students to be contextualised. Additionally, Keegan (2010), who explored physically DS’ experiences of attending resourced provision in a mainstream school in their thesis, based their analysis on fourteen interview transcripts. Therefore, this research sits within the brackets of these similar studies. Additionally, those who have explored the transition of DS during the first year of HE more specifically, have also used a similar number of participants and interviewed each participant a number of times (e.g. Madriaga et al., 2008). In support of this, studies which are longitudinal and interview participants more than once usually have a smaller number of participants (De Vaus, 2001; Lee et al., 2002) because the “most important part of the sampling is that it is purposeful” (Ezzy, 2002: 74).

Thirdly, Merten and McLaughlin (2004) suggested that it is common for small studies to be undertaken in special educational research because of the problems gathering a large sample size. Specifically, they acknowledged that it is disaggregation and attrition that often results in small sample sizes. In relation to this, it seems problems in the recruitment of participants is largely down to location, that is “knowing where to gather your participants from” (Rubin and Babbie, 2010: 274), an issue magnified by a small population. Thus, as DS represent a significantly small percentage of the overall student population in HE, a smaller sample of students is reflected in the research. In support of this, Adler and Adler (2012) confirmed that when participants are easy to find and plentiful, a greater sample is easier to gather. Thus, because of the difficulty with confidentiality and approaching DS directly it was more difficult to gather participants in the current research.

The difficulty recruiting DS in HE has also been recognised as problematic in other studies. Fuller et al. (2009) reflected that confidentiality issues in certain HEIs made contacting DS more difficult in their research and this resulted in a lower number of DS participating in the research than anticipated. Additionally, Michail (2010) indicated that gathering dyslexic students to explore their HE experience was difficult and he experienced lower recruitment numbers than expected, particularly from FEIs. He reasoned that the low recruitment was because of the nature of the students, their desire to participate in such research and difficulty with memory to respond to the recruitment letters. Moreover, gathering first year disabled participants specifically has been noted as particularly problematic (Elliot and Wilson, 2008). The former research only gathered eight of the eighteen first year participants they had hoped to recruit which they assigned to the additional difficulties and concerns the students experienced when settling into HE. Therefore, it could be that students did not want to participate in additional activities during
this difficult and challenging time. Consequently, Elliot and Wilson (2008) recruited students from the second, third and postgraduate years, to reflect on the transition into the first year of HE. Thus, it seems the population required to address the RQs in the current research is a more difficult group to get hold of.

Additionally, it is recognised that problems that occurred in previous research carried out on disabled people may have influenced subsequent participation in other projects. Such research may have been insensitive causing reluctance for participation in further studies (Rubin and Babbie, 2010). In support of this, Stone and Priestly (1996), two decades ago, proposed that through research the marginalisation of disabled people has been furthered (section 3.2.2). Thus, careful consideration has been taken to follow ethical guidelines regarding information letters, consent forms, recruitment strategies and the choice of methods to encourage participants to participate. These are discussed in the subsequent sections in this chapter.

The most significant factor alleviating concerns about a small sample size was the argument that researchers should move beyond “how many?” and consider the appropriateness of the sample for the research (Bryamn, 2012b; Guetterman, 2015). In this context, the sample, although relatively small, was considered very appropriate.

3.5.2. Recruitment strategies

The difficulty gathering participants for the study meant that changes were made to the research over time. It also required the researcher to adopt several recruitment strategies, reflecting Hennick et al.’s (2011: 91) view that there is no ‘ideal’ recruitment process. In contrast to Silverman (1993, cited in Rapley, 2004), the researcher in the current study did not experience an ‘interview society’ and was underwhelmed with potential participants. It took many attempts over several months to gather participants to provide the eventual sample. The strategies attempted and the results of these are outlined in Table 8.

The predominant difficulty in gathering participants was borne from the specific time frame of the research which limited the period in which participants could volunteer to participate. This was problematic because it provided a deadline for when participants needed to be recruited by. In addition, the periods prior to and during the early stages of HE when the potential participants were approached to participate in the current research were stressful and complex times for students. Moreover, because of the nature of the research the researcher needed to ensure correct ethical procedures were in place to gather participants. Thus, it was not possible to approach students directly because of data confidentiality and because the researcher wanted to avoid the further marginalisation of DS.
Following the numerous recruitment strategies, the researcher concluded that informal and personalised approaches were more useful in gathering participants for this research, rather than more formal letters. This was similar to Sixsmith et al. (2003: 578) who found that a personalised approach was more useful when “gaining insider perspectives from the outside” and when retaining these participants throughout the research. The participants in the current research were more receptive when the researcher explained the project to the students. This could be because it made the concept of research less intimidating and helped to dispel any concerns about research and researcher hierarchies.

While some have acknowledged that participants may feel forced to participate in research projects when there is face-to-face interaction during recruitment (Hennick et al., 2011), this research focused on the volunteer aspect and did not pressurise the students to participate; they were encouraged to seek advice and think carefully about whether they wanted to participate in the research. It seemed this was achieved as there was no attrition in the study which is a noted challenge within longitudinal research (Hennick et al., 2011). Additionally, the ‘gatekeepers’ and the use of ‘snowballing’ was also particularly useful in generating a sample (Broom, 2006; Hennick et al., 2011). Although the gatekeepers did not directly help in the gathering of participants, they suggested valuable strategies (such as advertising) which generated some participants. Furthermore, those who used the advertisements in their department acted as advocates for the research which was beneficial (Hennick et al., 2011).
<table>
<thead>
<tr>
<th>Focus of research</th>
<th>Recruitment strategy</th>
<th>When</th>
<th>Results</th>
<th>Changes required to research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Longitudinal study exploring DS’ personal journeys of transition during the first year of HE.</strong></td>
<td>Information letters to head teachers of feeder schools and colleges of HEI A and C with information and consent forms to pass on to potential students (Appendix 12 and 13). Pre-paid postage was included to encourage responses.&lt;br&gt;Follow-up emails and reminders.&lt;br&gt;Where students were under eighteen letters were also provided to gain parental consent (Appendix 14). NB- different terminology was adopted in the letters to students to ensure more familiar terms were used.</td>
<td>April- June 2010.</td>
<td>A few replies from schools were received (either declining or accepting to pass on the information to potential students). However, there was a lack of response from DS by June 2010.</td>
<td>Due to time constraints, the research now focused on all DS entering HE in attempt to interview students prior to their enrolment in HE (September/October 2010).</td>
</tr>
<tr>
<td><strong>Focus of research 2</strong></td>
<td><strong>Recruitment strategy</strong></td>
<td><strong>When</strong></td>
<td><strong>Results</strong></td>
<td><strong>Changes required to research</strong></td>
</tr>
<tr>
<td>------------------------</td>
<td>--------------------------</td>
<td>----------</td>
<td>-------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Longitudinal study exploring DS’ personal journeys of transition during the first year of HE.</td>
<td>Information letters/emails to admissions and student service departments of several HEIs with information and consent forms to contact/pass onto potential students and inform them of the research process (Appendix 15). Follow-up emails.</td>
<td>June- August 2010.</td>
<td>Interest generated, but staff time constraints and the lack of a systematic database meant it was not possible to send out the information and consent forms to specific students that met criteria or the research. Interest generated from relevant parties - provided useful information regarding recruitment strategies (e.g. use of forums, contact charities, develop flyers to distribute).</td>
<td>Due to time constraints, the research now focused on all DS entering HE in September/October 2010. The research would now attempt to interview students as early as possible in their first term in HE.</td>
</tr>
<tr>
<td>Interviews and weblog diaries with DS prior to and throughout the first year of HE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Focus of research 3</td>
<td>Recruitment strategy</td>
<td>When</td>
<td>Results</td>
<td>Changes required to research</td>
</tr>
<tr>
<td>---------------------</td>
<td>-----------------------</td>
<td>------</td>
<td>---------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Longitudinal study exploring DS’ personal journeys during the first year of HE (September/October 2010).</td>
<td>Flyers were produced as an advertising strategy to send to HEIs that agreed to display them in their student support office (Appendix 16).</td>
<td>August - September 2010.</td>
<td>One participant recruited after picking up a flyer in a student support office in a HEI over 200 miles away.</td>
<td>Not required.</td>
</tr>
<tr>
<td>Interviews and weblog diaries with DS as early as possible in the first term and throughout the first year of HE.</td>
<td>Flyers were also sent out to undergraduate students in a ‘mail-shot’ (where possible).</td>
<td>August - September 2010.</td>
<td>No participants recruited.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Distribution of flyers at a ‘Fresher’s fayre’ to all students at a specific HEI in September 2010 (Appendix 16). NB- flyers were distributed to all students because of the hidden nature of disability.</td>
<td>September 2010.</td>
<td>Two participants recruited.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The researcher (where agreed) disseminated flyers within lectures to all students in attendance (HEI A). This was done in conjunction with an explanation of the research.</td>
<td>September - October 2010</td>
<td>Two participants recruited.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Snowballing.</td>
<td>N/A</td>
<td>One participant recruited.</td>
<td></td>
</tr>
</tbody>
</table>

Consent forms were handed out to participating students once they demonstrated interest to participate in the research (Appendix 17). These letters had further information for students to read before they agreed to participate in the research.

Table 8. Recruitment strategies to gather participants
3.5.3. Participant profiles

During the Phase 1 interview the six participating students were asked to reflect on their self-identified disability and general background to consider how it impacted their everyday lives. This was important to do as each student had different experiences and perceptions of disability and these influenced their everyday lives, educational experiences and discussions throughout the first year of HE. Table 9 outlines general information about the students and their backgrounds and this adds necessary context to the research. Additionally, extracts from the participants’ journeys have been used to develop detailed participant profiles (Appendix 18). The detail in which students did this varied; some students gave detailed accounts whilst others offered more succinct descriptions.
<table>
<thead>
<tr>
<th>Student/age at start of the research process</th>
<th>Category of self-identified disability according to UCAS</th>
<th>Age of disability identification and diagnosis</th>
<th>HEI/Course / desired career</th>
<th>Location/accommodation in the first year of HE</th>
<th>Previous education prior to transition/qualifications</th>
<th>Provision prior to HE transition</th>
<th>Attendance at open day/previous contact with university prior to attending</th>
<th>Recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molly, age 22.</td>
<td>F - Mental health condition such as depression, schizophrenia or anxiety disorder.</td>
<td>Age 16.</td>
<td>HEI A.</td>
<td>City A (home town).</td>
<td>Mainstream sixth form. Completed AS/A-levels.</td>
<td>Positive reflections of support.</td>
<td>Yes - open day and discussion with course tutor.</td>
<td>Flyers distributed at the Fresher’s Fayre.</td>
</tr>
<tr>
<td>Mature student.</td>
<td>First “picked up” by the school before being assessed.</td>
<td>Drama and English (Second attempt in HE).</td>
<td>Lives with partner.</td>
<td>Withdrew from Sports and Physical Education in HEI A because of feelings of isolation.</td>
<td>Educational support - very supportive teacher who aided the identification and assessment process; received separate room for exams. Discussed emotional rather than academic support.</td>
<td>Education support - very supportive teacher who aided the identification and assessment process; received separate room for exams. Discussed emotional rather than academic support.</td>
<td>Flyers distributed at the Fresher’s Fayre.</td>
<td></td>
</tr>
</tbody>
</table>

Secondary teacher. |

Other - attended Child Adolescents Mental Health Services (CAMHS) whilst attending school.
<table>
<thead>
<tr>
<th>Student/age at start of the research process</th>
<th>Category of self-identified disability according to UCAS</th>
<th>Age of disability identification and diagnosis</th>
<th>HEI/Course / desired career</th>
<th>Location/accommodation in the first year of HE</th>
<th>Previous education prior to transition/qualifications</th>
<th>Provision prior to HE transition</th>
<th>Attendance at open day/previous contact with university prior to attending</th>
<th>Recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Specific learning difficulty: Dyslexia and Irlen Syndrome.</td>
<td></td>
<td>Desired career unknown - but wants to have a career related to computers.</td>
<td></td>
<td>Other - lived away from home since 16 to increase provision received.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student/ age at start of the research process</td>
<td>Category of self-identified disability according to UCAS</td>
<td>Age of disability identification and diagnosis</td>
<td>HEI/Course / desired career</td>
<td>Location/accommodation in the first year of HE</td>
<td>Previous education prior to transition/ qualifications</td>
<td>Provision prior to HE transition</td>
<td>Attendance at open day/ previous contact with university prior to attending</td>
<td>Recruited</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>--------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------------</td>
<td>----------------------------</td>
<td>---------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Elly, age 20.</td>
<td>F- Mental health condition such as depression, schizophrenia or anxiety disorder.</td>
<td>Anxiety - psychiatrist as the result of an ongoing court case regarding her past.</td>
<td>HEI A.</td>
<td>City A (home town).</td>
<td>Mainstream FE college. Vocational qualification completed.</td>
<td>Mixed perception of support.</td>
<td>Yes- open day and discussion with tutor.</td>
<td>Flyers distributed at the Fresher’s Fayre.</td>
</tr>
<tr>
<td>G- Specific learning difficulty (Dyslexia).</td>
<td>Dyslexia has been acknowledged in college but no formal assessment had taken place before HE.</td>
<td>Drama and English. First choice of course Creative Writing at HEI A but this course was full.</td>
<td></td>
<td>Lived with adopted parents (was taken into care in year 6).</td>
<td>Withdrew from A-levels in College A because lack of support on course. Failed a hairdressing course because of difficulties with social interactions.</td>
<td>Educational support - no support received for disability in FE. But positive about general support such as small groups in certain settings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both identified as a young adult.</td>
<td>Teacher.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student/age at start of research process</td>
<td>Category of self-identified disability according to UCAS</td>
<td>Age of disability identification and diagnosis</td>
<td>HEI/Course / desired career</td>
<td>Location/accommodation in the first year of HE</td>
<td>Previous education prior to transition/qualifications</td>
<td>Provision prior to HE transition</td>
<td>Attendance at open day/previous contact with university prior to attending</td>
<td>Recruited</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Mature student.</td>
<td>G- Specific learning difficulty (he suspected he had dyslexia/dyspraxia at the start of the first year).</td>
<td>Dyslexia and dyspraxia- not identified until the end of the first year of HE (age 22/23).</td>
<td>Civil Engineering Foundation Degree.</td>
<td>Lived with parents.</td>
<td>Withdrew from A-levels in College A because of medical reasons (not disability related). Withdrew from College A because he was excluded from Business Studies course and then had an insufficient number of courses to continue in this college.</td>
<td>Educational support - no support received. Certain FE colleges were unaccommodating and gave little encouragement. Identified some flexibility regarding attendance after disclosure of diabetes in College C, but they did little to follow-up absences.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil Engineer.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed a Carpentry Business and Technology Education Council (BTEC) in College C. Other - medical support received for diabetes.
<table>
<thead>
<tr>
<th>Student/age at start of the research process</th>
<th>Category of self-identified disability according to UCAS</th>
<th>Age of disability identification and diagnosis</th>
<th>HEI/Course / desired career</th>
<th>Location/accommodation in the first year of HE</th>
<th>Previous education prior to transition/qualifications</th>
<th>Provision prior to HE transition</th>
<th>Attendance at open day/ previous contact with university prior to attending</th>
<th>Recruited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joanna, age 25.</td>
<td>G- Specific learning difficulty (Dyslexia).</td>
<td>Acknowledged in primary school, but was not officially identified until she was in college at age 16.</td>
<td>HEI A.</td>
<td>Term 1: City A (2 hours from home town).</td>
<td>Mainstream FE college. Vocational qualifications completed.</td>
<td>Positive perception of support.</td>
<td>No-none attended.</td>
<td>Recruited via flyers and explanations within lectures/seminars.</td>
</tr>
<tr>
<td>Mature student.</td>
<td></td>
<td>Education and Early Childhood Studies.</td>
<td>Term 2: City D (1-1 and a half hour from hometown, 30 minutes- hour from HEI A).</td>
<td>Completed a BTEC in Childcare from College D.</td>
<td>Educational support - positive about general support such as small group and one-to-one help from her teacher.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student/age at start of the research process</td>
<td>Category of self-identified disability according to UCAS</td>
<td>Age of disability identification and diagnosis</td>
<td>HEI/Course / desired career</td>
<td>Location/accommodation in the first year of HE</td>
<td>Previous education prior to transition/qualifications</td>
<td>Provision prior to HE transition</td>
<td>Attendance at open day/ previous contact with university prior to attending</td>
<td>Recruited</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>-----------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------</td>
<td>-------------------------------------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Melody, age 20.</td>
<td>F - Mental health condition such as depression, schizophrenia or anxiety disorder.</td>
<td>Acquired disabilities from a car accident when she was 18, other previous experience also influenced F.</td>
<td>HEI A.</td>
<td>City A (home town).</td>
<td>Mainstream sixth form. Completed AS/A-levels.</td>
<td>Positive perception of support.</td>
<td>Yes - open day and discussion with tutor.</td>
<td>Recruited via flyers and explanations within lectures/seminars.</td>
</tr>
<tr>
<td>H - Physical impairment.</td>
<td>Education and Welsh. Originally applied to do Film Studies and Music Technology (HEI unknown).</td>
<td>Lives in student accommodation on campus.</td>
<td>HEI B.</td>
<td>Education and Welsh. Originally applied to do Film Studies and Music Technology (HEI unknown).</td>
<td>Withdrew from boarding school where she was doing A-levels because she missed her family. Completed A-levels, but completion was delayed because of accident.</td>
<td>Educational support - substantial support within sixth form following the accident.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teacher.</td>
<td></td>
<td></td>
<td></td>
<td>Other - physical support and carer to aid with physical recovery.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9. Participant information and background
3.6. Ethical considerations

In all research, ethical considerations are crucial. As this research explored the experiences, thoughts and perceptions of young DS at a time of potential difficulty and change, the importance of ethical considerations was evident to the researcher from the outset. Thus, the researcher took great care when considering how to approach the research sensitively and ethically to ensure no harm (emotional or physical) came to the participants within the study (Gray, 2009; Marshall and Rossman, 2010; Mertens and McLaughlin, 2004; Punch, 1998). This was evident in the very early stages of the research process where the researcher had to decide how to recruit participants. As indicated in section 3.5, it was decided that it was not ethical to identify individuals directly, but to encourage them to volunteer for the research (Broom, 2006).

Once students demonstrated an interest in the research, informed consent was necessary to consider (British Educational Research Association, BERA, 2011; Ryen, 2004). The researcher needed to ensure the participating students were well informed of the research prior to their involvement in the study (Gray, 2009). It was particularly important to inform the students of their involvement in the current study because of the nature and duration of the research which required time commitments from the students (Elliot and Wilson, 2008).

To do this the researcher sent a letter to the participants explaining the project and indicated in detail what was required of them throughout the research process (Appendix 17). The letter also informed the students of their voluntary participation and right to withdraw (or stop interviews/weblog diaries) at any time (Broom, 2006; Rapley, 2004), the confidentiality of information discussed in the research process and provided details about the dissemination of the results. The letter was written in appropriate style for the participants to ensure it was accessible and informative (Mitchell, 2010). Moreover, the researcher was careful to avoid language which was oppressive and patronising and could offend or marginalise participants (Mertens and McLaughlin, 2004). The information about the research process was also explained to the students prior to the Phase 1 interview taking place to ensure transparency and to confirm the participants were aware of what the research entailed. This helped to ensure there was no misunderstanding from what the participants read in the consent letters. Other studies exploring disability have emphasised the importance of doing this to ensure all participants are clear of what is involved within the research (Cameron, 2010). Additionally, many of the recruitment strategies also informed participants about the nature of the research to ensure that the DS’ expectations of the research were established from the outset.
In this research, all students were aged eighteen or over and able to give their own consent to participate. Thus, parental consent was not required. However, an additional consent form was provided in case students were contacted prior to their eighteenth birthday. This was particularly likely given the initial focus of the research (Table 8), but was kept within the later consent forms used for when collecting data from students in HE as a precaution. The DS also all had the intellectual capacity to confirm their participation in the research (BERA, 2011) as they all had made the decision to attend HE. However, the researcher, as explained previously, took the necessary steps to ensure all participants were aware of the research process. These were approved by a university ethics panel prior to the research taking place.

Anonymity and confidentiality were also discussed with the DS prior to their involvement in the research and were maintained throughout the research process (Ryen, 2004). The DS’ names and HEIs were not identified to ensure anonymity. The research referred to both the students and HEIs via pseudonyms. The DS’ pseudonyms were chosen by them and helped the researcher to demonstrate how the students’ anonymity would be ensured within the research process. Additionally, the information was confidential, was not disclosed to other participants, or those outside of the research process with the exception of the supervisors. Care was taken when considering the location of the interview, when transcribing interviews and when storing data to ensure confidentiality of information.

The online methods used to carry out aspects of the research required additional ethical considerations to ensure the data was confidential and anonymous (BERA, 2011; Marshall and Rossman, 2011). The principles remained the same, but additional ethical challenges (such as ‘hackers’ and the danger of information being accessed in the public domain) needed to be overcome (Denscombe, 2010; Hookway, 2008). The synchronous online interview was protected by a password so no one could access the meetings. This was then transcribed, anonymised and secured. The asynchronous online interview was protected by an email password and then anonymised once complete. The weblog diaries were protected by passwords, hosted on a private setting within the social networking site to ensure limited access to the content of the weblog diaries (i.e. the researcher and participant) and were hidden from third parties on the social networking site. The latter was important to protect the anonymity and ensured they were not forced to reveal a disability or their participation in the research. To further ensure this anonymity the weblog diary titles were generic and did not refer to disability. Additionally, the privacy settings on the weblog diaries were tested several times prior to data collection by a computer consultant and were monitored throughout the data collection. The participants were continually reminded the weblog diary was secure and the data was removed from the weblog diary after write-up.
While some of the standard ethical considerations have been outlined in this section, this chapter consistently demonstrated how the researcher considered ethical sensitivity within the research process. For example, the researcher discussed the importance in establishing their understanding of disability in order to avoid oppression and negative language which may have caused offence to participants (section 3.2.2). Additionally, although the researcher was aware the participants were receiving support during the period of the research (from both within and outside the HEIs), it was recognised from the outset that if they required further support throughout the research process then the researcher would signpost them towards Student Support in their respective HEIs. However, Mitchell (2010), in their research of young physically disabled children, indicated that not all ethical issues can be pre-empted. Consequently, an important part of ethics required researchers to remain ‘reflexive’ throughout the research process.

3.7. Data analysis

The data analysis for this study used thematic analysis. It provided a method of analysis that identified, analysed and reported patterns (themes) of meaning and interest across a dataset (Braun and Clarke, 2006). It was suitable because of the exploratory nature of the research which allowed codes to be applied to DS’ experiences and perceptions to gain a greater understanding of their personal journeys during the first year of HE (Swandt, 2007). Furthermore, it provided a way to present and organise the data (Chapters 4 and 5). Braun and Clarke (2006) offered several useful steps in conducting thematic analysis which were followed in the current research. A brief discussion of these steps is outlined below to demonstrate how the analysis was carried out.

Before analysis took place, the data was organised. Each interview phase was transcribed, anonymised and saved into a document (Table 10) (Braun and Clarke, 2006; Clarke and Braun, 2013; Maykut and Morehouse, 1994; Marshall and Rossman, 2011). As the research focused on the DS’ personal journeys and lived experiences it was important that the researcher kept the students’ voices during transcription. Thus, the students’ interviews were transcribed verbatim to ensure their expression remained throughout. The transcription process began when the first interview was completed. This was necessary to ensure the researcher could read through the interview prior to the subsequent interview phases and allowed the researcher to identify important issues, events and experiences that each student had discussed in their previous interviews to allow further exploration. The transcription process and the re-reading of the interviews as they were transcribed also helped the researcher to become immersed in the data. This aided their familiarity with the dataset as a whole. However, no specific codes were given at this point in the research. The
transcription and more specifically the familiarisation of the data fell in line with Phase 1 of Braun and Clarke's (2006) steps outlining thematic analysis. Similarly, the weblog diaries were copied from the weblog site word-for-word and saved in a document at the end of the year (Table 10). They included the emoticons that students used to retain the context in which the words on the weblog diaries were discussed. All the documents were then imported into the NVivo programme for analysis.

<table>
<thead>
<tr>
<th>Folder title</th>
<th>Document title</th>
<th>Label in Chapter 4 and 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 interview transcripts</td>
<td>Phase 1 transcript 1 Molly</td>
<td>Molly Phase 1</td>
</tr>
<tr>
<td></td>
<td>Phase 1 transcript 2 Luke</td>
<td>Luke Phase 1</td>
</tr>
<tr>
<td></td>
<td>Phase 1 transcript 3 Elly</td>
<td>Elly Phase 1</td>
</tr>
<tr>
<td></td>
<td>Phase 1 transcript 4 Simon</td>
<td>Simon Phase 1</td>
</tr>
<tr>
<td></td>
<td>Phase 1 transcript 5 Joanna</td>
<td>Joanna Phase 1</td>
</tr>
<tr>
<td></td>
<td>Phase 1 transcript 6 Melody</td>
<td>Melody Phase 1</td>
</tr>
<tr>
<td>Phase 2 interview transcripts</td>
<td>Phase 2 transcript 1 Molly</td>
<td>Molly Phase 2</td>
</tr>
<tr>
<td></td>
<td>Phase 2 transcript 2 Luke</td>
<td>Luke Phase 2</td>
</tr>
<tr>
<td></td>
<td>Phase 2 transcript 3 Elly</td>
<td>Elly Phase 2</td>
</tr>
<tr>
<td></td>
<td>Phase 2 transcript 4 Simon</td>
<td>Simon Phase 2</td>
</tr>
<tr>
<td></td>
<td>Phase 2 transcript 5 Joanna</td>
<td>Joanna Phase 2</td>
</tr>
<tr>
<td></td>
<td>Phase 2 transcript 6 Melody</td>
<td>Melody Phase 2</td>
</tr>
<tr>
<td>Phase 3 interview transcripts</td>
<td>Phase 3 transcript 1 Molly</td>
<td>Molly Phase 3</td>
</tr>
<tr>
<td></td>
<td>Phase 3 transcript 3 Elly</td>
<td>Elly Phase 3</td>
</tr>
<tr>
<td></td>
<td>Phase 3 transcript 4 Simon</td>
<td>Simon Phase 3</td>
</tr>
<tr>
<td></td>
<td>Phase 3 transcript 5 Joanna</td>
<td>Joanna Phase 3</td>
</tr>
<tr>
<td></td>
<td>Phase 3 transcript 6 Melody</td>
<td>Melody Phase 3</td>
</tr>
<tr>
<td>Weblog diary entries *</td>
<td>Blog Entry 1 Molly</td>
<td>Molly Blog</td>
</tr>
<tr>
<td></td>
<td>Blog Entry 3 Elly</td>
<td>Elly Blog</td>
</tr>
<tr>
<td></td>
<td>Blog Entry 6 Melody</td>
<td>Melody Blog</td>
</tr>
</tbody>
</table>

*Simon and Joanna did not participate in a weblog diary (section 3.4.2)

Table 10. Participant labels
Once the researcher collected, transcribed and became immersed in the data, *initial codes* (or nodes as they are referred to in NVivo) *were generated* across the dataset (Braun and Clarke, 2006; Clarke and Braun, 2013). These codes were generated inductively so that the findings were grounded in the data gathered from the participants (Maykut and Morehouse, 1994). The codes identified within the analysis were topics or issues discussed by participants and were identified through reading data closely.

Initially, each phase was coded discreetly. For example, the interview transcripts in Phase 1 were read slowly and carefully and coded in the first file on NVivo. This was repeated in the second and third interview phases as well (Figure 5 [1]). Once the interviews had been coded via their discrete phases, the researcher considered it necessary to review the transcripts for each individual over the first year (e.g. Molly’s Phase 1 interview, Molly’s Phase 2 interview and Molly’s Phase 3 interview). This allowed the researcher to determine whether there were developments within certain codes, or whether any other codes emerged from the data (Figure 5 [2]). This process revealed many different codes. Additionally, the weblog diaries were also read and coded on completion of the first year of HE.

After the data was initially coded and the researcher had a long list of codes across the dataset, the analysis was re-focused and *broader themes and subthemes* were identified from the coded data (Braun and Clarke, 2006). Thus, several codes were identified within an overarching theme or sub-theme. Developing these themes and subthemes was done actively and the researcher looked for patterns, similarities, differences and overlap between codes (Clarke and Braun, 2013). This required continual comparison of the codes which allowed the researcher to organise, build and refine themes and subthemes (Mertens and McLaughlin, 2004). This process of analysis emerged to be complex and creative. It reflected what Marshall and Rossman (2011: 207) observed within data analysis; that organising data was “messy, ambiguous, time-consuming, creative and fascinating”. However, using the NVivo programme allowed the codes to be reorganised with relative ease. Therefore, the researcher considered it as a useful tool when managing the vast volume of data gathered.
*Simon and Joanna did not participate in a weblog diary (section 3.4.2)

Figure 5. Order and method of analysis following transcriptions of the participants’ interviews

The researcher also reviewed the themes developed (Braun and Clarke, 2006; Clarke and Braun, 2013). This was not only to ensure the theme/subtheme corroborated with the data it was attached to, but helped ensure meaningful themes were developed, relevant and suitably organised. The writing-up phase also helped with the organisation of the themes and subthemes. Thus, it was an ongoing process. Finally, the researcher defined and named the themes to ensure the essence of these were identified (Braun and Clarke, 2006), again this also continued within the writing-up phase. Subsequently, a detailed analysis of each theme was then written up and this can be seen throughout Chapters 4 and 5.
Throughout the process of coding, memos were attached to codes where necessary. It allowed the researcher to question data, keep reflective thoughts and indicate where there may be links between codes (Punch, 1998). These memos allowed the researcher to explore similarities and differences between the DS’ thoughts and experiences and allowed the researcher to note any significant changes of a particular code during HE. Furthermore, the memos explored the relationships between codes and allowed these links to be considered and reflected upon. Thus, they were a crucial part of the analysis process. Further insight into the analysis process is outlined at the start of Chapter 4.

3.8. Trustworthiness

The quality of the data produced is important in research. Often research has referred to the validity and reliability of research (Silverman, 2001). However, while both these terms have been used frequently in quantitative research (Punch, 1998) there have been debates as to whether they are suitable within qualitative research. This is because there is not one single ‘real’ world (Lincoln and Guba, 1985; Newby, 2010; Shenton, 2004). Therefore, in order to assess the quality of research qualitative researchers often refer to the ‘trustworthiness’ of data (Lincoln and Guba, 1985), or have created checklists to determine the quality of data in research (Kitzingera and Willmott, 2002, cited in, Braun and Clarke, 2013; Spencer et al., 2003). Generally, the trustworthiness of data includes criteria related to credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985). The quality of this research has been assessed using these criteria.

i) Credibility

This refers to the ‘truth value’ in qualitative research (Lincoln and Guba, 1985) and indicates the confidence the researcher has in the truth of their research (Ary et al., 2009). The researcher in this study was confident of the credibility of the findings because the themes/subthemes and codes were grounded in the data from the participants. The researcher frequently reviewed the findings and checked the data associated with each code/theme was appropriate. Thus, the research was not based on a single overview of the data gathered (Gray, 2009). Regular meetings with supervisors also ensured the interpretations and analysis made did not reach beyond the scope of what was evident within the data and this further enhanced the credibility of the findings (Ary et al., 2009; Shenton, 2004).

To aid the credibility of research, member checks of the transcripts and/or analysis can be beneficial (Lincoln and Guba, 1985; Marshall and Rossman (2011). However, several drawbacks of member checks have been noted within literature (see Appendix 19). Thus, they were not deemed appropriate to take place within the current study. However, the
researcher did frequently check and clarify aspects within the various interview phases, thereby ensuring the participants in the current study were able to revisit, review, clarify and expand on statements, experiences and perceptions from previous interviews (Sandelowski, 1993) and on their weblog diaries throughout the year. Additionally, as the research was voluntary, the participants were not coerced into participation and they were also not forced to answer certain questions if they did not wish to. Thus, it seemed that what they depicted to the researcher was honest and sincere. This enhanced the credibility of findings within the current research.

Triangulation was also used to enhance the credibility of the findings. The use of two different data collection methods ensured that the research gathered different insights into the DS’ personal journeys during the first year of HE and provided valuable evidence that may have been missed by only using one method (Casey and Murphy, 2009; Richards, 2005). Thus, as well as aiding the accuracy of data, using two different methods of data collection also provided a more complete picture and in-depth evaluation of the DS’ experiences (Marshall and Rossman, 2011), providing different perspectives into the topic under exploration (Ary et al., 2009). Furthermore, triangulation ensured that the data gathered could be cross-checked (Lincoln and Guba, 1985; Marshall and Rossman, 2011). While the research could have triangulated by using different groups of participants to enhance the research (Shenton, 2004), this was not done to ensure the DS’ voices were depicted as they experienced their personal journeys during the first year of HE.

ii) Transferability

By definition transferability refers to whether “the findings hold in some other context at some other time” (Lincoln and Guba, 1985: 316). Thus, the application or generalisation of the research is important to consider. However, qualitative research tends to be concerned with the depth of the research, rather than generalisation of the findings (Bryman, 2012a). Nonetheless, it is necessary to indicate that the findings can be applied to other situations (Shenton, 2004). Therefore, an important aspect that determines the quality of qualitative research is the “rich” descriptions that accompany the research (Lincoln and Guba, 1985). Thus, the depth in which the research is explained is significant in determining the trustworthiness of this study. The researcher provided rich descriptions of the participants, their background and their perceptions of disability. This helped to ensure that readers are able to determine whether there is any transferability between these findings and other contexts.

iii) Dependability

The dependability of qualitative research referred to whether the research is able to be replicated (Lincoln and Guba, 1985). However, the nature of qualitative research heightens
the difficulty in doing this because the social world is a changing world where phenomena can change across time (Marshall and Rossman, 2011). Nonetheless, in order to aid the dependability of the current research, the researcher explained the processes used and the decisions made within the research study in-depth (throughout Chapter 3). Shenton (2004) described how this is useful in qualitative research as it helps to enable the replication of the research, rather than the results produced. Furthermore, the use of semi-structured interviews was beneficial in enabling dependability within the current research as it ensured the interview questions were clearly formed to aid replication.

iv) Confirmability

Finally, to ensure quality and trustworthiness in the research, the researcher was (as far as possible) neutral and objective. This has been discussed throughout the methodology chapter but is reiterated here to indicate that steps were taken “to help ensure as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (Shenton, 2004: 72). The researcher acknowledged their position from the outset and has attempted to bracket their perspectives throughout the stages of the research. Furthermore, the findings of the research and the consistent reviews of the data demonstrated that aspects have not been overtly swayed by the researcher’s personal or theoretical dispositions. Rather, they have been based on what has been depicted by the participants. In addition, the researcher avoided using leading questions and refrained from offering their opinions or reactions to specific situations discussed by students in the interviews.

3.9. Summary

This chapter has outlined the research design and key principles that shaped the research. It also identified the data collection methods used to complete the research, with clear justification as to why each method was used. Additionally, this chapter outlined the sample, provided detailed profiles of the participants and the ethical considerations that were undertaken throughout the research process, outlining the various complexities associated with these. The next two chapters will discuss the findings of the research.
The students’ journeys demonstrated that there were a number of factors that influenced their experiences and perceptions prior to their entry into HE. Some of these were common to the general student population but some were more specific to DS (i.e. there were additional and unique reasons that influenced the DS’ decisions/experiences, or they experienced greater difficulties with similar decisions/experiences to that of the general student population because of aspects associated with disability). This chapter will compare “new data to existing data and/or models” (Holmes et al., 2015: 1199) to provide a critical discussion, leading to the identification of the unique findings of the current study. The findings are organised into themes, grounded in the data that influenced the DS’ entry into HE. These include:

- Factors affecting their decision to enter HE;
- Rationales for choosing specific HEIs;
- Their trajectory into HE;
- The disclosure of disability on the application forms.

Each theme will end with a critical summary, although it is acknowledged there is “little agreement on either terminology or approaches to defining and operationalizing the underlying construct [criticality] in research” (Bruce, 2014: 86). To help adopt a critical approach each summary will identify what is important and new within the current research to answer the ‘so what?’ question (Laws et al., 2013; Riva et al., 2012). In addition, it will focus on questions outlined by Braun and Clarke (2006: 94) which encourage a move beyond the surface level of thematic analysis. More specifically, this will include:

- “What does this theme mean?”
- “What are the implications of this theme?”

In Chapter 6, their final question “what is the overall story the different themes reveal about the topic?” will be addressed. The overall story will result in the development of a
diagrammatic, and original, representation of DS’ personal journeys during the first year of HE.

4.1. Factors influencing students’ decisions to enter HE

4.1.1. Increased employment opportunities

The most commonly cited reason for entering HE was associated with the perceived increased employment opportunities once students had graduated. All six students perceived the degree as a passport to enhance and improve their career prospects (particularly teaching) following graduation. Their reasons are exemplified below,

“Because of the job opportunities at the end of it... I aim to get a financially better job at the end of university” (Luke, Phase 1).

“I think because maybe to further my career... I’d quite like to become a teacher or something like that ... you know a bit more money” (Joanna, Phase 1).

Their reasons mirrored factors common to the general student population (Hoskins and Newstead, 2009; Marandet and Wainright, 2010; Purcell et al., 2008; Whitehead et al., 2006) and those which have briefly explored DS with hidden disabilities reasons for entering HE (e.g. Elliot and Wilson, 2008), confirming Burchardt’s (2004) observation that DS held similar aspirations to non-DS. However, the findings here allowed the DS’ reasons to be explored in further depth and used their narratives to depict this. Additionally, five students had specific career destinations in mind (four were related to teaching) and obtaining a degree was essential to work towards these. Consequently, the students’ pre-determined career trajectories influenced the courses they had chosen to study on entry to HE and for the majority of these students it ensured they would have adequate qualifications to pursue this role on graduation.

Furthermore, four students (Molly, Luke, Simon, Joanna) also commented on the financial benefits after graduating from HE. Therefore, the increased financial opportunities also acted as an extrinsic motivational factor for these four students in their decision to attend HE, as others exploring the general student population have indicated (Hoskins and Newstead, 2009; Purcell et al., 2008). Thus, the perception of financial benefits also emerged to be important for the majority of DS in this research when deciding whether to enter HE.

4.1.2. The right time for HE: a next step on the journey for ‘mature’ students

It was particularly noticeable that three students, who were mature (Molly, Joanna), or perceived themselves to be a mature student (Melody), noted the need to undertake HE at
this point in their lives. They had all experienced gaps in their education for various reasons (section 4.3.1) and appeared aware of the passage of time, but for different reasons. They said,

“I think because I had messed up last time I knew that this was kind of, this was it. I wasn’t going to get another chance to do a degree and I had already run up God knows how much debt so I needed to make it worthwhile” (Molly, Phase 1).

“I would have regretted it if I hadn’t done it. I want to do it now before I have kids, because it sounds really hard doing it when you have kids” (Joanna, Phase 1).

“I’m really late leaving home. Like one of my best friends has been out of home for three years and I just feel like I’m stuck... but I felt like it was time [to attend HE]” (Melody, Phase 1).

Whilst the timing of mature students (re)entry to HE has traditionally been determined by a plethora of interrelated factors such as family, childcare, employment and financial circumstances (Foster, 2009), in the current study the students’ motivations to attend HE at this point in their life reflected more individual reasons as they did not have children or mortgages to consider. Thus, these reasons were important to reflect within the students’ journeys and helped to provide a more in-depth understanding of their experiences during the transition into HE.

4.1.3. The impact of disability on pragmatic future job choice

HE qualifications are seen to aid the employment prospects of DS (DIUS, 2009; Riddell et al., 2010) and all six students reflected job-related motivations to enter HE that were common to the general student population (section 4.1.1). However, three students with self-identified physical and medical disabilities (Simon, Luke, Melody) described how their impairment had influenced their decision to attend HE. They stated,

“From a wheelchair, you can’t really get standard jobs” (Luke, Phase 1).

“It [diabetes] does stop me doing a lot of things. I mean there’s a lot of jobs you can’t do like you can’t be a pilot or a bus driver things like that. You can’t drive any vehicles within public, like a taxi you can’t drive a taxi... When I finished my apprenticeship, I decided that it wasn’t really for me, working on the site because I wouldn’t be able to check my blood sugar, so if you’re working all day and not being able to eat properly and with all sharp tools and machinery so it’s a prob. you know? So, I decided to do civil engineering instead” (Simon, Phase 1).

“Well I wanted to do a different degree before the crash... And then after the crash realised that I was disabled and I needed a qualification that would mean I could actually get a job with” (Melody, Phase 1).

These three students perceived that their impairments would exclude them from certain jobs. Thus, their decision to enter HE was pragmatic and prompted them to consider their
employment prospects more carefully. In doing so, their reflections predominantly demonstrated medical model conceptions of disability. Although they acknowledged barriers in various job roles, which could be a societal barrier (Oliver, 1990), their voices reflected the functional limitations they each associated with impairment (Crow, 1996). This emphasised their perceived need to be flexible and/or adaptable in their career choice in order to gain employment within society (Brett, 2002), while still aspiring to obtain better employment prospects (as reflected in 4.1.1).

This was particularly the case for Melody who felt that obtaining a degree would minimise the perceived limitation of her recently acquired disability. Initially, as a non-disabled student from a self-declared affluent background, she felt a degree would be a backup, rather than a necessity to improve her career prospects. Her thought process had transformed following the accident and as a disabled student she indicated that her choice of degree was more pragmatic to ensure that she would “actually” be able to get a job. Thus, the achievement of a degree, although pragmatic, followed a deficit approach and was seen as compensation for being physically and medically disabled. Thus, for those with physical and medical impairments, there were indeed additional factors that influenced their considerations before entering HE. These concerns were not reflected by the other students who did not have physical/medical disabilities.

4.1.4. Critical Summary
The findings in this section were important to the study because they reflected the DS’ individual reasons and decisions to enter HE. While this has been done to some extent elsewhere (e.g. Burchardt, 2004; Elliot and Wilson; 2009), the current study reflected upon the DS’ decisions in further depth to provide a more complete picture regarding the various reasons that influenced their choices to enter HE. Therefore, importantly, it enabled the empowerment of the DS as the various choices and decisions were able to be reflected upon in detail. The findings were also important because they helped contextualise the participants’ experiences during the first year of HE. This was significant as early decisions and experiences during the transition into HE influenced how the students interpreted and experienced situations later during the first year.

This theme means that DS’ decisions to enter HE were predominantly the same as any potential student (i.e. career aspirations and the perception of increased employment and financial opportunities). However, there were also additional and individual factors that influenced the majority of DS’ decisions as well. These were varied and dependent on aspects such as age and nature of impairment. The latter, reflected medical model conceptions of disability which underpinned certain DS’ decisions. Namely, their perceived
functional limitations within society which they felt excluded them from various job roles. The theme also emphasised how DS’ decisions to enter HE were influenced by past experiences (e.g. delayed entry) as well as future aspirations (e.g. career and financial gains). Thus, time was an important aspect underlying the DS’ decisions to enter HE.

A key implication of this theme identified that students’ early experiences, decisions and aspirations influenced the trajectory of the first year of HE. Thus, HEIs should further consider why DS want to enter HE in order to support their learning and development during HE itself. A further implication extends to previous education settings, where exploring the intended educational and career trajectories of DS as well as the reasons underlying their decisions may aid the progression of DS into HE. Thus, further research about the reasons why certain groups of DS choose to enter HE is necessary.

4.2. Factors affecting the choice of HEI

4.2.1. Location

Deciding where to study is considered to be one of the most important choices that both DS and non-DS make when entering HE and it is influenced by a number of factors, as outlined by previous studies exploring both DS and the general student population (e.g. Beauchamp-Pryor, 2007; Elliot and Wilson, 2008; Foster, 2009; Hoskins and Newstead, 2009; Jacklin et al., 2007; Purcell et al., 2008; Whitehead et al., 2006). In this study, the geographical location emerged to be the most significant factor influencing the students’ choice of HEI. All six students referred to the importance of this when deciding which HEI to attend. The students discussed the close geographical location of the HEI in relation to their home town and family, as other studies have observed (e.g. Beauchamp-Pryor, 2007; Elliot and Wilson, 2008; Foster, 2009; Purcell et al., 2008), rather than the convenience of the location in relation to a city centre and other amenities.

In the current study, five students (Molly, Luke, Elly, Simon, Melody) chose HEIs within a close radius to their home city and indicated that their commute to HE took no longer than thirty/forty minutes. Joanna was the only student who had moved further away from her home city on entry to HE. However, she continually placed emphasis on the importance of being able to travel home with ease. Thus, the geographic location of the HEI in relation to her home town was also significant.
i) Being close to established support systems: common to the general student population

All students indicated that the importance of location in relation to their homes was predominately because they wanted consistency and continuity in support systems whilst in HE. By being close to their home they were able to continue social experiences, maintain familial support networks and their relationships with partners whilst attending HE. The latter was particularly important for two of the mature students (Molly, Joanna) who entered HE and had partners to consider when deciding which HEI to attend. The students’ decisions to remain close to support systems are exemplified below,

“Obviously, my friends being around here [City A] and obviously, Sarah had moved to City A, my partner, so to uproot everything wasn’t something I would, like, consider” (Molly, Phase 1).

“It wasn’t too far from home and I could travel back when I wanted to see friends and family at home ... well I guess my boyfriend did [influence my decisions] a bit because he’s moved up here with me ... but other than that it was kind of location - central to getting home and everything” (Joanna, Phase 1).

Their preferences mirrored factors common to other studies as both DS and students in the general student population often choose HEIs close to their family and friends (e.g. Beauchamp-Pryor, 2007; Brooks, 2002; Elliot and Wilson, 2008; Foster 2009; Purcell et al., 2008). However, the current study allowed further exploration into the DS’ decisions regarding location to provide further depth and context to their narratives. Their stories emphasised the requirement for interpersonal support from outside of the university from their family and friends whilst they were deciding which HEI to attend. This extends and builds upon literature regarding the importance of interpersonal support during HE (e.g. Douglas et al., 2014; Harvey et al., 2006; Jacklin et al., 2007), indicating it was an important consideration prior to entry as well.

ii) Being close to established external (medical/emotional) support systems: unique to disabled students

Additionally, two students (Molly, Melody) also indicated that their impairment and the support they received for this outside the HEI dictated the location of their HEI. The students described the instrumental role external support had in their decisions regarding specific HEIs:

“I was already in mental health services in [City A], to transfer somewhere else would have been an absolute nightmare, because I would have to be re-assessed, would have to wait for all my notes to be transferred and obviously when I had gone to uni. I had just met my current CPN [Community Psychiatric Nurse] and I got on with her ... One of the hardest things to do is to find somebody who you can trust, so that was another reason I didn’t want
Both students needed to remain close to their already established support networks because of the difficulties setting up efficient disability support elsewhere. Thus, it was perceived that moving would have a negative impact on HE. The narratives reflected that the challenge of moving away from home when entering HE would have been considerably more complex for both these students if they had moved to a different area and this influenced their decision of which HEI to attend. Other studies have also briefly reflected such findings (e.g. Grewal et al., 2002; Foster, 2009; Fuller, Healey et al. 2004); nonetheless the current study built upon and explored this in further detail. Additionally, Melody also reinforced the importance of being near family and friends because of the emotional implications associated with impairment.

The DS’ perceptions of HEI choice in the current study reflected a negotiation between two theoretical viewpoints. They reflected medical model conceptions of disability by demonstrating their reliance on their medical/emotional support prior to entering HE. They envisioned without it they would have difficulties carrying out their daily lives and identified that help from medical professionals was invaluable (e.g. Danforth, 2001; Goodley, 2011). Thus, in reality, their impairment did impact their choice of HE location (Low, 1996). However, the narratives also reflected the social model of disability. The students did not ignore their impairment and its impact upon their experiences (Oliver, 2004), but reflected how the structure of the support systems in society did indeed limit where DS could attend HE. Thus, there were also barriers which reflected social model conceptions of disability (Oliver, 1996a). Furthermore, the students’ choices and consequently their empowerment were reduced (Oliver and Barnes, 2009).

4.2.2. Critical Summary

The findings in this theme were important to the current study because they reflected upon the DS’ individual considerations of where to study in further depth. Although some studies have explored this more generally (e.g. Brooks, 2002; Foster 2009; Purcell et al., 2008) or briefly explored this in relation to disability (e.g. Beauchamp-Pryor, 2007; Elliot and Wilson, 2008; Foster, 2009; Grewal et al., 2002), the current study explored the DS’ decisions in further detail. Therefore, it not only provided a more complete picture regarding the various reasons that determined their choices of HEI, but also empowered the DS and
provided a space for their voices about the location of their HEI to be heard. Additionally, this theme was important as it provided important background information to contextualise the students’ experiences during their first year of HE. Thus, it helped provide a more in-depth story of their journey.

The meaning of this theme identified the importance of place within the DS’ narratives and emphasised that the location of the HEI was indeed a priority for DS when they were deciding upon which HE to attend. Significantly, support (both formal and informal) was an underlying factor that influenced the location of a HEI. The reason for this was predominantly the same as any potential student (i.e. the importance of being close to family and friends). However, the narratives also reflected how the importance of location was exacerbated for certain DS who felt that that their choice of HEI was also determined by their disability and the importance of medical and emotional support (not just the support of family and friends). While the DS reflected upon the requirement of the medical and emotional support which they felt would aid aspects of impairment in HE (i.e. medical model of disability), they also reflected on organisational barriers in rearranging this provision as well (i.e. social model). Thus, their decisions were complex and influenced by several aspects.

A key implication of this theme is that HEIs should further consider ways in which they can better support DS prior to their entry into HE. The DS’ desire to maintain (and reluctance to disturb) the support networks already set up (both formal and informal) prior to their entry in HE means that HEIs should consider the ways in which they can better promote and help DS access information about provision. This includes information about support within the HEI itself and information on how to set up or transfer any external support that may be required.

4.3. The route into HE for first year disabled students

4.3.1. Delayed entry into HE

The DS’ journeys explored their educational trajectories and previous educational experiences. It was observed that only one student had entered HE immediately after completing A-levels (Luke), following a ‘traditional’ route into HE (Foster, 2009). In contrast, five students had experienced a delayed entry into HE. That is, they either took longer to complete their FE qualifications or had taken time out before attending HE. The students’ delayed entry into HE in this study supported other literature which reflected that DS are more likely to experience a slower progression through their educational journey and
a more complex route into HE (Adams and Holland, 2006; Burchardt, 2004; Shah, 2005; Weedon and Riddell, 2009; Wray, 2013). Consequently, it is unsurprising that DS tended to be older than non-DS on entry to HE (Rickinson, 2010) and are more likely to enter via non-traditional routes (Foster, 2009). However, the current study explored their trajectory into HE in more detail and the DS’ narratives explored the impact of their previous experiences on their entry. Five students (Molly, Elly, Simon, Joanna, Melody) discussed how and why they were delayed when entering HE and in doing so demonstrated their individual perceptions of this delay.

Joanna deferred her entry into HE by choice. She explained that after she had completed her vocational FE course, she had chosen to travel before deciding “to come home for university” (Phase 1). In contrast, the other four students (Molly, Elly, Simon, Melody) considered this delay to be out of their control. They perceived disability to be a factor that contributed to their delayed educational trajectory between their previous education and HE experiences. Specifically, three students (Molly, Elly, Simon) indicated that their delayed entry into HE was because they had failed previous courses, often because of gaps in their support. This included failing A-levels, other vocational courses, or HE itself. The students explained that,

“I felt really isolated in sport; there was no one else just me. I wasn’t on a university sport team so I didn’t fit into any of the clicks in sport, so I didn’t really know anybody and then when we did lectures there was 200 of us and I had nobody that I could sit with or do group work with” (Molly, Phase 1).

“I mean in health and social we had some problems with our teacher. She was off quite a bit because she had an accident … so she was off for quite some time. To be honest everybody suffered from the assignments from then, but for me, at the time the social services were getting involved they were trying to throw my brother and sister out of the placement they were in, so it just kind of made everything a bit harder and I wasn’t concentrating on my work at all and I ended up failing” (Elly, Phase 1).

“I was basically just kicked off the course by the Business Studies course tutor. He wasn’t very, like, accommodating or helpful and at College A. You had to be doing a minimum of three course and because I got kicked off the Business Studies, because of my attendance, I couldn’t carry on” (Simon, Phase 1).

Although Molly generally reflected positively on the academic support she received in HE the isolation she experienced on her previous HE course which was associated with her mental health difficulties and the difficulties interacting with others (Table 9/Appendix 18), made her reluctant to engage with her previous degree fully. She felt that this exclusion contributed to the failure of this attempt at HE and she subsequently took time out of education following this failure. Additionally, Elly indicated that her difficulties in FE had been exacerbated because of aspects associated with her anxiety and depression. She did
not receive support at this difficult time which affected her ability to concentrate on academic work and contributed to the failure of her A-levels. Finally, Simon was excluded from college after several subject changes because of poor attendance and restrictions to the FEI’s policies. Significantly, poor attendance was an aspect that he associated with his diabetes (Appendix 18) and Simon perceived his college to be unaccommodating and inflexible to his needs. Thus, the lack of awareness from HEIs about the difficulties DS may face and the subsequent absence of certain elements of support within the DS’ previous educational experiences heightened difficulties associated with their impairments. Essentially, it failed to ensure their needs were fully met (Oliver, 1996a). Thus, their previous experiences reflected that there were barriers within educational organisations preventing them participating fully. This consequently contributed to their failed courses and their subsequent delayed entry into HE.

Uniquely, Melody indicated that her interrupted transition was a direct result of her impairment, reflecting medical model conceptions of disability (Fulcher, 1999; WHO, 1980). Whilst Melody described personal factors that influenced her decision to leave boarding school, the car accident from which she acquired a disability and the necessary recovery associated with this accident had caused further and more significant delays to her educational progression. Throughout her journey, Melody often reflected where “she should be” and frequently highlighted the age gap between herself and other students. Her reflection on temporal aspects and her perception of a changed trajectory into HE, as a result of the acquirement of her disability, had a negative impact upon her intended life plan.

4.3.2. Critical Summary

The findings in this section were important because they also provided individual and personal stories as to why the DS experienced a delayed entry into HE, which other literature has not explored (e.g. Burchardt, 2004; Shah, 2005; Weedon and Riddell, 2009). Thus, again, the varied experiences reflected within the narratives in the current study demonstrated the empowerment, choice and control the DS had to reflect on the aspects and experiences that mattered to them during their journeys into the first year of HE. The findings were also important because it helped contextualise the participants’ experiences during the first year of HE. This was significant as prior educational experiences influenced the DS’ experiences during the first year of HE. For example, failure of previous education courses impacted upon the confidence in which certain students engaged in academic work during HE (section 5.3.1 and 5.3.3).

This theme means that the majority of DS in the current study had experienced a delayed entry into HE. While the experiences were varied, for many the delayed entry was
influenced by disability (to some extent). These findings reflected the additional barriers DS had to contend with in order to enter HE. For half the students, the delayed entry was a consequence of failing certain years in previous education, which they associated with gaps in the provision they received. Thus, the predominant reason for the delayed entry was associated with the social model of disability and societal barriers. However, the varied experiences within the narratives reflected that not one model of disability could reflect the DS’ experiences. For example, one student also reflected how her impairment directly impacted the delayed entry to HE (i.e. medical model). Furthermore, the temporal aspects were evident as past experiences had influenced their future trajectory.

The **implication** of this theme is that HEIs should become better aware of the ways in which DS may enter HE and of the barriers they may have experienced in their previous education to ensure they can be appropriately supported during the first year of HE. This is particularly important as previous educational experiences can influence DS’ confidence, aspirations and success upon their entry into HE (e.g. Beauchamp- Pryor, 2007; Burchardt, 2004; Burchardt, 2005; Smith, 2012; Wilson, 2004). Additionally, a further **implication** recognised that further research regarding DS’ entry into HE and their perception of this entry is necessary.

### 4.4. The application process: disclosure of disability

#### 4.4.1. Disclosure of disability (to disclose or not?)

The admissions process is often the students’ first experience of HE, however, there are sections on the application form that are unique to DS, specifically the disclosure of disability. Therefore, DS have additional aspects to consider in comparison to non-DS during the application process. All students self-identified themselves as disabled to participate in the research, but only five out of six students (Molly, Luke, Simon, Joanna, Melody) disclosed a disability on entry to HE. Elly indicated that the non-disclosure of disability during the application process was because,

> “Well I didn’t put either of them on there, because I didn’t actually see where it stated dyslexia. It’s probably me not reading it properly and at the time of the application I didn’t hear anything back from the psychiatric ward so I didn’t have time to put that on there, but with the dyslexia as well because it wasn’t confirmed that I had it I thought I’m not going to put it down just in case” (Phase 1).

Her difficulties reading the form (which was an aspect she associated with impairment - Appendix 18) and identifying where the disability support section was, as well as a lack of medical diagnosis influenced her non-disclosure on the application form. Her narrative of
non-disclosure reflected the medical focus of the application, as recognised by other researchers (e.g. Madriaga, 2007; Riddell and Weedon, 2014; Roberts et al., 2009; Tozer, 2006), but from a student perspective. Her perceptions therefore reinforced the biological origins of disability and the importance of medical professionals in confirming disability, as reflected in the medical model of disability (Fulcher, 1999). Elly made contact with the disability support team to disclose disability “just before the Fresher’s fayre”.

Five students disclosed a disability on the application form and the current study identified that there were varying levels of confidence amongst the students during this process. This is also supported by literature which reflected there were varied perceptions and ‘dilemmas’ regarding the disclosure of disability in HE (Elliot and Wilson, 2008; Goode, 2007; Jacklin et al., 2007; Roberts et al., 2009; Weedon et al., 2008). However, the current research determined the level of confidence when disclosing disability during the application process specifically, rather than more generally within HE.

Three (out of five) students (Luke, Simon, Joanna) who disclosed a disability on entry into HE indicated that they did not have any concerns about the disclosure of disability on the application form. They stated that,

```
“My disability is visual so I am totally fine with that [disclosing it]” (Luke, Phase 1).

“Just [disclosed it] when I filled out the enrolment form ... [it included] the usual things, do you have any disabilities and illnesses and I wrote it down” (Simon, Phase 1).

“Well dyslexia is quite common now and I don’t, well I feel that by putting it there [application form] I am more likely to get the help I need” (Joanna, Phase 1).
```

There were several factors that influenced the lack of concern they had regarding their disclosure on the application form. Firstly, Luke indicated he was not particularly concerned about the disclosure of his physical disability as it was visible. Therefore, people could see his impairment which meant he did not have to evaluate whether to disclose it or not. Secondly, Joanna’s disclosure of dyslexia was pragmatic to ensure she received support on entry into HE - mirroring other research which indicated that students often disclosed disability as a means to access the support they required in HE (Elliot and Wilson, 2008; Richardson and Wydell, 2003; Riddell et al., 2005; Roberts et al., 2009; Taylor, 2004; Weedon et al., 2008). Thirdly, the lack of concern regarding disclosure was associated with the severity of the disability and society’s subsequent perception of disability. For example, Joanna explained that the confidence in her disclosure was eased as she felt that dyslexia was now more prevalent and attitudes towards it had become more positive. Similarly, Simon's attitude regarding disclosure demonstrated the lack of concern associated with the
disclosure of diabetes. It indicated that the decision was not particularly difficult, rather a straightforward and uncomplicated transfer of information.

In line with literature, this current study demonstrated that the disclosure of disability at this point in HE was determined by a ‘hierarchy of disability’ (Deal, 2003; Olney and Brockleman, 2003). That is, the students recognised that certain impairments were associated with more stigma in society than others and this influenced whether they disclosed a disability or not. For example, common hidden impairments such as dyslexia (Elliot and Wilson, 2008; Riddell 1998), medical difficulties (Deal 2003) and visible physical disabilities (Olney and Brockleman, 2003; Roberts et al., 2009) were often reflected on with less concern than other impairments and this meant there was less worry about disclosing these, as reflected by the students in the current study.

Their narratives reflecting on the application process reflected both the social and medical models of disability. The decision to disclose was based on society’s perception of their particular disability and whether it was more accepted, reflecting social model aspects regarding the attitudinal barriers within society (e.g. Aiden and McCarthy, 2014; Davies, 2006; Oliver, 1996a; Staniland, 2010). However, by disclosing their disability on the application form the students conformed to specific categories of disability. These categories have roots within the medical model and focus on an individual’s limitations (Madriaga, 2007; Tozer, 2006) and labelling (Johnstone, 2001). Thus, the students’ disclosure of disability at this point in the transition into HE was influenced by both social and medical aspects of disability. Although the latter reflects the medical focus of the disclosure process in HEIs (further discussed in section 5.2.1)

Interestingly, Luke did not discuss the disclosure of dyslexia on his application form, choosing only to mention his physical impairments. Whilst this could have reflected his lack of concern regarding the disclosure of dyslexia in HE, his experiences also reflected the restrictions on the application form itself. He stated that,

“From the disability point of view [on the application form] you only have so many characters to describe your disability. So I didn’t really get a chance to explain all my disabilities, or even the names of them, just ended up having to write my main ones down, which is obviously limiting” (Phase 1).

The referral to his “main disabilities” indicated that his physical impairments were more significant to disclose on his application form, perhaps because of the disabling physical barriers he felt he would face within the HE environment. However, Luke also perceived that the restrictions on the application form would disadvantage him on entry to HE. The
structure of the form and the HE application process failed to empower Luke as he was limited to indicating certain pre-defined categories of disabilities. He felt these categories did not reflect his experiences of disability sufficiently and required further explanation to describe in more detail the complexities of his impairment. This reinforced why the participant profiles (Appendix 18) were vital to the current research. His experience reflected the limitations of application forms, which assumes potential DS will fit into pre-defined categories of disability, as determined by society (Madriaga, 2007). While his narratives confirm the medical nature of disclosure on the application form, his experiences appeared to reflect more social model conceptions of disability; he did not ignore his impairment (Oliver, 2004) but was unable to describe his needs fully, observing barriers in the processes during entry to HE (Oliver, 1996a; Olkin, 2009).

In comparison, two of the students (Molly, Melody) who disclosed a disability on their application forms, demonstrated that their decision to disclose was more complex. They had engaged in a process of evaluation, where they had to gauge how much information to reveal during the initial transition into HE. Molly indicated concern that disclosing disability on her application form would put her at a disadvantage in the future. Specifically, she was concerned that mental health difficulties would be consistently used “against” her:

“What I found hard [about the application process] is how open to be about things when they were asking questions about, because I am quite open about my mental health, but then I am aware if I documented it, it might go on a permanent file against me or that if I didn’t tell them, or if I wasn’t honest enough and turned up at uni. and said all this stuff they would be like well why wasn’t this declared. So, you know my UCAS form was fine it was just gauging how much to put on it” (Phase 1).

This was also reflected in later interviews. Molly revealed that she was unsure whether she would disclose her mental health difficulties on an application form for a PGCE (in the future). She indicated that she would probably disclose after completing the application form for fear of being “tarred” during the application process. Additionally, Melody was also concerned that disclosing disability during the application process would disadvantage her on entry to HE. Melody explained that,

“M: I was scared [to disclose] I didn’t want them to reject me because I’m disabled. And I think that’s why the other uni. rejected me.

I: Did they give you that as a reason then?

M: No, and that’s me doing music technology, you only need to have one hand to do the computer work but they figured out that I couldn’t play my musical instruments anymore, and I think that’s definitely the reason. But I had to tell them” (Phase 1).
She perceived that disability had affected her initial application and in effect this changed the trajectory of her education experience, which resulted in her applying through clearing. Whilst disability was unlikely to be the sole reason for her previous application not being accepted, her interpretation of this experience is of rejection and exclusion because of others attitudes towards her impairment. This influenced her subsequent considerations and concerns regarding the disclosure of disability in HE.

Both Molly and Melody were concerned about disclosing a disability on the application form because of the social stigma attached to disability and how they felt this could be perceived by others in authority (e.g. in HEIs or future employment). Thus, their narratives predominantly reflected the social, attitudinal barriers that influenced their apprehension of disclosure, reflecting the social model of disability (Olkin, 2009; Oliver, 1990). However, to some extent, their narratives also demonstrated the medical model as it was actually their own perception that society stigmatised and viewed disability negatively. Thus, they demonstrated an implicit acceptance of the negative labels associated with disability within society. For example, Molly’s language reflected that even though she felt comfortable discussing her mental health generally, she was still concerned about the negative label associated with this and the stereotypes of those who appeared outside of the ‘norm’ (Johnstone, 2001; Murphy et al., 2009; Terzi, 2005). For example, she discussed being “tarred” and the information about her mental health being used “against her”.

While both these students had experienced mental health difficulties and/or anxieties, only Molly’s dilemma of disclosure on the application related to mental health difficulties specifically. Her perception reflected literature which acknowledged the increased negative stigma associated with mental health difficulties (Deal, 2003; Tinklin et al., 2005). In comparison, Melody’s was a more general discussion where concerns of others’ perceptions towards mental health were not directly noted. However, as both students had mental health difficulties and demonstrated increased concern about the disclosure of disability during the application process, particularly in comparison to the other DS above, this may have enhanced their difficulties, concerns and anxieties during this process. Furthermore, Melody’s perception of being rejected during the application process, by revealing her disabilities, may also have been exacerbated by being “newly disabled” and her previous identity as a non-disabled student (Deal, 2007).

Furthermore, both Molly’s and Melody’s perceptions regarding disclosure, supported findings in other studies which identified that students were anxious and uninformed about what HEIs did with their information (Beauchamp-Pryor, 2013; Elliot and Wilson, 2008; Matthews, 2009; Olney, and Brockleman, 2003; Roberts et al., 2009) and this led to a lack
of empowerment and control for the students within the application process. Thus, as Sanderson (2001) suggested, over a decade ago, information still needs to be available to students to identify how universities will use such information. This will ensure DS have further choice and control within experiences both prior to and during HE. Despite their concerns, the students’ decisions to disclose disability/disabilities on the initial application form indicated that their perceived need to disclose a disability outweighed their apprehension to disclose during the application stage of HE, again demonstrating an alignment to the medical model and pre-defined medical categories, as discussed above.

Significantly, considerations regarding disclosure did not cease after completion of the application form. All students discussed disclosure of disability to peers (section 5.1.6) and half the students discussed disclosure to tutors within HE and the factors that influenced this (section 5.2.4). Therefore, disclosure was an on-going aspect during the first year of HE. While the majority held similar perceptions regarding disclosure and the confidence of disclosure, certain students’ decisions regarding disclosure differed, particularly when disclosing to their peers.

4.4.2 Critical Summary

The findings were important to the study because they provided individual and personal stories regarding the application process prior to entering HE (rather than commenting on the application process more generally within studies e.g. Madriaga, 2007) and more specifically the disclosure of disability within this process (rather than exploring disclosure more generally in HE as others studies have tended to e.g. Roberts et al., 2009). This was particularly important as disclosure of disability was not something that ceased after entry to HE. This study provided insight into whether there were changes in the students’ perceptions regarding disclosure between completion of the application form and when disclosing to others in HE at times during the first year. Thus, these early perceptions and experiences helped to contextualise the students’ journeys. Furthermore, whether to disclose, or not, influenced the timeliness of the support they received during the first year of HE. Although existing models of disability were reflected upon within the students’ narratives of disclosure on the application form, no single model could fully encompass the DS’ experiences and reflections. Thus, reinforcing the complexity of students’ journey into the first year of HE.

This theme means that DS had additional and (for some) complex decisions to engage with during the application process in contrast to non-DS, namely disclosing disability on the application form. The narratives about the disclosure of disability on the application form were varied reflecting the individual nature of the DS’ experiences.
However, their experiences and perceptions of disclosure tended to be influenced by concerns (or not) about society’s perceptions of disability and also required students to assign themselves to a set of pre-defined categories of disability associated with medical diagnoses and terminology.

A key implication of the theme emerged from the application procedure itself as it failed to empower certain students because they were (1) unable to describe and expand upon their needs beyond a label and (2) they were unaware what the recording of disclosing their disability would mean for the future (in being accepted into HE or in future employment). Thus, HEIs need to empower DS within the application process by providing space for them to explain the impact their self-identified disability could have on their experiences of HE. Furthermore, HEIs need to encourage empowerment by clearly promoting the importance of disclosing a disability to all students prior to their entry in HE and provide an environment where students feel confident to divulge this information without fear of being stigmatised. A final implication recognised that further research regarding DS’ experiences of the application process and the disclosure of disability is necessary.

4.5. Summary

There were four overarching key themes that emerged from the DS’ narratives prior to their entry into HE. Their experiences of these were individual and complex and further reflected upon the importance of exploring the DS’ experiences and perceptions in-depth. Additionally, it provided important background and contextual information to reflect their journeys during the first year of HE in more detail. Furthermore, the themes indicated that the DS encountered experiences which were common to the general student population prior to their entry in HE (e.g. career aspirations and aspects related to time when deciding to enter HE), as well as those that were additional to DS (e.g. the location of the HEI being determined by difficulties arranging necessary support related to aspects of disability). Moreover, the students had unique aspects to consider prior to their entry into HE. Specifically, they had to decide whether or not to disclose a disability. While the majority did, the confidence in which this was done varied and reflected a ‘hierarchy of disability’.

Although the DS did not make direct reference to the medical and social models of disability when discussing their decisions and experiences prior to entering HE, both models emerged from within the students’ narratives. However, it was evident that the DS’ experiences did not reflect upon one particular model, rather their experiences were complex and reflected that, prior to entering HE, both models had had influence upon their journeys.
Chapter 5 Analysis and discussion of disabled students and the first year HE experiences

As in Chapter 4, findings are organised into themes reflecting DS’ journeys during their first year of HE. Overall, all the students indicated that they had ultimately experienced a successful transition into HE, but their journeys depicting their experiences over the year enabled this to be explored in more depth. Mirroring Chapter 4, some of these were common to the general student population, but some experiences were more specific to DS.

This chapter analyses the key themes that emerged from the DS’ experiences and perceptions throughout the first year of HE. They include:

- The students’ experiences of friendships;
- Their experiences and perceptions of support;
- Factors that contributed to academic successes and challenges;
- The development of independence (both personal and in relation to academic study).

Again, mirroring Chapter 4, each theme will be compared to existing data and/or existing models of disability (Holmes et al., 2015) and will end with a critical summary based on specific prompts from Braun and Clarke (2006: 94). Additionally, each critical summary will also highlight why the findings are unique and important.

5.1. Friendships in HE

5.1.1. The importance of friendships

Research recognises the significance of peer relationships and peer support networks in ensuring a successful experience for all students in HE (e.g. Douglas et al., 2014; Harvey et al., 2006; Jacklin and Robinson, 2007; Whittaker, 2008; Yorke and Longden, 2007). As transition is considered a time of possible vulnerability for DS (Jacklin et al., 2007) friendships are important in this initial stage of HE. Whilst the importance of social interaction has been acknowledged when exploring the inclusion of DS in HE generally (e.g. Beauchamp-Pryor, 2013; Jacklin et al. 2007) or in relation to specific communication and interaction disabilities such as AS (e.g. Madriaga et al., 2008), the discussion of friendships
and the social experiences of DS has remained relatively limited, particularly during the initial experiences of HE.

All students in this study reinforced how important friendships were in HE and considered the development of friendships to be an essential feature of the first year. They all demonstrated an expectation of creating friendships during their early experiences of HE, by either agreeing or strongly agreeing to the Likert scale statement ‘I am looking forward to making new friends in HE’ during the Phase 1 interview process. Luke exemplified this and stated, “it’s [making friends] a big thing, particularly at the start of [HE]” (Luke, Phase 1). Despite this, however, only four (of six) students (Molly, Luke, Elly, Joanna) perceived that they had developed some form of friendships with peers at the end of the first year. Moreover, the nature and perceptions of these friendships varied, not all were satisfied with the relationships they had, or had not, developed. These aspects are discussed in sections 5.1.3 and 5.1.4.

5.1.2. Apprehension towards friendship development: initial experiences in HE

Although all students in this study were looking forward to making new friends on entry to HE, four students (Molly, Luke, Elly, Melody) were apprehensive about this on entry or during the early phases of HE. This included three of the students who had made friends during the first year (as indicated above - section 5.1.1), but also included one student who had not developed friendships in this first year (Melody). Molly, Luke, Elly and Melody questioned their ability to develop relationships with peers during these early experiences and either disagreed or were uncertain when responding to the Likert scale statement ‘making friends comes easily to me’ during Phase 1 of the interviews. In contrast, two students (Simon, Joanna) were confident or unconcerned about making friends on entry to HE and responded positively to the above statement.

Luke’s apprehension mirrored the general student population, as he felt that the development of friendships would not “come easy to anyone” because it cannot be planned, rather it is something that “just happens” (Luke, Phase 1). However, it later emerged that his initial concerns could be associated with a lack of recent experiences in developing new friends. He explained that,

“I mean from the start of year seven I went into a friendship group and until year thirteen I stayed in that friendship group, so I haven’t really had to make friends [since]” (Phase 2).

Thus, the strong friendships built within his previous education, whilst positive, caused anxiety about the unfamiliar experience of developing friendships during the early
experiences of HE. His narrative reflected temporal aspects, as past experiences influenced present ones.

In contrast, Molly, Elly and Melody indicated that their apprehension regarding the development of friendships during the initial weeks of HE had been influenced by aspects associated with disability, to some extent. Melody (who had a visible physical disability and anxiety difficulties) directly assigned her uncertainty of being able to make friends to disability and the fact that people perceived her differently since she had acquired her impairment. She explained that,

"Since my disability, it’s not as easy [to make friends], before I got my disability it was. I’m really friendly and talk a lot ... they get thrown back I’m disabled. Definitely” (Phase 1).

Whereas Molly and Elly described how their concern of meeting new people had been heightened by their anxiety. They explained that,

“I was looking forward to making new friends but obviously. I can be quite apprehensive about meeting new people ... I [especially] have a lot of issues with men [triggered by mental health difficulties] ... being quite apprehensive about them” (Molly, Phase 1).

“Well because [making friends] was one of my main worries before [attending HE] ... I worry a lot about what people think of me and I lack in self-esteem and confidence definitely. I just tend to keep myself to myself. I mean if I just saw someone from my course I wouldn’t just go up to them and start talking to them or if there was a group of people I wouldn’t just be able to go up to them and start talking to them and it takes a while for me to trust people as well” (Elly, Phase 1).

Thus, the apprehension commonly experienced by all first year students when entering HE had been exacerbated by aspects associated with impairment and this had influenced their self-esteem and consequently the way in which they interacted with peers. Although not directly associated with HE, Hirst and Baldwin (1994) also identified that young disabled people had difficulties when developing friendships with other non-disabled young people because they felt anxious when interacting with others and because of rejection because of an impairment, as reflected by the three DS above. Thus, the current study reinforced this as such difficulties still remain today and further indicated that DS experience apprehension when interacting with peers in HE as well.

The students’ narratives of apprehension towards friendship development were varied and reflected both medical and social model conceptions of disability. These were often dependent on the nature and experience of impairment. The medical conceptions emerged as DS aligned the difficulties they had developing friendships to impairment. Both Molly and Elly internalised the difficulties they had when developing friendships with others. For example, it was aspects associated with their impairment, such as their inability
to trust people fully (Elly) and increased anxiety around men (Molly), which caused their apprehension and a lack of self-esteem when making friends. By internalising such difficulties, they located the challenges developing friendships to medical and individual aspects rather than social aspects (e.g. Crow, 1996; Goss et al, 2000; Swain and French, 2004a).

Furthermore, Melody’s experiences also reflected medical conceptions of disability. However, in comparison to Molly and Elly, Melody’s physical difficulties, rather than mental health difficulties, seemed to exacerbate her feelings of anxiety when making friends. This seemed to be related to the visible nature of her impairment which made her feel different from non-DS. This difference was emphasised when she compared her current experiences developing friendships in HE to her previous experiences as a non-disabled person making friends prior to entering HE. Thus, her experiences were influenced by her previous non-disabled identity in which she described how she rarely encountered difficulties interacting with others. Consequently, her perception of difference and the difficulty experienced when ‘fitting in’ with peers since acquiring her disability reflected the medical model of disability. That is, she assigned the difficulties experienced directly to impairment and normality (Crow, 1996; Coles, 2001; Fulcher, 1999; Terzi, 2004; Terzi, 2005). In support of this, Luke also had a physical impairment, but in contrast to Melody he did not discuss apprehension in relation to impairment. The difference between their perceptions could be explained as he has always had his impairment and has always been able to develop friendships. Consequently, he demonstrated that his physical impairment did not have an influence on or act as a barrier in the development of friendships in HE, as Melody’s narrative reflected.

Additionally, although Melody demonstrated medical model aspects of her disability by comparing her differences to non-disabled people, Melody’s understanding of the apprehension experienced when developing friendships was also associated with others’ perception of her and the fact they may be put off by disability. Thus, the apprehension Melody felt was also because of the external social challenges that she felt existed when developing friendships as a disabled student (Oliver, 1996a). Her perception of this, reflected Morris’s (2001) concern that non-disabled young people hold negative attitudes towards disabled people.

Interestingly, three of the students (Molly, Luke, Elly) who demonstrated apprehension on entry into HE did not make the distinction between DS and non-DS when discussing friendships within HE. That is, the students’ concerns about making friends were not associated with their interaction with non-DS per se, but when meeting other students in
general. This further reinforced how Melody felt different to others. Thus, the varied perceptions regarding the development of friendships on entry to HE was complex, but provided important information about DS’ lived experiences of this.

5.1.3. The nature and context of friendships in HE

From the students’ narratives, it was possible to identify how the DS’ relationships developed with their peers over time (the nature of friendships) and how content the DS were with these relationships (satisfaction of friendships) - the latter is discussed in section 5.1.4. As briefly indicated in the previous sections, four students (Molly, Luke, Elly, Joanna) had developed relationships with their peers in the first year of HE. This included three of the four students who were anxious about developing friendships in HE (Molly, Luke, Elly) (5.1.2). Thus, the difficulties and concerns regarding friendships at the start of HE seemed to be alleviated for these students as the first year progressed. In contrast, two students had not developed relationships with their peers in HE. This included Melody who was uncertain about her ability for making friends on entry to HE (5.1.2), but also included Simon, who did not consider the development of friendships as a concern.

Interestingly, it was observed that for those students who had made friends in HE, the type of relationship built with their peers varied. The students’ discussions of friendships were often described within academic and social contexts. Thus, their interactions and the nature of the friendships developed were dependent on the context in which they were situated as shown in Table 11.

<table>
<thead>
<tr>
<th>Nature of friendships in HE</th>
<th>Satisfaction with friendships in HE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>Social</td>
</tr>
<tr>
<td>Molly</td>
<td></td>
</tr>
<tr>
<td>Luke</td>
<td></td>
</tr>
<tr>
<td>Elly</td>
<td></td>
</tr>
<tr>
<td>Simon</td>
<td></td>
</tr>
<tr>
<td>Joanna</td>
<td></td>
</tr>
<tr>
<td>Melody</td>
<td></td>
</tr>
</tbody>
</table>

Table 11. The nature and satisfaction of friendships during the first year of HE
It is worthy to note that only one student felt they had developed friendships in both social and academic contexts (Luke). In contrast, three students (Molly, Elly, Joanna) indicated that they had only developed friendships with peers in an academic context in HE - that is with people on their course in academic situations. Therefore, in total, five students (Molly, Elly, Joanna, Simon, Melody) did not interact with their peers from HE within a social context. Thus, their friendships in HE were predominantly academic. The five students who did not interact with peers within a social context felt that that the social interaction with peers was not a significant part of their HE experiences and their journeys indicated that their social interactions tended to relate to their friendships outside HE, rather than peers within HE.

The four students (Molly, Luke, Elly, Joanna) who described developing relationships with peers in an academic context considered it beneficial to their HE experience. They interacted with their peers in lectures, seminars and in between these sessions whilst in HE. The friendships developed within this context were defined by activities and discussions of academic work, as well as the emotional support needed to overcome problems encountered when completing assignments. Thus, the DS’ interactions with peers within academic contexts allowed them to be part of an academic community which was important to their first year experiences. The students (Simon, Melody) who did not make friends in academic contexts did not reflect on such benefits.

There were three factors that influenced the development of friendships in academic contexts. Firstly, the natural progression of the year allowed students to become more familiar with people on their course. Consequently, the students felt more comfortable in terms two and three. This was reflected in the second and third phase interviews of the four students who had developed friendships in an academic context (Molly, Luke, Elly, Joanna). Typical comments included,

“It was nice going into the second term where, because you know everybody and I was obviously concerned about fitting into a group especially like if it [bad period] did happen. Like, I did have a bit of a blip where I was off... but as I said everybody was really lovely, except one guy. They asked me ‘are you alright?’ and it was kind of like I’d never been away. Like I wasn’t pushed out everybody was still kind of inclusive ... I felt safe enough and confident in the environment I was in to be able to do that and get to that point’” (Molly, Phase 2).

“I think when I first started I was the quiet girl, you know the one that people are like ‘aww she’s quiet’. But I think that once people have got to know me they realise I’m not that quiet I come out of my shell more when I get to know them... Even Dad has turned around and noticed a difference, and that I seem more confident. I am definitely more confident” (Elly, Phase 2).

“I wasn’t nervous [attending the second term of HE] because I knew the people” (Joanna, Phase 2).
The students demonstrated feelings of security and trust within their narratives because of the friendships developed with their peers. This was also particularly important as “being comfortable” and “feeling settled” emerged as a critical feature which contributed to feelings of a successful transition into HE during the final interview for these four students.

Whilst “being comfortable” could be considered common to the general population, for two students with anxiety and mental health difficulties (Molly and Elly) the contentment felt was particularly important as it aided aspects associated with their impairment. For example, Molly explained how her positive experiences and “being comfortable” had limited or eased “down periods”. Similarly, Elly described how the familiarity with her group had developed her confidence substantially since the first term, where she was very apprehensive and lacked self-esteem. While it could be considered that Molly’s and Elly’s peers within the academic context demonstrated medical conceptions of care (Molly) and charitable discourses of pity (Elly), their peers in HE were unaware of their impairment/s (section 5.1.6). Thus, it was their internal feelings of acceptance and being comfortable which aided aspects associated with disability, rather than society’s attitudes towards disability. In contrast, Luke and Joanna did not reflect how “being comfortable” aided aspects associated with disability, although this could be assigned to the nature of their impairment.

Secondly, shared experiences were important when developing friendships in academic contexts in the first year of HE because it allowed the four students (Molly, Luke, Elly, Joanna) to engage in a mutual support process with their peers. This was common to the general student population and typical comments included,

> “There’s a few us in the same boat we’re all Fresher’s and don’t really know what to do it’s like you don’t feel the stupidest in the group with everyone like ‘ahhh what have we got to do?’ But when I was on my own [in my first degree] I did feel really stupid so never used to really go” (Molly, Phase 3).

> “I can meet up with friends to do the work, I can ask my friends for help, and they can ask me for help as well ... so we can bounce ideas off each other” (Luke, Phase 2).

> “I like to talk quite a lot I think, it’s important, to kind of vent, I think to talk through things and to have people ... I need friends you know? Makes everything better” (Joanna, Phase 1).

The students described how they were able to provide and receive support from their friends to aid aspects of their academic work. Additionally, the academic work provided opportunities for discussion and shared experiences with peers which encouraged the development of friendships in HE. Other research exploring the general student population has reflected on the importance of an academic community and developing relationships.
with students on the same course in HE. Caroll and Iles (2006) indicated the academic peer
group is recognised as part of a student’s social network in HE. Additionally, opportunities
for shared experiences have been acknowledged as a key aspect of support in HE (Jacklin
and Le Riche, 2009; Jacklin and Robinson 2007). However, the current study reflected that
DS also valued shared experiences with their peers in HE and unlike Elliot and Wilson
(2008), who also observed the value of shared experiences for DS, the students in the
current study did not reflect on shared experiences with students with similar impairments,
rather they discussed the importance of shared experiences with peers more generally. Thus,
the majority of DS did not distinguish between non-DS and DS.

Finally, building on the aforementioned factor, having opportunities to interact with
peers within an academic context aided the development of friendships in the first year of
HE. Four students (Molly, Luke, Elly, Joanna) commented how the size and nature of their
course influenced this. For three students (Molly, Elly, Joanna) it was observed that the
smaller courses provided greater opportunity for interactivity between individuals; this
allowed further opportunities for the development of friendships and helped to establish an
academic community. While Joanna, discussed the benefits of smaller courses to build
friendships more generally, for Molly and Elly it was particularly important because of the
initial anxiety expressed when they entered HE. This is exemplified below,

| “I have made friends on the course because sport was so big and the fact that there are only
twenty-five of us [doing drama] it’s much easier to be on a like personal basis with people.
I mean you work much more closely on pracs. with each other and stuff. It means I’m a lot
more settled my grades have been higher and I actually enjoy it” (Molly, Phase 2). |
| “Well with other courses I suppose they don’t do much of what we do, which is that we’re
thrown in at the deep end with the trust exercises which is a good way to get to know
people” (Elly, Phase 1). |

The nature of the course and being able to work in small groups aided their confidence when
getting to know and interacting with others.

In contrast, Luke commented how the timetable and working environment had
impacted his opportunity to develop friendships in the first term of HE. He explained how,

| “The Computer Science department does [allows for social interaction], the Maths
department doesn’t [laughs] ... [with maths] I’d start the day at nine and end up finishing at
six! And by the end of that I was pretty knackered and so was everyone else. So it was just
like, the amount of work they gave you outside of class and then it was just like no time to do
anything ... whereas with computing the earliest time we start is ten and I don’t think we
have a lecture past three and I have a day free! ... But [also] in computing they’ve got sort
of a common area which is quite good because between lectures everyone goes in there and
hangs out” (Phase 2). |
His experiences were not linked to disability, but he identified how the time-intensive degree scheme that he was enrolled on initially limited his interaction with peers and made the development of friendships significantly more difficult within the first term of HE. When Luke changed course, it allowed for quality student interaction, which resulted in the development of a close network of friends in the second term of HE. This emphasised the importance of HEIs encouraging student interaction within academic contexts in the first year of HE which would help to enable a successful transition experience for all students. In support of this, Whittaker (2008) has also recognised how the varied lectures and seminars with different students can make it difficult for all students to interact with peers for more than a few hours a week and hindered the development of interpersonal relationships in HE.

As indicated above, when the DS in this study had developed friendships with peers in HE several benefits were identified. However, the four students also stated that the friendships developed aided aspects directly associated with disability. For example, their friends were described to be helpful, understanding and supportive when disability had influenced their experiences in the academic environment. Elly described general support that aided her literacy difficulties - “My friends give me pointers...with essays or even with the performances” (Phase 2); and Joanna referred briefly to the shared experiences with another dyslexic student - another “girl with dyslexia also found it difficult” (Phase 2). However, Molly and Luke felt that their friends were a significant part of their overall support system in HE. For example, Molly stated that,

“[The main source of support is] probably the girl on my course that I’m close to. I mean if I need notes or there’s something I’ve miss then, or something important has been said by a lecturer then she will contact me and let me know” (Molly, Phase 2).

Additionally, Luke reflected on the support he received from his friends when negotiating the physical spaces within the university environment. He stated,

“Well actually I would have said friends probably are the most important element of support. Yeah, they offer me support but they also respect my space. I mean they’re not over the top, they don’t go out of the way to open a door, because I can open a door...so if I ask them for help they’ll do it but if I don’t they just leave me so it’s quite good” (Luke Phase 2).

Their friends had provided appropriate support that addressed gaps in the provision provided by the HEI. This included academic advice, the transfer of missed information as well as physical and emotional support within HE. This supported and built upon Beauchamp-
Pryor’s (2007) findings which also briefly observed that friends were considered supportive in HE. For Luke, the implicit boundaries understood by his friends were a significant feature of their relationship. While the students’ perceptions could reflect social model perceptions, as close friends helped to minimise any barriers experienced within HE and/or demonstrated good awareness of disability, Luke’s reflections also seemed to reflect more affirmative model perceptions of disability and moved beyond the more traditional models of disability. His narrative reflected that disability was an aspect of diversity (Swain and French, 2000) and that all people need help in some way. Thus, although support aided disability in some instances, he felt that the support experienced within friendships was not only related to aspects of disability, but something all students experienced. His perception reflected difference and diversity as a positive rather than a dilemma (Terzi, 2005).

Social interactions with peers are frequently documented as a salient feature of HE and are considered a key part of the changes when entering HE (Johnston, 2010). Specifically, the social interactions in the first year can aid the social adjustment to HE (both emotionally and academically) (e.g. Douglas et al., 2014; Harvey et al., 2006; Whittaker, 2008; Tinto, 1993; Yorke and Longden, 2007), circumvent early departure from HE (Harvey et al., 2006) and the need to seek professional support from within the HEI (Whittaker, 2008). However, in the current research only one student developed a network of friends that included regular social interactions with their peers in HE. Luke reflected positively on the importance of friendship development in social contexts of HE and was pleased with the relationships built. He highlighted the importance of friends in both social and academic contexts in HE by stating that,

“On a social level friendship! [was the most important] ... just because any troubles you have you can go to your friendship group, troubles with work or other things and it’s also a way to relax when you’re doing or in between work which is important otherwise you’d just stress yourself out” (Phase 3).

Thus, they provided valuable support and enjoyment for Luke during the first year.

Additionally, although three students (out of the four who had made friends with peers in HE) indicated their friendships were predominantly academic, it was possible to observe some social interactions with the friends they had developed in the academic context of HE - for example, a drink after lectures or exams (Molly, Joanna); visits to the theatre; holidays and participation in a drama group (Elly). However, they felt that the social context of HE was not an arena in which their friendships had been built or maintained within the first year. Furthermore, Melody, who felt she had not developed friendships in any context in HE, had attended some social events during her first year of HE, but she had attended these on her own and had failed to develop any significant
relationships with peers at these events. Thus, immersion in social events with peers does not always guarantee that friendships will develop, as Madriaga et al., (2008) observed when exploring students with AS in HE. This is further explored in the next section when discussing the students’ satisfaction with friendships.

5.1.4. The satisfaction with friendships in HE

It was observed that the satisfaction of friendships achieved in HE was more significant than the nature of friendships developed for all DS in this study. That is, the contentment with the friendships developed was more significant to their HE experiences than the type of relationship they had built with their peers in HE. This corroborates Wilcox et al.’s (2005: 713) ideas that it is imperative for students to feel they had made “good friends” during the first year to ensure a positive HE experience. It also reinforced the importance of exploring DS’ voices to understand their experiences. The students’ experiences of overall friendship satisfaction were varied and (for some) complex. Table 11 (section 5.1.3) summarises the students’ satisfaction with friendships during the first year of HE.

Luke was the only student who had developed friendships in both social and academic contexts, and unsurprisingly he had reflected positively on these relationships and was content with his friendships in HE. However, three other students - who only experienced friendships in an academic context in HE (Molly, Joanna) or who had not experienced the development of friendships in HE at all (Simon) - were also satisfied with their friendships in HE. Thus, the DS who did not integrate socially with peers in HE were also content with their relationships in HE. In contrast, two students (Elly, Melody) were dissatisfied and wanted more from their relationships in HE (Table 11).

Essentially the satisfaction with friendships depended on the perceived need to develop new friendships or whether their social needs had been met elsewhere. For example,

<table>
<thead>
<tr>
<th>“I still I see a lot of people outside of university and being with Sarah we do quite a lot of things with other couples ... there are times when we go out as a group but that’s only for a specific course night out which has only happened about twice. Other than that, I don’t really socialise with people from the course outside of uni.” (Molly, Phase 2).</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I have an active social life, but like I said outside of uni. This is my choice as I am living in [City D] and already have many commitments ... I am friends with the people on my course and feel comfortable speaking to them and working in groups together ... [but] I am still very close to my friends at home and socialise mostly with them” (Joanna, Phase 2).</td>
</tr>
</tbody>
</table>

Similarly, Simon, who had failed to develop a network of friendships in HE (both in a social and academic context) had chosen to limit his interactions with peers in the early stages of HE. He explained that,
“I don’t really think that’s [socialising] the main point of going to university. I mean I have got a lot of friends from outside so that’s enough for me” (Phase 1).

And also reflected that,

“I don’t really have any trouble [making friends] really, just not there enough” (Phase 2).

These three students were mature and their decisions to remain close to, or within close distance, to their family, friends or partners on entry to HE (section 4.2.1) influenced their subsequent social interactions with peers during the first year. Thus, the close relationships established with others outside of and prior to entering HE were observed to be important and reinforced the importance of social support networks (such as family and friends) when choosing the location of their HEI.

It is often acknowledged that students who live away from the HE campus feel marginalised by their peers because there are limited opportunities to interact within them (Yorke and Longden, 2007), as exemplified by Elly (a younger student who lived away from campus) in this study,

“[they] didn’t text me to see if I wanted to come out, and it feels like just because I don’t live in halls or because I live at home they think they can exclude me from it you know?” (Phase 2).

However, the three mature students who were satisfied with their friendships in this study did not dwell on this as an issue within the first year of HE. Their experiences support findings from other research which also acknowledged that mature students tend to circumvent social activities in HE (Harvey et al., 2006; Jacklin et al., 2007; Roberts et al., 2009). However, the current research discussed how this influenced experiences of friendship development within HE.

In contrast, two students (Elly, Melody) felt differently about the relationships they had developed with peers in HE. They were unfulfilled with the friendships they had, or had not, developed, particularly within the social context of HE and had a desire to extend or improve their experiences of friendships. However, they both encountered barriers doing this causing them to feel isolated and excluded on several occasions throughout the first year. They assigned their feelings of isolation to disability and despite some level of interaction with their peers in HE they felt that developing strong relationships was significantly more difficult because of their impairment. For example, Melody explained that,

“[Making friends] was important before I came to uni., but now I’ve just been held back, no thrown back a bit because they don’t like me as much as I thought they would. I’m used to
being the most popular and the most sociable person but I’m not that person anymore, and they’re not inviting me out” (Phase 1).

“I’m feeling really left out because they haven’t invited me and it makes me feel like I’m missing out on a lot … I’m not going to invite myself because I feel like I’ll slow them down” (Phase 1).

“I’m quite a friendly person, people don’t hate friendly people and uh and I can make friends but then the stage after that is the stage that is hard now because of my disability … they never want to do that step further with me like they never want to be [pause] equated with me, be a friend” (Phase 2).

“The [hardest part about transition was] trying to socialise, being cool and trying to fit in” (Phase 3).

Melody felt that other students did not want to be associated with her and were reluctant to take the ‘next step’ in friendship development because of her impairments.

Similarly, Elly also felt isolated because of aspects associated with disability. She expressed this by an emotional account of her interaction with peers and described how she persistently felt distanced from her peers,

“I mean when it comes to lectures and things I feel part of the group but then outside of lectures people will go out without me” (Phase 2).

“Sometimes I just feel like such an outsider, like i don’t belong here … I just feel like those who I thought were my friends are just pretending to like me so I don’t feel left out. i try to stop feeling like this but I can't not for long. I don't really connect well with people and I have some major trust issues. I just feel like I never belong no matter how hard I try to fit in I don’t… Sometimes it's like they forget i'm there, that I don't seem to exist. I'll always be alone, just little old me, always by myself. always alone!! :’-(” (Blog- spelling errors left in).

“I try to make friends but they'll never truly understand me because they really don’t know the full truth about me … I want friendship and I want them to like me for who I am the good and the bad” (Blog).

Her narratives, particularly the weblog diary, identified her inner feelings of distress and concern during interaction with peers and this caused Elly to question her relationships. Thus, her difficulties developing friendships were exemplified by her feelings of anxiety and difficulties trusting people. Therefore, although Elly had appeared to make good friendships in HE (section 5.1.3), she felt unable to develop strong relationships with peers because of her impairment and continually perceived herself to be different from other students during HE (this is further discussed in section 5.1.6).

Both students’ narratives (Melody, Elly) reflected that the development of friendships had been underpinned predominantly by the medical model of disability for several reasons. Firstly, Melody indicated that the development of friendships was particularly problematic because of her recently acquired disability. While her difficulty developing friendships...
reflected upon the attitudinal barriers and the stigma associated with disability within society, aspects associated with the social model (Oliver, 1990), her narratives also reflected that it was actually her own perception that society viewed disability negatively. Her comparison of friendship development before and after the acquirement of her impairment exemplified this and reinforced that she associated the challenges developing friendships with disability, rather than anything else.

Secondly, both Elly and Melody’s narratives had internalised medical model perceptions of disability by locating the difficulties they experienced within. They felt their inability to make friends or participate socially was because of their difficulties and was an individual problem they had to deal with and overcome (Madriaga, 2007: 407). For example, Elly described difficulty trusting people and “the bad” which may refer to her own perception of her anxiety difficulties. Additionally, Melody referred to the physical limitations that she felt would become a burden on peers and “slow them down”. Thus, they both felt that they had to try to adapt and develop coping mechanisms in order to participate and “fit in” within students in HE (Davies, 1995; Oliver and Barnes, 1997).

Finally, both students emphasised their feelings of difference to their peers by using terminology such as “outsider”, “alone” and “loser” to describe themselves within their narratives. These are negative labels associated with difference, rejection and incompetence, as reflected in discussions of the medical model of disability (e.g. Coles, 2001; Crow, 1996; Goss et al., 2000; Swain and French, 2004a; Terzi, 2004; Terzi, 2005) and further reflected that they did not feel part of the HE community. Thus, they demonstrated feelings of isolation and inferiority. Similarly, other research exploring FEIs identified that young disabled people have felt rejected, isolated and have lower levels of self-esteem when making friends because of their perceived deficits (Hirst and Baldwin, 1994). Thus, the current research identifies that this also occurs in HE for certain DS as well.

Positively, Elly found that the difficulties had eased by third term because of the increased familiarity with people in HE. She concluded that,

“I was kind of scared that I wouldn’t make any friends which was always kind of like worrying me but I mean after a while getting to know the people ... it was fine (Phase 3).”

However, the point of reaching this was problematic and impacted her overall fulfilment of relationships developed in the first year. Furthermore, Elly continued to experience uncertainty in friendship development in the summer between her first and second year. For example, in August Elly wrote on the blog and said,

“I was suppose to be moving in [with friend] but with everything going on i just honestly didn't feel like i was ready ... I've not heard from her since i told her i couldn't for now and
Thus, the difficulty in friendship development continued throughout the first year for Elly.

Previous studies have highlighted that studying the satisfaction of friendships has been absent from disability research in HE (Beauchamp-Pryor, 2013). The above experiences suggest that the satisfaction of friendships is complex and can be affected by individual circumstances making it difficult to arrive at a definitive conclusion. It is, however, important for HEIs to be aware of as typically a lack of social integration has been a factor commonly associated with negative experiences and student attrition in HE (Harvey et al., 2006; NUS, 2012; Palmer et al., 2008).

5.1.5. Restrictions within social interactions

Despite the varied perceptions of friendships developed in HE, all students had experienced barriers when interacting with their peers at some point during the first year of HE. These barriers were often specific to DS. They included physical restrictions, activity restrictions and limited social support within HEIs. Thus, DS had additional aspects to consider and overcome when developing friendships with peers in HE. These are explored throughout this section.

Firstly, Luke experienced physical barriers during his social interactions. Luke indicated that the physical layout of environments caused access problems and left him segregated from his non-disabled peers, both in academic and social contexts:

“I feel very frustrated with a few of the lecture theatres as they are classed as disabled accessible, when in fact they have stairs or no place for me to sit in my chair. Even when they do have space it means that I can’t sit with all of my friends as they only give a few seats next to me. Maybe disabled people aren’t meant to have friends?” (Blog).

“The night club, I went there on the first night, and it wasn’t really disabled accessible... It was over three floors and it had a lift but the lift was outside of the night club and back up and I didn’t really want to keep going in and out” (Phase 1).

The physical barriers within academic contexts were particularly problematic within the first term of HE when Luke indicated that there was limited time to interact with and develop friendships with peers outside lectures (section 5.1.3). This barrier was also more problematic because students placed importance on the social interactions within academic contexts during the first year (section 5.1.3). While the physical barriers within academic contexts have not been observed in relation to friendships within other studies, and therefore this research uniquely identifies such difficulties, inadequate social facilities have been
recognised as a limitation of general social interactions in studies exploring the experiences of DS in HE (Beauchamp-Pryor, 2007; Hall and Tinklin, 1998; Jacklin et al., 2007). Nonetheless, Luke’s experiences identify that it is important to focus on minimising the physical barriers of all spaces in HE to ensure DS have the same opportunities and achieve all they can from their HE experience.

Secondly, four students (Molly, Luke, Simon, Melody) commented on the restrictions of the activities available in HE. There was a common perception that the social activities provided in HE were not suitable or were beset with additional challenges for the DS to overcome - there was a particular focus on alcohol related activities within the students’ journeys which they considered unsuitable and/or problematic. For example, Melody indicated that there was an emphasis on drinking within the activities in HE. She explained that,

"[Other students] just go into each other’s flats and start drinking, I’m not part of that. I do think the uni. should do more to instigate. I think the uni. should do more, I’ve thought about this I think it would be nice if the uni. had, well didn’t have ‘piss-ups’. Like cinema nights or something civilised not just getting drunk. Do you know what I mean? I mean the uni. does do some stuff and maybe it is down to the students?" (Phase 3).

Similarly, Luke and Simon indicated that medical difficulties associated with drinking caused difficulties for their health. For example, Luke stated that,

"The days after [I’ve been drinking] that causes a problem and when I end up drinking I usually go into spasms so it’s not the best thing in the world. I enjoy going out drinking, but I do try to stay away from it all, I’m a bit more cautious cause I usually end up with pints of beer all over my lap from where people drop them” (Phase, 2).

This meant they did not engage in such activities as frequently as other students (disabled and non-disabled) might have.

Additionally, the focus on alcohol and “wild parties” was particularly restricting in Fresher’s week during the initial transition to HE. Although all students in this study failed to attend activities or only attended minimal activities during Fresher’s week, three students (Molly, Simon, Luke) gave specific reasons as to why activities associated with alcohol were unsuitable for them. Some were common to the general student population and included their status as mature students (Molly), or socialisation outside university (Simon). Other reasons provided were associated with their impairment and included disruption to sleeping patterns (Molly), access (Luke) and medical difficulties (Luke, Simon) as discussed above.

The students’ experiences of restricted activities in this research were supported by Beauchamp-Pryor’s (2007) findings that a quarter of DS were unable to participate in the
events held in HE as much as they would have liked. Therefore, improving the range of activities suitable for DS would be beneficial, as suggested by Jacklin et al. (2007). However, Melody also recognised the limitations of HEIs increasing the activities provided. Beyond this, the success of social interaction with peers lies with the attitudes of other students in HE. For example,

“I don’t know, I don’t think it’s the uni. that makes it, I think it’s the students that make it” (Phase 3).

Thus, as well as breaking physical barriers, the current study recognised the need to minimise attitudinal barriers throughout HE in order to encourage a more inclusive HEI environment. Therefore, the findings reflect a balance is needed when encouraging inclusion within social experiences; increased activities are important but if students continue to feel marginalised it may impact upon their social interactions negatively.

In support of this, more general educational research has recognised that greater interaction between DS and non-DS, throughout education settings is important in developing positive perceptions towards disability (Ainscow, 2005; Morris, 2001). Additionally, strong leadership has often been discussed as an important factor in ensuring inclusion throughout education settings (e.g. Adams and Holland, 2006; Ainscow, 1999; Ainscow and Sandill, 2010; Dyson et al., 2004; Lipsky and Gartner, 1996). It is this that can help challenge and motivate individuals within an education setting to value diversity and adopt inclusive ideals. Without this, less importance may be given towards inclusion and subsequently it may impact people’s perceptions of the significance of inclusion. Thus, if positive attitudes towards disability are not portrayed via HEIs, this may impact upon other students’ perceptions and acceptance of disability, as reflected by Melody.

Finally, the students’ journeys indicated that there was a lack of institutional support to aid the DS’ social interactions in HE. For the two students who were dissatisfied with their friendships (Elly, Melody), the lack of social support to aid their social interactions was problematic. Only Elly experienced some form of social support in HE. For example,

“I went to the Fresher’s fayre. I actually had somebody go with me, because I didn’t know anybody and I spoke to [student support staff] because I was really worried how it would be...I get really worried and can sometimes have anxiety attacks. So, she said we will send somebody with you rather than you feeling a bit lost” (Phase 1).

Elly reflected positively on the support received during this initial transition. However, her journey indicated that this provision was an ad hoc arrangement that did not extend throughout the year, or widen to any other social activities during Fresher’s week. Consequently, Elly did not attend the social events during early experiences of HE and
therefore did not interact with peers in social spaces during the initial entry. She also experienced difficulties with social interaction and the development of friendships throughout the year (section 5.1.4). Additionally, Melody also expressed a desire to receive social support as the year progressed. She persistently discussed the limited social interactions with peers whilst in HE and used members of her academic support team to fill the social void and minimise the isolation experienced. She explained that,

“[My support tutor in HE] was quite nice to me and it was quite nice having someone to be nice to me, not that people are really nasty, but it was nice to have company. I know it sounds sad that I was going to see my tutor for company” (Phase 3).

Thus, her social needs were also unmet in HE because of inadequate social support.

Importantly, the restrictions experienced when interacting with peers during the first year of HE (e.g. physical barriers, activity restrictions and lack of social support, as discussed above) predominantly reflected the social model of disability. The DS’ narratives recognised that impairment played a part within their experiences in HE, to a certain extent, and therefore they did not ignore impairment (Oliver, 2004), but the students felt they were unable to participate in the social interactions fully because of the barriers and limitations within the HE environment (Oliver, 1996a; Oliver, 1996b; Oliver, 2004). Thus, while the focus on impairment could reflect the medical model, the students felt the difficulties engaging in social activities fully were because of the barriers within the environment.

Furthermore, Luke’s narrative of the physical barriers experienced in the environment reflected how he felt HEIs held attitudes towards disabled people, which mirrored the medical model of disability. Namely, he felt the discrimination he experienced in the academic environment reflected that HEIs questioned whether disabled people would have friends. Thus, demonstrating the view that they may lead less desirable lives (e.g. Davies, 2006; Hogan and Llewellyn, 2000). Nonetheless, it was indeed these perceived medical model attitudes that Luke felt influenced the social barriers experienced. Thus, distinguishing between the models of disability is not always straightforward.

In the second and third term Melody advocated that a disability society and/or disability mentor scheme would increase opportunities for shared experiences and interaction among DS in the first year of HE, which, in turn, could increase the friendships and limit isolation. She explained that,

“Socially [pause] I do think it would be nice to have a disability society ... it would be nice to be with people who are in a similar boat, do you know what I mean? And just go out for a nice meal once a month” (Phase 2).
“I suggest, not a disabled group but another disabled person in the university to help a disabled person to settle in, just to tell them what’s on offer... I’d have got company because at the beginning it was quite lonely... I think [it would help] academically and socially, because I wasn’t told... I wish I’d have had that” (Phase 3).

Although Melody strongly advocated the need for social provision in HE, she did acknowledge difficulties associated with providing this type of support institutionally. Firstly, she recognised practical difficulties associated with social provision by stating that “I haven’t had any support socially, but what could they give me? They couldn’t give me friends” (Phase 1). Secondly, she acknowledged the ideological complications of social interactions solely related to DS. For example, she acknowledged that, “maybe some people [disabled students] would think that that would make us feel inferior” (Phase 2). Therefore, she felt the establishment of a disability society could cause further labelling and marginalisation within the wider HE context. Thus, her reservations focused on issues of disability identity and stigma, as discussed in other research regarding HE disability societies (Beauchamp-Pryor, 2007), and whether students saw themselves as different to their peers (Riddell et al., 2005; Jacklin et al., 2007). Consequently, her understanding of the difficulties in setting up such a society emerged to be complex. Her narrative reflected the medical model of disability, to a certain extent, because she recognised the negative aspects of being categorised and labelled as disabled. It is argued that such categories and labels stigmatise people who appear outside of the ‘norm’ (e.g. Baglieri and Shapiro, 2012; Cameron, 2010; Johnstone, 2001; Murphy et al., 2009; Terzi, 2004; Terzi, 2005) and reinforce perceptions of weakness, deficiency and incompetency (Coles, 2001; Crow, 1996; Goss et al., 2000; Swain and French, 2004a).

However, Melody also reflected social model conceptions because it was ultimately these attitudinal barriers in society, and thus her perception that society accepts these negative perceptions of disability, that caused her to question the value of a disability society in HE.

Interestingly, the restrictions experienced in the current study reflect that there is a fine line between providing appropriate assistance to DS to enable them to participate fully alongside non-DS without setting them apart. That is, highlighting their differences and labelling them.

5.1.6. Disclosure of disability to peers

The disclosure of disability was previously discussed in relation to the application form (section 4.4.1). However, it extended beyond the application process and was also considered when interacting with peers in HE as well. This has not been outlined in the context of HE before, although the negative treatment of DS from other students has been acknowledged (Roberts et al., 2009). Therefore, the current study provides an insight into
the considerations that DS made when disclosing, or evaluating whether to disclose, a disability to peers in the first year of HE.

Table 12 indicates that all students disclosed at least one of their self-identified disabilities to their peers. This included Elly who did not disclose on the application form when entering HE (section 4.4.1).

<table>
<thead>
<tr>
<th>Self-identified disability</th>
<th>Disclosure of disability to peers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Molly Mental health difficulties</td>
<td></td>
</tr>
<tr>
<td>Luke Physical impairment</td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
</tr>
<tr>
<td>Irlen Syndrome</td>
<td></td>
</tr>
<tr>
<td>Elly Mental health and anxiety disorder</td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
</tr>
<tr>
<td>Simon Diabetes</td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
</tr>
<tr>
<td>Joanna Dyslexia</td>
<td></td>
</tr>
<tr>
<td>Melody Physical impairment</td>
<td></td>
</tr>
<tr>
<td>Mental health and anxiety disorder difficulty</td>
<td></td>
</tr>
</tbody>
</table>

*only disclosed to close friends, not to the general student population.

**only identified in HE (end of first year); therefore, lack of opportunity to disclose.

Table 12. The disclosure of disability to peers during the first year of HE

However, their individual perceptions of the disclosure of disability varied. Essentially, those with more common and/or visible disabilities demonstrated a relatively straightforward process of disclosure to peers (Luke, Simon, Joanna). This was evident by
their brief referral to the disclosure of disability to peers. Additionally, they did not discuss any negative peer perceptions towards themselves as DS in HE. In contrast, those with mental health difficulties and anxiety (Molly, Elly, Melody) reflected a more complex disclosure process. This divide regarding perceptions of disclosure (i.e. whether it was easy or more complex) reflected the pattern of disclosure of disability on entry to HE and the ‘hierarchy of disability’ (section 4.4.1). It emerged that the disclosure of disability to peers was largely influenced by the DS’ perceptions of how non-DS’ perceive impairment. Therefore, their decisions regarding disclosure at this point in the year continued to reflect the social model of disability. The DS determined whether or not their disability was accepted within society (and more specifically by their peers within HE).

The students with mental health difficulties thought more carefully about their disclosure of disability to peers. However, there was not a uniform way in which these three students did this. Their decisions about disclosure were intricate and based upon individual experiences. Two (out of three) students with mental health difficulties and anxiety were cautious when considering declaring a disability to their peers because of the perceived negative attitudes towards mental health difficulties. This included Molly (who was concerned about disclosing a disability on entry to HE) and Elly (who did not disclose a disability on entry to HE). It excluded Melody who had previously demonstrated concern about rejection from HE when disclosing disabilities on the application form. Molly and Elly explained their caution when disclosing disability to peers,

“I’ve known them for quite a while so I was quite comfortable [disclosing]. I don’t mind people asking me questions because obviously mental health is such a stigma thing anyway and they know me as ‘normal’. So, they know me without noticing straight away that I’ve got problems and judging me” (Molly, Phase 2).

“I’ve mentioned I’ve had dyslexia. Um, the depression and anxiety I haven’t even mentioned it and I’m not considering mentioning it. It worries me that they will shun me after I’ve told them so I think it’s best if I don’t … If I tell people about it they might categorise me with other people, like ‘oh I suffer from anxiety and depression’ they’ll be like ‘oh my God be careful she might kill herself!’” (Elly, Phase 1).

They both wanted to be accepted by their peers without the label associated with mental health difficulties. Thus, they felt that in order to circumvent the perceived potential stigma, negative attitudes and rejection associated with this disability in society (Tinklin et al., 2005) they had to manage the perceptions of other students. Their decisions during the disclosure of disability to peers highlighted the complex nature of disclosure for students with hidden disabilities, and reinforced other research which recognised how students often negotiated or managed their identity (Low, 1996; Roberts et al., 2009). They both wanted to protect their identity to avoid the dangers of negative labels associated with mental health difficulties. Thus, the perception management they engaged in helped to ensure they were in
control of the information being shared and of other people’s perceptions of them (Olney and Brockelman, 2003).

The students’ decisions of disclosure predominantly reflected the social model of disability and the attitudinal barriers within society (Oliver, 1996a). Their caution disclosing aspects of disability was because of society’s perception of a particular disability and whether it was more accepted or not (e.g. Aiden and McCarthy, 2014; Davies, 2006; Oliver, 1996a; Staniland, 2010). Additionally, the social model was further reinforced as the students controlled the information divulged to their peers in HE, reflecting further choice and empowerment in their experiences (Crow, 1996; Oliver and Barnes, 2009). While it has been acknowledged that disabled people have previously been oppressed within society and in the decisions they make (e.g. Oliver, 1992, 1996a), the students here demonstrated increased control in their personal lives (Mackelprang and Salsgiver, 2009). However, to some extent, their narratives also reflected the medical model of disability, because it was actually their own perceptions that others viewed disability negatively and would categorise them if they disclosed disability (as reflected by Molly and Melody in section 4.4.1).

Furthermore, an important aspect in determining whether or not to disclose mental health difficulties to peers was dependent on the closeness of the friendships and the trust they had developed with peers within HE. Both Molly and Elly stated,

“Yeah but [I] only[disclose] to people I am quite friendly with. I wouldn’t be telling everybody, but because they know me without knowing about my disability they know me well enough as a person now for me to be able to tell them with me being [pause] judged” (Molly, Phase 2).

“No not yet it would take a bit longer really and I’m not sure I would then I want them to get to know me for me you know” (Elly, Phase 2).

Molly formed close relationships with a small group of peers in HE which encouraged her to disclose her impairment to her friends. In contrast, Elly described a cycle of non-disclosure (and this built on the discussions in 5.1.4). Although she had developed some form of relationship with peers in HE, she did not disclose her anxiety difficulties to peers because she believed that she had not formed a close enough relationship with them. However, she also described how she kept her distance from her peers in case they detected the difficulties she faced. Therefore, her coping mechanism to avoid impairment identification also limited her feelings of friendship development in HE. Thus, an underlying decision regarding both Molly’s and Elly’s disclosure of mental health difficulties was based upon the perceived risk of losing the friendships formed or not being able to develop friendships because of the label associated with mental health. Consequently, trust emerged to be an important element within their decision to disclose or not.
Interestingly, both Molly and Elly used dyslexia (a perceived ‘accepted’ disability) to ‘mask’ and/or distance themselves from their mental health difficulties (which they perceived was less favoured in society), thereby avoiding the stigma they believed was associated with this. For Molly, this meant adopting a new disability,

“Well [after the exam] it was a bit awkward. Everyone was a bit like oh ‘what’ve you got?’ And I was like ‘I don’t know’ and they were like ‘how can you not know?’ and I was like uh I was in a room by myself. But there’s another girl on my course who’s dyslexic so she was obviously in a separate room so they just presumed that I was dyslexic... so I think I kind of just passed through it” (Phase 3).

Whilst Elly maintained her more socially acceptable disability,

“[They know about the dyslexia, but] with the anxiety they don’t, no, but that’s because I haven’t told them about it” (Phase 1).

Thus, they both continued to manage the perceptions of their peers within HE to minimise negative attitudes. Their perceptions reflected research by Deal (2003), Elliot and Wilson (2008) and Riddell (1998) who all indicated that there was less stigma attached to certain ‘borderline’ impairments, such as dyslexia which were considered easier to disclose. In managing the perceptions of their peers in this way, it was evident that the students compared the degree of stigma attached to impairments. Thus, it is likely the increased awareness of dyslexia in society (Riddell, 1998) meant it was easier for both students to be associated with this, rather than mental health difficulties which they considered their peers would have a lack of awareness or understanding of. By considering the perceptions of society throughout their considerations of disclosure, Molly and Elly reflected that the barriers disclosing disability to peers were predominantly influenced by the social model of disability (Oliver, 1990). Their lack of worry and concern in being associated with dyslexia by other students reflected that they did not mind being associated with this impairment (even if they did not have it) and was a significant contrast to their discussions in relation mental health where significant concern about stigma and being labelled was evident throughout their discussions, as discussed above. Their varied considerations also demonstrated the complexity of disclosing disability to their peers in HE.

In contrast, Melody was extremely open about both disabilities with peers in HE. This differed to her previous concerns when disclosing disability on entry to HE (section 4.4.1). She explained the reasons for her transparency to peers and demonstrated several negotiations between theoretical viewpoints within her narrative,
you’ll never understand certain things and like why noise drives me bonkers and I need quietness, peace and quiet. And I was like ‘that’s why I’m honest’ and they said ‘we get it but we thought it was a bit weird’ and I suppose it is a bit weird cause I seem like I’m happy about it. But I just want people to understand me because I feel like a bit of a, like very different to everyone else here do you know what I mean? I like feel inferior like. But I’m trying to prove myself basically like if they understand what I got and what I’ve been through they’ll understand” (Phase 1).

“I said to them point blankly like ‘the reason I’m so honest about it is because I want you to be able to understand everything so that we can live with each other in harmony like. Does that make sense?” (Phase 1).

Interestingly, by disclosing her disability to her peers in HE her aim was to create a culture of understanding that would foster positive attitudes, acceptance and an increased understanding of disability. However, by doing this, she felt she had polarised their negative attitudes and furthered the differences between herself and other students. Her peers questioned her rationale for revealing such sensitive information to them - perhaps because she had not developed a close friendship with them in HE (section 5.1.4) which Molly and Elly used in their considerations of disclosure to peers (as discussed above) - and reflected that not all non-disabled people were ready to hear the reality of and the extent of challenges encountered by disabled individuals (Tinklin et al., 2005). The non-DS’ responses, as perceived by Melody, contested the ideas linked to the affirmative model of disability, which recognised disability as part of diversity and should be respected within society (Swain and French, 2000). Furthermore, although Melody’s desire to develop the understanding of other non-DS could be related to the social model of disability and a desire to break down attitudinal barriers to ensure participation within HE, her choice of language within the narrative demonstrated difference and inferiority (e.g. “prove”, “different”, “weird” and “problems”). Therefore, her experiences seemed to be influenced more significantly by the medical model of disability (e.g. Coles, 2001; Crow, 1996; Goss et al., 2002) and demonstrated an implicit acceptance of labels that other or separate (e.g. Murphy et al., 2009; Terzi, 2005).

Moreover, the nature of Melody’s acquirement of disability reinforced her attitude towards disability disclosure to peers and her need to be understood. She explained that,

“Before I was made disabled I was always kind and welcoming to people and I think you should be to a disabled person trying to understand and figure out how to help, and at least try to understand how they’ve been affected” (Melody, Phase 1).

“They never think about what it’s like for me, it just frustrates me that they don’t understand that I am not like them. I literally cannot function as fast as them it gets me down. Like it’s just a matter of being a nice person, taking an interest in somebody who’s not as fast as you. Like before I had my accident I would have talked to someone I really would have” (Phase 3).
Although she deemed her perception of disability to be positive, and at times her narrative reflected elements of the affirmative and social models of disability (particularly as she felt her difficulties were caused by attitudinal barriers within society), her pre-impairment and post-impairment attitude towards disability also aligned with medical model perceptions of disability that viewed disabled people in need of support, care and pity (Brett, 2002). In support of this, Deal (2007) observed how people who recently acquired a disability often hold negative perceptions towards disability that reflect self-oppression and pity. Thus, Melody’s view of disability and how she expected peers to interact with and view her reflected the medical model of disability which views disability as the problem (Crow, 1996).

Although there was not a definitive way in which mental health difficulties, anxiety and depression had been disclosed to peers, it was evident that there were additional complexities that required further consideration when disclosing this to peers in HE, particularly in contrast to more socially ‘acceptable’ disabilities. These are important for HEIs to be aware of to enable the encouragement of an inclusive HE environment.

5.1.7 Critical Summary

The findings were important to the study because exploration into DS’ friendships in HE have often been absent from research (Beauchamp-Pryor, 2007, 2013). The current study empowered students and provided a ‘thinking space’ (McCormack, 2008) for their stories of friendships to be heard throughout their first year in HE. This provided a unique insight into the DS’ experiences of friendships and discussed, in detail, the factors that influenced their development of friendship within the first year of HE. Although existing models of disability were reflected upon within the students’ narratives of friendships, no single model could fully encompass the DS’ experiences and this further reinforced the complexity of the first year of HE.

Overall this theme means that friendships were an important aspect of the first year of HE for DS, particularly as the friendships were negotiated and built upon throughout the first year. Significantly, there was not one way in which it was described by the students, thus again reinforcing the unique nature of their experience. The DS’ experiences of friendships were intricate, complex and multifaceted. The exploration of this theme identified three key points.

Firstly, friendships were predominantly built and maintained within academic contexts, rather than social contexts, for DS. Secondly, the students’ perception of friendships was not necessarily determined by the nature of the friendships formed, or whether students had developed friendships at all, rather it was determined by the
satisfaction and the control they had over this process. Thus, empowerment had a significant influence on the DS’ perceptions of friendship development during the first year of HE. For those who were dissatisfied, a lack of empowerment and a lack of a sense of belonging influenced feelings of isolation. This was ultimately determined by disability and often the way in which the DS felt society perceived disabled individuals. However, they also focused on their own limitations and the need to be adaptable, internalising their perceived difficulties as well.

Finally, although not all students felt the development of friendships had been influenced by disability *per se*, there were additional aspects that influenced the DS’ experiences of friendships within the first year of HE. The majority of DS encountered additional societal barriers (i.e. institutional barriers in relation to socialising and/or negative attitudes from peers) that caused difficulties when making friends during HE. However, some of the students’ experiences also involved more personal and individual considerations when making friends in the first year of HE (i.e. disclosure of mental health difficulties, anxiety).

The key **implication** of this theme is that HEIs need to consider the way in which they can best support *individual* DS during their journey into and through HE - particularly as not coping in social contexts is associated with early departure from HE, as reflected in studies which explore the general student population (e.g. Yorke and Longden, 2007). While HEIs cannot directly provide friendships as such, they need to provide opportunities for DS to socialise and interact with others by considering the physical spaces, the activities and the social support they could provide DS during the first year (e.g. mentors). In doing so, HEIs should also consider the **specific nature** of disability to ensure the students’ needs are sufficiently supported in the first year of HE. Additionally, a further **implication** identified the significance of an academic community and the central role teaching sessions can have when developing friendships with peers during the first year of HE. This was particularly significant as the limited social activities and social support available to DS in HE may have had an influence on the importance of friendships being built within the academic contexts. A final **implication** recognised that further research regarding DS’ perceptions of friendships, and particularly the way in which they develop and maintain friendships, in HE is necessary.
5.2. Support

5.2.1. The importance of support

Support was a significant aspect of the first year of HE for all the DS in the research. This is not surprising as the importance of support has been acknowledged by several other studies exploring DS’ experiences in HE (e.g. Fuller et al., 2009; Harrison et al., 2009; Jacklin et al., 2007; NAO, 2007; Riddell et al., 2010) and those that have explored the first year experiences of students more generally (Wray et al., 2014; Yorke, 2000a). Specifically, in this research, the negotiation and experiences of support made up a significant part of the DS’ journeys during the first year of HE.

The importance of support during the first year of HE was demonstrated in two main ways. Firstly, it was evident by the relationship between the students’ experiences of provision and their attitude towards their HEI as a whole. Five students (Molly, Luke, Elly, Simon, Melody) used their individual experiences of support as a measure to rate their HEI. The DS responded to a Likert scale question asking them to rate their overall perception of their HEI in the Phase 2 and 3 interviews. When asked to explain their response five students discussed their experiences of support. This indicated there was a link to their experience of support and the overall experience within the first year of HE. Therefore, this reinforced the importance of support in the first year of HE.

Two students (Luke, Simon) who reflected negatively on support held a negative view of their HEI overall. Three students (Molly, Elly, Melody) who reflected positively on elements of support held a more positive perception of their HEI overall. This is exemplified by Molly and Elly,

“The times I have been in HEI A, even when I was on the other course, they’ve always been really supportive of my mental health ... both of the course directors that I’ve had have really backed me and haven’t made me feel bad for it, they’ve just said I give me enough time to arrange everything and we can sort it out” (Molly, Phase 2).

“I think because of all the support that I received, from lecturers, from um like the disability team and the student services in general. It’s just been so good” (Elly, Phase 3).

In comparison, the two students (Luke, Simon) that were less positive about their HEI overall, were also less positive about the support they had received in their institution. Their perceptions were predominately associated with the negative attitudes of academic staff. For example, Simon indicated that certain staff were unsupportive and “hard to get hold of” (Phase 2 and 3), whereas, Luke described a fragmented inclusive ethos throughout the HEI which caused him to transfer to a different course. He now experienced greater support within a different department:
The lack of disability awareness from staff in HE is also discussed in section 5.2.4. In contrast, Joanna also rated her HEI highly overall. However, she did not link her overall perception of the HEI to the support received and discussed more general aspects.

These findings reflected observations regarding the link between positive experiences in HE and the quality of support received (Elliot and Wilson, 2008; Fuller, Healey et al., 2004; Holloway, 2001). Furthermore, Luke’s experience reflected the diversity of inclusive educational practices within HEIs because provision is not always mandatory or fully embedded; both between and within HEIs (Fuller et al., 2009; Harrison et al., 2009). Thus, the current research reflected how important a positive disability ethos is throughout HEIs, particularly within the first year when students can leave or transfer departments.

Secondly, the significance of support was emphasised when difficulties associated with disability were alleviated by the efficient implementation of provision. Five students (Luke, Elly, Simon, Joanna, Melody) demonstrated satisfaction and relief once the support they were entitled to had been implemented effectively to meet their needs. This improved their experiences in HE. Typical comments included,

“I’d rate the computer science department in my institution highly. I wouldn’t rate the institution highly really - it’s the department that makes the difference” (Luke, Phase 3).

“I’m glad I did do it [got assessed] because it means that I’m going to get a bit of help with planning and stuff, like the stuff that I’m struggling with so it’s a bit of a relief” (Simon, Phase 3).

“I am all assessed now by the disability services which I’m pleased about, so I am not having to email them anymore and they have really helped me out in terms of equipment and support if I want it ... I feel the equipment provided by the disability services has aided me in doing well in my assignment for example the software which can read out what is written in the text has helped me proofread and make sense of text ... the comments I got on all the pieces of work before I had the software said I needed to proofread better and since I have had the software there have not been as many spelling and grammar correction” (Joanna, Phase 2)

“I’m feeling much more settled [in the second term] and with this extra needs support and help I can feel like do much more work ... so, I feel that work-wise I’m much happier” (Melody, Phase 2).

However, efficient support only occurred within the second and third terms of HE.

Interestingly, even Simon, who did not receive any institutional support within the first year of HE, was enthusiastic about the opportunity to receive support in the second year of HE. He felt this would minimise the persistent academic difficulties that he experienced during the first year.
Furthermore, for Joanna the importance of support was demonstrated as the provision she had received diminished the need for other types of support. The range of academic provision she received reduced her need for regular tuition from support staff (see Appendix 20). This was an element of provision she had previously sought after on entry into HE. As exemplified below,

“I’m hoping that once my forms and that go through I may be able to get one-on-one, like time a week. Just to sit with somebody to read through my work because I don’t have anyone to check it for me cause and... it’s kind of hard to read mistakes when you don’t know they’re mistakes” (Joanna, Phase 1).

“I can go and have like an hour a week with a tutor if I need to but I haven’t really felt like I needed to” (Joanna, Phase 3).

This emphasised that difficulties were minimised and students were empowered when appropriate support was available, as reflected by Beauchamp-Pryor (2013). Molly was the only student that did not reflect feelings of relief when her support was implemented in HE. However, her previous experiences in HE and relatively consistent contact with the disability support team during the years she was absent from HE meant that she was generally happy with the support received when re-entering HE.

The institutional support provided was beneficial to the students’ experiences and eventually minimised the difficulties they associated with their experience of impairment within HE. Thus, it provided them with equal opportunity in HE, a similar observation to Hall and Tinklin (1998) and Piggot and Houghton (2007). Such benefits of disability provision were also reinforced more recently by Madriaga *et al.* (2011) who indicated that without institutional support DS performed less well in comparison to their non-disabled peers.

The students’ narratives of the importance of support reflected varied perceptions of disability and identified that the way in which support is understood and experienced in HE is complex. On the one hand, the students’ narratives reflected social model conceptions of disability when discussing their overall experience in HE. Those students with more positive perceptions of their HEI (Molly, Elly, Melody) felt they had experienced supportive environments, where suitable accommodations had been made and positive perceptions from staff had been experienced. In contrast, the students who had more negative perceptions of their HEI (Luke, Simon) reflected upon unsupportive environments and staff which caused barriers in their HE experience (Oliver, 1990).

However, the students’ narratives of support also demonstrated how the structure of support within HE was predominantly reactive. The support they received often addressed
individual needs when they experienced a difficulty, rather than the HEI considering more inclusive changes throughout (Reaney et al., 2012; Riddell et al., 2005) (this is discussed further in 5.2.2.1) and therefore their relief at receiving individual support reflected medical conceptions of disability (Fulcher, 1999). Furthermore, they could only receive such support following a medical or needs assessment (Riddell and Weedon, 2014) which reinforced the importance of medical professionals within the support processes in HE (Oliver, 1990). Thus, it seems that HEIs are willing to make changes to accommodate DS and enable their participation (reflecting movement towards the social model of disability), but the students’ experiences of support also reflected that the processes of support in HE were underpinned by medical conceptions.

5.2.2. Holistic support

The provision DS discussed in HE was varied and was not limited to a specific aspect of support. This was important to recognise as often academic, institutional support and DSA have been the only aspects of support referred to within HE research (e.g. Beauchamp-Pryor, 2013; Fuller et al., 2009; Goode 2007; Jacklin et al., 2007). However, all students received support from within and outside their HEI. Thus, the provision that the students received was wide-ranging. The current study highlighted the importance of a ‘joined-up’ system of support, where several elements came together to enable participation within the first year of HE. Furthermore, the provision the DS relied upon and found beneficial was not always specific to DS and several aspects of the support received were common to the general student population. The sources of support that the students experienced in HE can be identified as:

- **Institutional support** - support from within the HEI. It included academic and personal support from staff and support services, including equipment.
- **Support from outside the HEI** - this included multi-agency services (an aspect of support that has been absent from previous studies exploring DS), financial support and support from family. The financial support related to student loans and additional funding received such as DSA or grants, as well as family allowances or jobs. Although both the student loans and the DSA students received directly impacted upon the everyday and educational experiences of HE, it has been bracketed into external sources of financial support because it is funded by student finance on behalf of the government.
- **Friendships and peers** - the research has previously explored the significance of friendships within HE as an informal source of support (Section 5.1).
The institutional support and support from outside the HEI are discussed further in the subsequent sections (5.2.2.1 and 5.2.2.2). Additionally, see Appendix 20 for an overview of the individual support profiles.

5.2.2.1. Institutional support

All students experienced support from within their HEI. The provision they received came from several stakeholders (including academic staff and the disability support team) and was evident within several domains, such as academic, personal and emotional. All students received generic support that was common to the general student population in HE, but five out of six students (Molly, Luke, Elly, Joanna, Melody) also experienced support more specific to disabled individuals. This is highlighted throughout this section. Simon was the only student who did not receive institutional support that was associated with disability because of difficulties with the diagnosis and assessment of disability throughout the first year of HE (Appendix 18).

i) Academic support received in HEI

The academic support received refers to provision that directly assisted academic functions in HE. All students had received some form of academic support within HE (Tables 13 and Table 14). However, only five students had experienced support related to disability (Table 14). Unsurprisingly, institutional support was the most commonly discussed aspect of support within the students’ first year, as reflected in other studies exploring more general experiences of DS in HE (e.g. Goode 2007; Fuller et al., 2009, Holloway, 2001; Redpath et al., 2013).

<table>
<thead>
<tr>
<th>Academic support common to the general student population</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>People: “Supportive” academic staff- course directors/course tutors, personal tutors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional: Drop-in centres.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 13. Academic support received that could be common to the general student population
Table 14. Academic support received that was specific to disabled students

<table>
<thead>
<tr>
<th>Academic support unique to/associated with disability</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extra equipment: e.g. laptop, Dictaphone, scanner, printer computer programmes, specialised mouse and keyboard, stand for laptop and specialised chairs (through DSA).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam support: e.g. additional time, use of a computer, separate room.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People: Support staff throughout the year (note takers, study skills group, personal study tutor) (through DSA).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Additional: handouts of lecture notes.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*offered but not used.

The importance of this type of support is reflected in 5.2.1. However, the students’ narratives of academic support also reflected upon an important and current debate regarding HE support. That is, the mainstreaming of support debate (e.g. Avridmis and Skidmore, 2004; Harrison et al., 2009; Healey et al., 2006; Hurst, 2009; Jacklin and Le Riche, 2009; Madriaga et al., 2010; Matthews, 2009; O’Connor and Robinson, 1999). For example, the students referred to certain elements of useful, academic support that were specific to DS within their narratives (Table 14). However, it appeared some of these elements of support could have contributed to a standardised framework of academic support. For instance, three students highlighted the importance of access to lecture notes before lectures commenced (Elly, Joanna, Melody). Additionally, Elly uniquely identified the benefits of podcasts which had been used to record one lecture,

“We had one on podcast ... it was quite good because you had the slide show with you and then you had the talking over it ... so, it was a good way of learning. It was good because you could stop and start and being able to make notes as well going along with it as well, so it was not too difficult” (Elly, Phase 3).
Although these students did not experience these aspects of support regularly/consistently, both aspects were particularly valuable because they allowed individual/personal learning. Thus, all students in HE had the potential to benefit from such aspects of support. The three other students (Luke, Simon, Melody) did not reflect on such elements of support.

However, five students’ narratives also emphasised the specific nature of support received. For example, they recognised the pivotal role of support staff throughout the year (Luke, Melody) and the usefulness of the specific exam provision in HE (Molly, Luke, Melody). Additionally, all five students (Molly, Luke, Elly, Joanna, Melody) reflected positively on the specific equipment they received in HE and used it to address their individual academic challenges. For example, two (of three) students with dyslexia used the additional equipment received to address difficulties with the coherency of their academic work. Both Elly and Joanna used the equipment and computer software to proofread assignments, clarify unknown words and plan assignments. Whereas, two (out of three) students with mental health difficulties and anxiety disorders used the equipment they received to ease difficult situations that caused concern, such as learning lines for performances and to circumvent late assignment submissions. Finally, both students with physical disabilities used the equipment they received to overcome functional aspects that affected how they completed academic assignments. They stated,

“Before that [the chair came] I was doing work on the bed” (Luke, Phase 2).

“The chair is the biggest one [form of support received in first year of HE] ... and a stand for my laptop has helped as well because I am sat up I get really big back pain problems because of the accident” (Melody, Phase 2).

Thus, not all elements of support were able to be standardised in order to meet the students’ needs adequately in HE. The students’ experiences in this research indicated that a balance is needed within support. Whilst certain elements of the academic support on offer could be ‘mainstreamed’ for the diverse student population in HE, it also needs to ensure personalisation of the support available to ensure specific needs are met (Harrison et al., 2009). Therefore, it is important that provision is enhanced by a mainstream framework of support, rather than minimised.

The students’ narratives of academic support reflected varied theoretical viewpoints. On the whole, they discussed individual aspects of academic support that addressed their specific needs and individual challenges related to impairment. Thus, their experiences were predominantly underpinned by medical conceptions of disability and this was exacerbated by the structure of support in HEIs, as reflected in section 5.2.1. The support focused on students receiving support to overcome what is considered to be their individual problems.
(Fulcher, 1999), even though their need to do this also demonstrated that barriers existed within the HE learning environment.

However, their narratives also reflected that HEIs were moving towards more social conceptions of disability. Firstly, after they received confirmation of disability (medical model), HEIs did indeed provide support to help students participate. Although this did not fully align with the social model, it did help to minimise barriers within HE (Oliver, 1996a). Secondly, it was evident that certain aspects of support encountered, even if not intentionally, meant that HEIs were aiding the students’ learning experiences by proactively removing barriers (e.g. via podcasts and access to lecture notes). This reflected the social model of disability as the obstacles were reduced within the environment (Oliver, 1990) and may have helped to remove distinctions between DS and non-DS (Madriaga, 2010). Nonetheless, such mechanisms of support could be considered more frequently to aid the movement towards the social model of disability, where HEIs would proactively consider and remove barriers in the environment.

Despite students reflecting a predominantly medical model focus regarding their academic support in HE, the students’ perceptions of the individual support received was positive. They valued the individualised support encountered and, importantly, reflected positively on the control they had over how they used the individual provision (namely equipment) to improve their experiences. Thus, these feelings of empowerment also reflected social conceptions of disability (Mackleprang and Salsgiver, 2009). Moreover, the students’ narratives reflected that in order to provide an inclusive learning environment there may be many aspects that can be altered within HEIs, but it is also important to ensure specific needs are met. It is about ensuring students are treated equally, rather than the same (Low, 2006; Wedell, 2008). Therefore, in reality, given the heterogeneity of DS, full adoption of the social model of disability in HE may not allow all DS’ needs to be met. Rather, it would be beneficial to consider the flexibility of support within HE and value diversity within learning environments, recognising impairment as a characteristic of human difference (Cameron, 2008; Cameron, 2010) and an ordinary part of a person’s experience (Swain et al., 2003; Kurma and Manfredi, 2012). Thus, movement towards the affirmative model of disability may be important within the discussions of disability and academic support in HE.

Significantly, these findings contributed to and furthered discussions in other studies which also questioned whether mainstream support could fully address the needs of DS in HE (Georgeson, 2009; Harrison et al., 2009; Roberts et al., 2009: 49; Shevalin et al., 2004; Talyor et al., 2010; Wright, 2005). The students’ experiences in the current study reinforced
that in the first year of HE there were aspects of support that could be mainstreamed, but they also valued more individual elements of support as well. Additionally, it reflected the diversity of DS because a common approach to support would not meet all needs in the first year of HE.

**ii) Personal support**

This support referred to the emotional and physical support received in HEIs. It was a less commonly cited area of support discussed and was only referred to by the students in relation to disability. Although peers provided a form of emotional and interpersonal support within HE, peer support was not an element of support supplied by the HEI and therefore it has been discussed within section 5.1. The nature of personal and emotional support has not been discussed in other literature exploring DS’ experiences in HE. Therefore, this section provides an important and unique insight into such support in the first year of HE.

Four students (Molly, Luke, Elly, Melody) experienced some form of personal provision provided by their HEI (Table 15). The nature of the personal support received was predominantly in line with the students’ self-identified disability. For example, both students with physical difficulties explained how they received physical support from within the HEI (Luke, Melody). Whereas, two (of three) students that had mental health and/or anxiety difficulties (Molly, Elly) experienced emotional and/or social support from their HEI to aid their emotional wellbeing. Melody, who also had mental health and anxiety difficulties, did not refer to emotional institutional support provided by her HEI, this was provided externally. Additionally, Luke also had the opportunity to receive emotional support in HE from a mentor scheme in his HEI. The two students who did not receive personal or emotional provision either did not receive any institutional support at all (Simon) or had perceived their difficulties to be solely related to reading and writing (Joanna).
Table 15. Personal support received specific to disabled students

<table>
<thead>
<tr>
<th>Personal support unique to/associated with disability</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional: e.g. mentoring/councillor, Mental Health Advisor (MHA).</td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical: e.g. sport scholarship which included personal training sessions on campus gym, support staff to aid navigation around campus, adapted accommodation.</td>
<td></td>
<td>*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*offered but not used this year, has indicated will use next year.

The students’ narratives of physical support were varied and reflected both social and medical model conceptions of disability. Firstly, the social model was evident within their experiences as both Luke and Melody experienced adaptations to the physical environment. Specifically, this reduced the physical barriers they experienced within their accommodation, rather than expecting them to overcome such difficulties individually (Oliver, 1996a). Secondly, the students experienced individual physical support within the university to directly aid aspects associated with their impairment (e.g. support moving around the campus, personal training). Thus, they reflected medical conceptions of disability, as the support addressed their individual needs (Danforth, 2001; Goodley, 2011). However, in certain instances, whilst the support received addressed individual aspects of impairment, it also highlighted that barriers existed within the HE environment (e.g. Melody needed support to move around the inaccessible campus during the first term). Therefore, this further reflects the social model of disability and the physical barriers within HEIs (Oliver, 1996a).

Emotional support was discussed in further detail. There were varied perceptions regarding the emotional support received in HE. Molly and Elly reflected on the emotional support positively. They reflected that it was not used continuously throughout the year, but as and when it was needed and allowed them to receive support without being judged. Elly summarised that,
“I find it difficult to talk to people that I know. Kind of opening up to them because I feel if I tell them certain things then they’ll think differently of me. I don’t know why it’s just something that, is like a mind-set” (Phase 3).

In contrast, Luke remained unconvinced about the benefits of this type of support in comparison to Molly and Elly. He stated:

“I don’t know, the mentoring is just like there if you want to talk about anything, it’s a bit like counselling. They say things like ‘how does that make you feel?’ a lot!” (Phase 1).

The sarcastic tone adopted within his interviews emphasised a more cynical attitude towards “counselling”. The differing perceptions held by these students were largely centred on whether they felt they required this type of support. As Luke felt he did not need emotional provision, it was not viewed as a significant element of his overall support system. Nonetheless, Luke capitalised on the services offered. He used the counsellor to aid aspects that caused challenges in HE such as awkward timetabling. However, he acknowledged that,

“It’s probably not the best use of mentoring but it seemed to work and ... I’m happy” (Luke, Phase 2).

Therefore, it contributed to his experiences of support in HE.

The students’ narratives of emotional support reflected both medical and social models of disability. For Molly and Elly, their decision to receive such support was predominantly to aid aspects associated with their impairment (i.e. medical model). Essentially, they needed this element of support to aid aspects of their emotional health in HE (Danforth, 2001; Goodley, 2011). However, they both demonstrated that they did not always need to use this aspect of support within HE and reflected choice and control in terms of how and when they accessed this. In doing so, their narratives also demonstrated empowerment, reflecting more social conceptions of disability (Mackleprang and Salsgiver, 2009; Oliver and Barnes, 2009). In contrast, Luke’s decision to receive emotional support was solely in relation to the social model of disability. Although he felt he did not experience challenges in this area (and therefore did not feel he needed to access this aspect of support), he realised he could make use of the emotional provision provided by the HEI when he experienced a specific challenge within the HE environment. Thus, his experiences also reflected choice and control regarding when to access and utilise support provided by the HEI.

5.2.2.2. Support from outside HEI

HE was not experienced in isolation and was also influenced by the support students received outside HE. As indicated, all six students received some form of external support within the first year. Some of the support was common to the general student population,
but some was specific to disability. The support came from several places including financial support services, medical professionals and families. It was integral to their overall support system during the first year of HE.

i) Personal support

This support focused on the physical and emotional support students received from medical professionals outside HE. Overall, four students (Molly, Luke, Simon, Melody) saw medical professionals or therapists outside HE to sustain and improve aspects of their health and well-being. These findings were unique as previous research has failed to discuss the importance of external support services to support the physical and emotional needs of DS during HE (e.g. Beauchamp-Pryor, 2013; Fuller et al., 2009; Goode 2007; Jacklin et al., 2007).

The type of support received was associated with the students’ category of self-identified disability and mirrored the institutional, personal support received within HE (section 5.2.2.1). Thus, it can be separated into physical (Luke, Simon, Melody) and emotional support (Molly, Melody). Two students did not receive external personal support while in HE. For Joanna, dyslexia was only considered to influence her reading and writing difficulties. In contrast, Elly was assessed by a psychologist during FE, but the support from this domain did not continue, instead it was suggested she seek emotional support from the counselling service within the HEI.

As indicated, Luke, Simon and Melody received physical support from outside their HEI. They attended medical appointments at certain points of the year to maintain their health during HE. The type of support they received is exemplified below,

“Well I have to miss time for hospital appointments because I am ill or I’m in pain” (Luke, Phase 1).

“[I missed time in HE] because I was working and trying to cram in work and I was getting a diabetes pump insulin pump and I had to go to loads of appointments so I missed quite a bit with that” (Simon, Phase 2).

“Spasms make it worse; I have to have Botox every three months in my calf, fingers, wrist and peck” (Melody, Phase 1).

Melody discussed physical support more frequently than the other students throughout her first year. This was influenced by the recent acquirement of her impairment and the necessary treatment to ensure her physical progression continued. Interestingly, the importance of the medical support received outside HE, was reinforced by the support she requested on entry into HE. Melody’s initial support requirements in HE focused on physical support, rather than academic support because it aided her movement around the campus. However, this developed as the first year of HE progressed (section 5.2.4).
Additionally, Molly and Melody both experienced external emotional support while in HE. Melody referred to meetings with a psychologist, but did not mention this beyond the first term. Thus, it is difficult to determine the significance of this whilst in HE. In comparison, Molly regularly referred to meetings with her CPN throughout the first term of HE, thereby indicating the significance of emotional support. Additionally, there were times during “bad weeks” where medical support was sought to reduce insomnia and alleviate anxiety. She stated that,

“Have missed a lecture yesterday and today, had therapy yesterday and stuffy is pretty hard, on daily checks with my CPN avoiding being referred to the crisis team, I don’t want to go to hospital ... Had and assessment with CPN and Psych it went ok im off daily checks, they gave me some diazepam so slept right through my Wednesday lecture and Thursday morning. But I spoke to my course director and she’s been really supportive and understanding” (Molly, Blog-spelling errors left in).

The students’ motivation to receive either emotional support and/or physical support predominantly reflected medical model conceptions of disability. It differed slightly from the institutional personal support as the students solely explained how they required such support to aid their physical and mental health to ensure they could function more generally (Danforth, 2001; Goodley, 2011), rather than society making adaptations. Thus, they felt this personal support was important and beneficial to them in HE.

However, when reflecting upon this element of support in the context of HE, it seemed that the decision to receive such support had further implications and caused additional challenges for certain DS during HE (e.g. missed lectures). Thus, their experiences of personal support outside the HEI were also influenced by the social model of disability as there were consequential barriers that they needed to negotiate (Oliver, 1996a). Their experiences emphasised that the medical appointments and personal support received externally cannot be disregarded from the students’ overall HE experiences and should be taken into account.

ii) Financial support

All students required some form of financial support during HE, as indicated by Tables 16 and Table 17.
Table 16. Financial support received that is considered to be common to the general student population

<table>
<thead>
<tr>
<th>Financial support common to the general student population</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student loan.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jobs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: e.g. directly via money from family, indirectly from living with family- “roof over their head”.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 17. Financial support received specific to disabled students

<table>
<thead>
<tr>
<th>Financial support unique to/associated with disabled students</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Student Allowance (funding for additional within-institution support but provided by Student Loans Company).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional funding whilst at HE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Living Allowance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The financial support received was, on the whole, common to the general student population. However, five students (Molly, Luke, Elly, Joanna, Melody) also received DSA by the end of their second term which allowed their HEI to provide them with equipment and/or personal support in HE, as required.

Four students (Molly, Elly, Joanna, Melody) demonstrated uncertainty regarding DSA and were often unaware of the DSA process or even whether they were supported by DSA, particularly during the first term of HE. For example:
“I don’t think I get DSA, I’ve never heard of that before. The only really help I know about, is the Leaving Care Bursary which is £1000 a year with two instalments” (Elly, Phase 1).

“I’ve applied for that but it’s, I am waiting for my needs assessment still, they’re all linked. When they assess what I need then they’ll say I think?” (Joanna, Phase 1).

Despite some uncertainty about DSA from the students in this research, the importance of this additional funding was evident as students praised the institutional support they received, particularly the equipment to aid their academic experiences (section 5.2.1 and 5.2.2.1). The students’ perceptions regarding the importance of support reflected Reaney et al. (2012), who explained how DSA was the most important element of support for DS in HE, despite the barriers it posed for inclusive education. Thus, it is important for students to be aware of DSA and its processes to ensure students receive support.

The DS’ narratives regarding DSA reflected both the medical and social model of disability. Firstly, the medical model was reflected as they were assessed according to their impairment and received support to aid aspects directly related to this, rather than the adjustments being made within HE (Brett, 2002; Fulcher, 1999). Secondly, the students’ narratives about DSA also reflected the social model, to some extent, as several of the students were confused and unaware of the processes related to DSA. Thus, there were organisational barriers which caused additional confusion for DS in the first year of HE (Oliver, 1996a), this was problematic because the first year has often been documented as a challenging experience for all students entering HE (e.g. Crabtree et al., 2007).

Additionally, two students (Luke, Elly) received additional funding while in HE and this was associated with disability. In contrast, the four other students did not refer to or reflect the desire to seek additional funding in HE. Elly received a Leaving Care Bursary that was indirectly associated with her self-identified disability (because her previous experiences of being in care contributed to her feelings of anxiety) and Luke received additional funding to improve the wheelchair he used to avoid feeling like he was “living in army boots”. Both Luke and Elly explained their experiences of obtaining this additional financial support,

“YEAH!!!! Got news on my Bursary it’s been approved” (Elly, Blog- spelling errors left in).

“I’m waiting for the bursary…to come through they’ve had a few problems in the office with the paperwork, but hopefully it will be sorted soon” (Elly, Blog).

“I have to fund all my equipment myself, so I have to fund my wheelchair myself which is the biggest thing for me (Luke, Phase 1).
“Sorting out the wheelchairs was difficult, I mean finding funding ... I mean once I found the funding it was fine...[but] It’s a nightmare! It’s mainly charities. I went to the Students Union in the end and they helped me ... But I get given a new wheelchair in May and that was funded by charity, by Access to Learning and by student finances so all sort of separate areas. So they all donated like a grand but wouldn’t do any more than that. And then it’s adding all the bits together, is quite difficult ... The National Health Service (NHS) provide you with a basic wheelchair which, but it’s too wide for me and I’ve had several arguments with them about it and most people normally, fulltime wheelchair users usually have a specialised wheelchair so the NHS would give me a couple of pennies towards it, but I thought I would go and find the funding myself. But some people live with those for life, but it’s like living with a pair of army boots [laughs] and it’s not very comfortable” (Luke, Phase 2).

“They both experienced frustration and significant time delays when organising additional financial support. Significantly, the blog allowed for updates regarding the status of their funding which not only highlighted the importance of this support, but also indicated that it was not a straightforward process. Although not discussed in previous literature, the additional complications when arranging financial support in HE again highlighted the additional barriers that DS experienced during the transition to HE (NDT, 2004).

“Have gathered all the money for my new wheelchair. All £2406.50 and £111 of spares and a £900 for a new bike. I convinced the university, student finance, and social services to all contribute” (Luke, Blog).

Again, both the medical and social model emerged from within the student’ narratives regarding additional funding. Luke’s decisions to seek additional funding reflected medical model conceptions of disability as he received support to directly aid aspects related to his impairment, rather than accommodations being made within the environment (Fulcher, 1999; Oliver, 1990; Thomas, 2004). He used the additional funding to overcome his individual difficulty of living with an inadequate wheelchair. Thus, in seeking this additional funding he developed a coping mechanism for the specific difficulties he faced (Davies, 1995; Oliver and Barnes, 1997). In contrast, Elly did not discuss the need for money to overcome the difficulties associated with impairment directly, but felt it would ease her experiences generally in HE.

However, Luke’s narrative also reflected social model aspects because, as with previous discussions, his decision to receive additional funding noticeably reflected the barriers that existed for DS within society (Oliver, 1990). The metaphor he used reflected his feelings of being uncomfortable with the wheelchair provided by the NHS as it did not meet his needs and made his life considerably more difficult. Consequently, he reflected how society (i.e. the NHS) did not understand or consider his individual needs or requirements for day-to-day living. Rather, his narrative suggested that their actions demonstrated a homogenous attitude towards physical disability, viewing them as one group
(Baglieri and Shapiro, 2012). Thus, the subsequent lack of understanding meant Luke had to take control of his support because of the difficulties he experienced. While this could reflect the perception that difficulties getting around were the problem of the student (i.e. medical model), he also demonstrated empowerment within his narratives. The control he felt he had to demonstrate reflected Crow’s (1996) experiences where the discrimination within society had propelled her to confront and surmount the difficulties experienced.

Additionally, both students’ experiences further reflected the social model of disability as they demonstrated barriers in the structure and processes of gaining additional financial support in HE (Oliver, 1990). Therefore, there were several other considerations that certain DS had to contend with and overcome during the first year of HE (NDT, 2004).

**iii) Familial support**

When referring to family within their journeys during the first year of HE the students referred to parents, siblings and/or partners (for mature students). The familial support received was diverse and they supported the students in a number of ways (see Table 18 and Table 19).

<table>
<thead>
<tr>
<th>Familial support common to the general student population</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>General support: e.g. general references to family - encouragement and guidance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation (lived at home)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 18. Familial support received considered common to the general student population

<table>
<thead>
<tr>
<th>Familial support unique to/associated with disability</th>
<th>Molly</th>
<th>Luke</th>
<th>Elly</th>
<th>Simon</th>
<th>Joanna</th>
<th>Melody</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional support: e.g. stability, consistency, comfort.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic support: e.g. proof reading work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 19. Familial support received that was specific to disabled students

While all students had referred to family within their journeys and acknowledged the general support they received during the first year of HE, three students (Molly, Elly, Melody) discussed the role of their family more specifically and in relation to disability. These students had mental health difficulties and/or anxiety problems and discussed family
as an integral part of their support system whilst in HE. Their family provided encouragement, emotional stability, guided the decision-making processes where required and for two of the students also aided academic aspects in HE. Thus, family seemed to provide the students with further confidence to succeed during the first year, without this it seemed the students would not have coped as well within HE.

Molly reflected on the importance of familial support while in HE. As a mature student, she indicated that her main source of familial support in HE came from her partner, rather than her parents. Her partner’s understanding and awareness of her mental health difficulties meant her partner had often alleviated stressful experiences within HE, as well as ensuring practical difficulties, such as transport, did not affect Molly during “down periods”. Thus, her partner was an important element of her support while in HE.

For the two students who had difficulties with friendships in HE (Elly, Melody) (section 5.1.4), the familial support emerged to be particularly significant. For example, Elly persistently described herself as “family-orientated” and constantly referred to her “Mum and Dad” throughout her first year. The frequent reference to a nurturing environment was important for Elly because it provided a direct contrast to her difficult past experiences (Appendix 18). Similarly, Melody emphasised the reliability, solidity and consistency of the support she received from her family by describing them as her “rock”. She indicated that they had been an integral part of her support system through two life-changing transitions; the acquirement of a disability and the transition into HE. Both these experiences demonstrated the significance of the parental role for supporting students emotionally and practically within HE. However, Melody began to question the role of her parents towards the end of the first year (section 5.4.3).

The students’ experience of familial support, reflected both the medical and social of model of disability. On the one hand, their narratives demonstrated how the support from families aided aspects related to impairment (i.e. medical model) (Fulcher, 1999). However, they also reflected how family support could reduce barriers in the society (i.e. social model) (Oliver, 1996a).

5.2.3. Delayed support

Although the students were generally satisfied with the provision they received once the support was in place, delayed institutional support was the most commonly cited difficulty associated with support in the first year of HE. This was discussed in their capacity as DS. Specifically, five students (Luke, Elly, Simon, Joanna, Melody) did not feel they had experienced efficient support in the early experiences of HE (Table 20). Either the students did not receive any support (Simon), or did not feel that the support they had received was appropriate and suitable to address their needs. Four students (excluding
Simon) indicated that the support they received was not efficient until the second term. The difficulties that contributed to delayed support are explored throughout section 5.2.4. In contrast, Molly was the only student who felt she had received efficient support on entry into HE, but this related to her previous experiences in HEI A which allowed her to refine the support she had received on re-induction.

The difficulties experienced by five of the students mirrored other research which highlighted that the provision for DS was frequently absent at the beginning of HE (e.g. Goode, 2007; Holloway, 2001; Jacklin et al., 2007; Redpath et al., 2013; Roberts, 2009; Shevalin et al., 2004), but the current study also identified when the students felt they experienced appropriate support. Nonetheless the poor implementation of support was problematic for DS because it provided further obstacles that had to be overcome during the transition into HE (Goode, 2007; NDT, 2004; Redpath et al., 2013). As support has been observed as a ‘pull’ factor for retention and performance in HE (Wray et al., 2014), disability provision needed to be organised promptly and efficiently to ensure all students had the same opportunities on entry.
<table>
<thead>
<tr>
<th></th>
<th>Pre-entry</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Molly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health difficulties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Luke</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irlen Syndrome</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Elly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety difficulties and Depression</td>
<td>**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Simon</strong></td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dyslexia</td>
<td></td>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
When students felt the support was appropriate and met their needs.

**The support Elly received for her anxiety and depression was informal because she had not disclosed this formally to the HEI at this stage, this meant that the support she received related to this in term 1 was ‘ad hoc’**

***Melody did not receive institutional support for anxiety difficulties. She received this from outside the HEI.***

Table 20. Disabled students’ perception of the onset of efficient* support in the first year of HE

<table>
<thead>
<tr>
<th>Pre-entry</th>
<th>Term 1</th>
<th>Term 2</th>
<th>Term 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support meeting/needs assessment meeting</td>
<td>Support meeting/needs assessment meeting</td>
<td>Support implemented</td>
<td>Support meeting/needs assessment meeting</td>
</tr>
<tr>
<td>Joanna Dyslexia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joanna Physical disability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Joanna Anxiety and depression | | | **

**Key**

- Meetings attended and when certain elements of support had been implemented
- When students felt effective support was implemented
5.2.4. Factors impacting support

All students discussed difficulties with support and there were several factors that impacted the students’ experiences of support in the first year of HE. Some of these contributed directly to the delayed implementation of support identified in Table 20, others impacted the DS’ general experiences of the disability support received during the first year. That is, the way they were supported and included throughout the first year of HE. These factors were associated with inconsistent support received, poor communication and a lack of disability awareness from staff within the HEI. The factors were not always experienced in isolation, but were interrelated. For example, poor communication could be exacerbated by a lack of disability awareness from staff, which caused inconsistent and delayed provision. Similarly, staff could have a lack of disability awareness because of poor inter-departmental communication, which caused inconsistent support. These factors indicated that support was not always implemented efficiently throughout HE and this caused students to experience challenges in the first year. As the transition into HE is already complex for all students (Brinckerhoff, 1996; Whittaker 2008), the difficulties associated with support contributed to greater difficulties for DS during this time (NDT, 2004).

i) Inconsistent support

a) Institutional difficulties

Four (of five) students (Luke, Elly, Joanna, Melody) who experienced delayed support found that the provision they were entitled to was inconsistent. Either it had failed to be implemented after the needs assessment meeting, or it was adopted irregularly by academic and support staff in HE. Their experiences of inconsistent support are exemplified below,

**Equipment:**

“The training only came in like December, so the first term was wasted. What’s the point in having a reading programme when it’s too late? ... I could’ve done with all that nice and early” (Luke, Phase 2).

“She gave me a Dictaphone to record the lectures which I have never had training in. She’s given me loads of stuff to help me but I don’t know where to start like, how to use them” (Melody, Phase 3).

**Inconsistency with the provision of handouts and note takers:**

“I had the one main meeting and then I organised a meeting during Fresher’s week and then I sort of call in there twice a week, mainly because my note taker support has not been set up and I end up missing about two hours, two lectures a week of note takers, so I have to keep going down there to chase them up” (Luke, Phase 1).

“I was told [in the first term] you know, that I should get lecture notes in advance but that only happened with one of my modules” (Elly, Phase 3).
“Some of my lecturers give me handouts but others forget... it’s kind of easy to forget so I don’t know, it’s not something I’ll chase up I’ll just kind of [pause] unless I get really, find it hard” (Joanna, Phase 1).

The students’ difficulties with equipment and the arrangement of notes/note takers exemplified the challenges of ensuring consistent support throughout HE. Essentially, there was a mismatch in the support the students were entitled to and the support they actually received. This was problematic and put the DS at a disadvantage during the first year. Both aspects of inconsistent support identified in the current research have been recognised in other research exploring DS’ experiences in HE (e.g. Beauchamp-Pryor, 2013; Fuller, Bradley et al., 2004; Riddell et al., 2002; Riddell et al., 2005; Shevalin et al., 2004). However, this research focuses on the significance of this within the first year of HE, as the students experienced it.

For Luke, arranging support was the “hardest part of the initial transition to HEI” (Phase 3). This was problematic given that it should have acted as an enabler for student success in HE. Furthermore, despite improvements in the consistency of the note takers in the second and third term of HE, the complications he experienced early on caused him to arrange his own support in the second year. This reinforced the inconsistency of support in his first year of HE. He stated,

“Next year I am going to get my Dad to be the note taker so he will be claiming directly from Disabled Student Allowance for his wages, as opposed to the uni. taking their cut and paying a note taker... I think it should be good, because I have full control over where the note takers going to be and how I want it done and I think working with my dad I can sort of say I don’t want it done this way and I’ll feel a lot more, happier turning around to somebody I know and saying that’s not quite right” (Phase 3).

As a proactive student, Luke constantly strived to improve aspects of support throughout his HE experience. However, despite his proactive approach, the early disclosure of disability, numerous meetings with the disability support team prior to and during the first term and the apparent willingness of the team to resolve problems, the inconsistent support was still evident. Thus, even when students followed the advised steps to ensure provision was in place on entry to HE (Taylor et al., 2010; Vickerman and Blundell, 2010) support had still not been implemented promptly or efficiently. His experiences reinforced that DS often encountered increased stress in comparison to their non-disabled peers when entering HE because they spent additional time organising support (Beauchamp-Pryor, 2013; Goode, 2007; NDT, 2004). Importantly, the current research allowed exploration into the numerous processes experienced during the first year to reflect on support in further detail.

Although the structure of support within HE reflected the medical model of disability (as reflected upon in section 5.2.1 and 5.2.2.1), the DS’ understanding of the inconsistent
institutional support experienced reflected the social model. They perceived the difficulties, and absence of support at times, had been caused by organisational barriers (Oliver 1996a) and the inadequate support services within HE. Additionally, Luke further reflected the social model of disability as the persistent organisational difficulties he experienced in relation to the institutional academic support in HE (Oliver, 1996a) caused him to take control of his support to improve his experiences within HE. While this could reflect medical conceptions as the difficulties experienced were left to the individual student to deal with and overcome (Fulcher, 1999), Luke’s experiences reflected self-determination and empowerment to overcome the discrimination experienced. Thus, reflecting the social model of disability (Crow, 1996; Mackleprang and Salsgiver, 2009).

**b) Evolution of students’ needs**

Challenges arranging support were not only isolated to institutional difficulties. The inconsistency in the provision received by students in the first year of HE was also caused by an evolution of the students’ needs. Four (of five) students (Luke, Elly, Simon, Melody) who experienced delayed support described changing needs during the first year of HE (Melody) or had ‘new’/additional needs that had been identified/confirmed whilst they were in HE (Luke, Elly, Simon). Consequently, as the year unfolded the students’ needs altered and different aspects needed to be supported. For example, experiences of changing needs are outlined by Melody,

“I need someone to walk with me to lectures because I’m not at all, I’m nowhere near as good as I am now. So, I had that for a bit, but then I asked them to stop because I felt like I needed to try do it by myself” (Phase 1).

“In the first term they gave me like someone to help me walk around the campus, without, but once I knew my campus I wish I’d had the other tutor sooner like an assignment tutor that would have been much more [pause] helpful, because I feel like I would have progressed faster if I had that” (Phase 3).

Thus, not all aspects of support are able to be planned for on entry. Significantly, the current research was important because it was possible to explore the students’ evolution of needs as their progression was monitored throughout the first year.

The students’ discussions of the evolution of their needs causing delayed support reflected varied theoretical viewpoints. For example, the absence of support, at times, was directly related to new or evolving impairments and therefore reflected more medical conceptions of disability. Their narratives focused on their individual needs causing a delay in support, rather than societal barriers (Crow, 1996). However, the DS’ experiences also reflected social model conceptions of disability. The students’ narratives did not ignore their experiences associated with impairment in HE (Oliver, 2004), but reflected the importance of flexibility within the support they received. Essentially, to circumvent further delays and
barriers in relation to disability (Oliver, 1990), HEIs need to understand that the needs of the DS during HE may not be fixed. Therefore, support needs to change in an adequate and timely manner for it to be effective.

Furthermore, although Melody indicated the HEI were “slow” in providing effective support on entry to HE, she also indicated that she had not asked for certain elements of support that she later found helpful. Melody’s experiences demonstrated how students can enter HE with a different awareness of their needs, as reflected by Piggot and Houghton (2007) and Goode (2007). Thus, her narrative demonstrated that it is important for HEIs to assist DS to recognise their own potential needs on entry to HE. This could be further supported by ensuring students develop a good understanding of the expectations and requirements of HE prior to entering.

ii) Poor communication

a) Between disability support teams and students

The first difficulty with communication emerged once students had disclosed a disability to the HEI and were waiting for contact from the disability support team. Two students who disclosed a disability on entry to HE (Luke, Joanna), and indicated they had experienced delayed support, failed to receive communication from the disability support department. Consequently, they were required to make the initial contact with the support team to initiate their support. They explained that,

“I don’t know whether this was the university doing it or it was me chasing them up but we had several initial meetings before I started I think that is probably, definitely advisable” (Luke, Phase 3).

“It was after I started because nothing had happened. Yeah nothing happened so I got in contact with her and setup a meeting with her and sent off a DSA form to try and get funding for support and she was really nice and really helpful then” (Joanna, Phase 1).

“I had to send the forms to them [on a different campus] to prove I’d got it [dyslexia] and then I need to go in for an assessment of needs meeting, but I haven’t heard back from them yet I emailed them yesterday to try and chase it up! But it seems like a lot of chasing up which is a bit of a pain to say the least!” (Joanna, Phase 1).

The additional activities experienced by two students acted as a barrier for these DS entering HE. It caused significant frustration for both Luke and Joanna who had to be proactive and persistently make contact with the support team to arrange their support needs. These experiences are consistent with other research which observed that there were often communication difficulties between HEIs and DS who had disclosed a disability on the application form when entering HE (Vickerman and Blundell, 2010), but the current study was able to explore DS’ perceptions of this as they experienced it and further demonstrated the significance of such challenges.
Both students’ narratives regarding poor communication reflected medical model conceptions in terms of the way support was organised within HE (section 5.2.1 and 5.2.2.1). However, their understanding of the difficulties experienced predominantly reflected the social model of disability as the organisational barriers and lack of communication experienced caused additional challenges for the DS on entry to HE, rather than impairment (Oliver, 1996a). While the students in the current study did not directly reflect the perception of feeling unwelcome or unaccepted within HE because of a lack of communication on entry to HE, as other literature identified (Vickerman and Blundell, 2010), the difficulties experienced in this initial entry required students to take control of aspects of their support to circumvent any further challenges (Crow, 1996). Again, while this could reflect medical conceptions of disability as HEIs required students to cope with and overcome their individual problems (Brett, 2002), the students’ perspectives in the current study appeared to demonstrate empowerment and control in order to avoid discrimination (Crow, 1996; Mackleprang and Salsgiver, 2009).

The students’ experiences in this research reflected the need for transparent information regarding the processes and provision available in HE in order to help to demystify the process of support for students entering HE. Previous studies have also emphasised the need for greater advice and information regarding support processes prior to HE (e.g. Elliot and Wilson, 2008; Matthews, 2009; Sanderson, 2001). However, the current research emphasised this information was critical for DS during the first year, as they experienced it, rather than by exploring the perceptions of students who reflected back on their first year experiences.

b) Inter-departmental communication

The second difficulty with communication emerged after students had disclosed a disability and arranged support in HE. Three students experienced difficulties because of poor communication between departments in HE (Luke, Elly, Joanna). Initially, this emerged between the support and academic departments.

The inefficient communication between the departments caused students to question whether they, rather than disability support teams, were responsible for informing academic departments about a disability and the academic provision they were entitled to within HE. This difficulty was particularly problematic for students with hidden disabilities as Elly and Joanna exemplified,

“Because the lecturers may not have known I was like ‘oh should I go and tell them’? ... it was a bit confusing ... I was rather unsure” (Elly, Phase 3).

“But in my application, it’s well it seems to have been overlooked because I have put it on my application ... and like all the paper work that has come through saying about it, but
everybody has said ‘oh we didn’t know you had dyslexia’ so it doesn’t seem to be noted even though I have put it down” (Joanna, Phase 1).

The poor communication not only caused inadequate support, but meant students were left in difficult positions where they had to decide whether to disclose a disability to academic staff. Thus, the DS’ experiences indicated that there did not seem to be a clear process to disseminate support information to different departments within their HEIs. The findings in this research are not unusual, poor communication and dissemination of information between disability support teams and academic departments has frequently been acknowledged in the literature (Borland and James, 1999; Fuller, Bradley et al., 2004; Goode, 2007; Holloway, 2001; Parker, 2001; O’Neil and Wilson, 2006; Sanderson, 2001; Redpath et al., 2013; Roberts, 2009). Thus, advice outlining the disability support process and who is involved is reinforced within this current research.

Uniquely, the current study also identified that poor departmental communication extended beyond the central support system and academic departments throughout HEIs. Two students (Luke, Joanna) described difficult experiences in the first year of HE because certain non-academic departments had not been informed of the students’ self-identified disability/disabilities. For example, Joanna briefly indicated how the library staff had not been informed of her additional loan time on books and this caused difficulties when studying. In contrast, Luke was extremely frustrated when a lack of collaboration across departments made it extremely difficult to arrange future accommodation. He explained that,

“I’m staying in this room [halls] yeah that was quite difficult [to sort out]. I had to convince them [accommodation office] I had a disability [laughs]...you needed to get a doctor’s letter to prove that you are disabled or something. I said ‘I’m not going to get a letter you’re just going to have to believe me’... but if the university doctor wrote a letter then ... my GP could refuse to see me again behind his back or something. And then if I got my GP do write a letter then it would cost me £40” (Phase 2).

“I mean I’ve got lots of other evidence which they didn’t want to accept like a disabled badge and letters from my doctor and it was just like pointless, the hard way around” (Phase 3).

The poor dissemination of information throughout the HEI, in conjunction with a lack of flexibility, caused a barrier in the support Luke received in the first year. Luke felt he had to decide whether it would be beneficial to jeopardise his long-term (external) medical support to ensure he could receive appropriate accommodation in HE. Previous sections emphasised how other students were reluctant to disrupt support systems when choosing a HEI (section 4.2.1), but Luke reflected that this could also be a consideration during HE as well. Again, these experiences emphasised the additional tasks and considerations DS had to contend with during the first year of HE (NDT, 2004). The collaboration between departments
throughout HEIs in relation to DS has not been discussed in previous studies. However, the importance of a whole-institution ethos has been recognised as good practice within the literature (Hopkins, 2011) and this is reinforced within these students’ narratives.

In contrast, both Molly and Melody generally praised the liaison between departments in HE because it diminished their individual need to monitor, coordinate and implement support. In particular, they praised the link between academic and support departments. Melody exemplified the usefulness of this collaboration and described the support implemented following an inter-departmental meeting at the end of first term as “perfect”. She was also surprised by the efficiency of the liaison between departments during exam time:

“Well it was mentioned in meetings several months before but I forgot because I haven’t got a very good memory with stuff like that, but it was all in place, they followed up like they said they would” (Phase 3).

Additionally, Molly praised individual staff within the academic and support departments because they relayed information between each department reducing her role as a mediator and organiser of support. For example, she explained that the mental health advisor (MHA)

“Has always been really, really good. She kind of liaises with the staff. Like yesterday I had my first PDP [personal tutor] meeting with my personal tutor and I was a bit unsure if she knew about my situation so my MHA had emailed her prior to me going letting her know that I saw her and there was some difficulties so that I didn’t have to kind of feel the pressure to bring it up off my own back” (Phase 1).

However, the importance of this liaison between departments was emphasised when a key member of academic staff was on leave and she experienced difficulties:

“But obviously if she [key person of academic staff] had been around ... personally for me it would have been better if... because she was the constant person that I was in touch with and it would have been easier than going to talk to different lecturers, because I usually got through her, but obviously, it wasn’t her fault that her husband died and be off...” (Phase 2)

Whilst Molly was generally happy with the liaison between staff, her experiences indicated that problems can occur when supplementary procedures are not in place. She was uncomfortable relaying information about her difficulties to other staff who she was unfamiliar with. This reinforced that individual staff can be responsible for the way in which students feel supported in HE.

The importance of a key person of contact was not directly discussed by all students in this research. However, the significance of staff communication can be observed because of the DS’ difficulties with the arrangement of their provision during the first year of HE. In support of the above findings, previous studies have recognised the importance of a central person of contact within academic departments to aid the organisation and consistency of
provision (Holloway; 2001; Hurst, 2006; Jacklin et al., 2007; Sanderson, 2001; Taylor, 2005). However, it seems the difficulties with such roles, as outlined in the literature exploring lecturers’ perceptions of such roles (e.g. Georgeson, 2009), have been recognised in the students’ journeys during the first year of HE. Essentially, the absence of discussions regarding a key person of contact from within the students’ narratives in this research reinforced that such roles are not compulsory or fully developed in HEIs.

The students’ narratives of inter-departmental communication, whether positive or negative, predominantly reflected social model conceptions of disability. When staff throughout the HEI were informed of disability they often responded positively and ensured accommodations were in place to ease experiences in HE. In contrast, when staff were uninformed of disability and the accommodations that students may require, the DS experienced additional challenges in HE. Thus, these experiences were exacerbated by organisational barriers within HE (Oliver, 1990), rather than impairment. However, the students’ narratives also continued to reinforce that the structure of HE emphasised disability as an individual problem (Fulcher, 1999; Coles, 2001) as students were left to disclose their hidden impairment to staff and other people. Additionally, the attitude from staff in the accommodation office reflected how medical perceptions were still dominant when organising provision in relation to disability in HE, as Oliver (1990) critiqued. Thereby, the narratives of inter-departmental communication also reflected a medical focus in relation to support in HE.

iii) Lack of disability awareness

a) Academic staff

Five students (Luke, Elly, Simon, Joanna, Melody) encountered at least one academic member of staff who demonstrated a lack of disability awareness and/or understanding during the first year of HE. This was varied but impacted upon the students’ experiences of support during HE.

Four students (Luke, Elly, Simon, Joanna) described specific situations where they felt unsupported and/or marginalised because of a lack of disability awareness from academic staff. For example, Luke described how the lack of adjustments and lack of flexibility within a department caused significant difficulties during the first term of HE.

```
“It wasn’t so much that it was hard it was more the fact that it was run by the Maths department and the Maths department don’t really accept disability as a whole like they don’t really believe in it. Noooo! ... it was their attitude, like this is set in stone and that’s the way it goes really. In Computer Science there’s a little bit of leeway either way ... just [with] everything really, room changes, note takers, putting slides up early stuff like that”
```
(Phase 2).
Luke felt the lack of understanding towards disability impacted the adjustments academic staff were willing to make. Additionally, two students with hidden disabilities (Simon, Joanna) encountered negative experiences in HE because tutors were unaware why they were facing difficulties in certain academic situations. They explained that,

“\textit{The lecturer is a little bit, he picks on people quite a lot and so he was asking me about it and I said ‘I’m really not sure do you mind moving on’ and he was like ‘no you can answer it’ and one of the girls next to me was trying to hint and he was like ‘no she needs to answer it’ and kind of went on and on it was horrible! So embarrassing! ... And I was like this is horrible and then afterwards he came up and said ‘was there a problem?’ and I said ‘I had dyslexia’ and he then actually said he ‘hadn’t been informed about it’ or anything, so since then he’s been better anyway because I think he felt a bit bad about it” (Joanna, Phase 1).

“\textit{With one my exams I had low blood sugar in the exams this term and I got eleven percent it was just like being drunk, and I couldn’t read or anything and the tutor was quite annoyed with me, like he obviously thought I hadn’t revised but I told him I had diabetes and his attitude changed... He was a lot more understanding like instead of just grilling me for not revising}” (Simon, Phase 2).

Whilst the lack of disability awareness and implementation of subsequent support had been exacerbated by poor inter-departmental relationships, the students also felt that certain lecturers did not consider other factors, such as disability, that could have impacted their performance in academic situations. Positively, both Simon and Joanna indicated that once staff were aware of disability their attitudes shifted and they were more accommodating to the needs of DS in HE. Further difficulties regarding a lack of disability awareness were also reflected when discussing inconsistent support (5.2.4.i). Two students (Elly, Joanna) demonstrated how staff were unaware that students required handouts and this led to a lack of support in HE.

The students’ experiences regarding poor disability awareness reflected social model conceptions of disability. The marginalisation they referred to within their narratives was caused by attitudinal and organisational barriers within the HE, rather than by individual difficulties (Oliver, 1996a). For example, Luke felt that one department’s negative attitudes towards disability exacerbated the difficulties he experienced within HE and caused him to feel discriminated (Olkin, 2009). In contrast, another department demonstrated awareness and understanding towards disability and considered the adjustments required to provide a more inclusive environment. Thus, his experiences reflected how difficulties can be reduced for DS by removing disabling barriers, such as negative attitudes. Additionally, Luke’s narrative also reflected how the HEI’s practices were underpinned by medical model conceptions. He perceived that certain departments felt DS needed to be flexible and changeable, rather than the HEIs making adjustments (Brett, 2002).
The students’ experiences in this research supported findings from other literature regarding a lack of disability awareness from staff (e.g. Holloway, 2001; Roberts, 2009) and reinforced other recommendations regarding the importance of staff developing an awareness of disability (Hopkins, 2011; Sanderson, 2001) to develop more positive perceptions of disability in HE (Murray et al., 2011).

Additionally, Melody, who was generally positive about the support in relation to disability from her lecturers, indicated that even towards the end of the first year of HE staff had not fully grasped the extent of her difficulties in academic situations:

“I don’t think they’ve ever had someone like me before ... I think they’ve got a bit to learn about disability. I don’t think they’ve quite got the fact that I’m slower like it takes me a while to get stuff and I don’t think they understand that quite, but um yeah the treatment they’d have to offer for someone in the same boat as me would be better (Phase 3).

Thus, even when provision was in place it seemed the support received could still be improved upon. Consequently, just as the importance of interaction was crucial for peers when gaining an understanding of disability (Ash et al., 1997; Beauchamp-Pryor, 2013; Taylor and Palfreman-Kay, 2000), it was also identified as important for staff in this research.

Melody’s perception reflected varied models of disability when discussing a lack of staff awareness. Although she felt there was a lack of knowledge and understanding about disability from academic staff and this caused challenges within HE (thereby reflecting the social model of disability) (Oliver, 1996a), the language used within her narratives also reflected the medical model of disability. She referred to being different and “slower”, emphasising the limitations she felt she experienced in relation to her impairment (Fulcher, 1999; Coles, 2001). Additionally, she used medical terminology (e.g. “treatment”) within her narrative and such terminology is focused on targeting and improving impairment, rather than barriers within society (Brett, 2002; Fulcher, 1999). Therefore, she reflected that social barriers did indeed cause difficulties in being supported in HE, but she also emphasised the difficulties she associated with impairment within her narrative as well.

b) Wider-institutional level: Physical barriers

A lack of disability awareness from staff was also evident when students discussed the physical environment. Two students with physical disabilities (Luke, Melody) experienced barriers when moving around their HEI, in both academic and social contexts. The environmental difficulties demonstrated that senior management teams had not considered day-to-day aspects that impacted upon DS’ experiences in HE, particularly those with physical impairments. Thus, getting to lectures and running errands within the HE campus, which are activities that are relatively uncomplicated for non-DS, were particularly
problematic for these students. The four other DS (Molly, Elly, Simon, Joanna) in this research did not reflect on environmental issues caused by a lack of disability awareness. However, this is likely to be because of the nature of their impairment.

Firstly, physical barriers were evident in academic environments. Thus, in addition to the physical restrictions in lecture theatres that impacted upon friendship development in HE (section 5.1.5), both Luke and Melody experienced difficulty when accessing lecture theatres. They stated,

```
“I had great difficulty getting into my lecture theatres this week as there is two half sized doors into the theatres and one of these doors had been bolted at the top and bottom of the door only allowing one door to open into the lecture theatres. This did not give me enough room so I have to ask for assistance from the surrounding people. I have reported this issue and have been re-assured that it be sorted” (Luke, Blog- spelling errors left in).
```

```
“I asked them to put a door handle on one of the doors and urghh which was a ten pound job and then they turned around and I met up with like three different people in the university and they said they were going to make every door automatic and they were going to rip out seats in the lecture theatre ... [The changes will] be beneficial for people who can’t open doors in a wheelchair, I can open doors from a wheelchair, but yeah it will be beneficial eventually.. I only wanted a door handle! [Laughs]” (Luke, Phase 2).
```

```
“Well if there is no lift I need a rail to go up the stairs ... I have a problem [getting to lectures] when there’s not a rail there. I have to go up sideways ” (Melody, Phase 1).
```

Thus, despite the visible nature of disability, the physical access throughout their HEIs had not been considered. Luke demonstrated significant frustration with physical restrictions in contrast to Melody and he actively sought to improve the environmental barriers he experienced; perhaps because he has experienced such difficulties and challenges frequently throughout his life (Oliver, 1992), whereas Melody has only recently acquired a disability.

Both narratives predominately reflected a social model understanding of disability as their experiences were affected by the organisational barriers within the environment. Essentially, the lack of understanding about the HE environment from staff caused several physical barriers for Luke and Melody. Additionally, because of the difficulties faced, Luke took control of the situation himself. In doing so, he reflected empowerment as he discussed the challenges he experienced with the management staff in his HEI (Crow, 1996; Mackleprang and Salsgiver, 2009). His narratives also reflected that the HEI’s response was a movement towards the social model of disability. Although their actions were reactive, he described how the HEI aimed to address the numerous barriers within the physical environment to ensure it was accessible for all those with physical difficulties (Oliver, 1990). However, Luke also felt the HEIs had not listened to him completely and in doing so he felt they over-compensated for his needs and dominated decisions about the environment.
(Brett, 2002; Goss et al., 2001; Oliver and Barnes, 2009). Thus, to some extent, his narrative also reflected the medical model of disability.

Secondly, the lack of institution-wide disability awareness and poor staff knowledge also extended to non-academic areas of HE. In addition to Luke’s difficulty with the layout of the nightclub (section 5.1.5), both Melody and Luke were excluded from other areas in HE because of a lack of awareness of the barriers physically disabled students may face. For example,

“...But they haven’t really got the equipment at the university to deal with a disabled person using the gym like they haven’t got, like everything is just poorly laid out and not many machines I can use” (Luke, Phase 2).

“...And I am too disabled to do my washing there [laundry room on campus]. I can’t really carry the washing, because getting to the laundrette there is a lot of steps” (Melody, Phase 2).

Whilst these students had experienced some physical adaptations (section 5.2.2.1), the modifications did not extend throughout the HEI and caused inaccessible environments. Luke and Melody indicated that the physical layout of environments experienced caused exclusion, both in terms of access and the activities that were held within them. Additionally, Luke felt the lack of awareness of staff impacted his experiences of personal training in HE.

The failure to ensure accessible spaces and activities meant that the personal support and spaces within the HEI were inefficient to assist the students fully. Again, both their perceptions of the difficulties experienced were influenced by social conceptions of disability. They located the difficulties experienced to organisational and physical barriers, rather than individual limitations (Oliver, 1990). Although they both referred to impairment within their narratives, it was the barriers within the environment that caused challenges for them in HE (Oliver, 2004). Additionally, Luke also felt the staff within the gym had placed limitations on his ability to carry out certain activities and feared training him. Thus, he perceived that the staff within the gym perpetuated medical model attitudes towards disability (Baglieri and Shaprio, 2012; Becauchamp-Pryor, 2012a; Coles, 2001). In doing so, he reflected that the difficulties and barriers he experienced in this HE environment were a consequence of negative attitudes. Therefore, the barriers as he understood and experienced them remained within social conceptions of disability.
Despite Harrison et al.’s (2009) acknowledgement that there have been improvements in the physical environment of HEIs over the last decade, both Luke’s and Molly’s experiences identified that staff within HEIs are overlooking the barriers that physically DS face in their everyday HE experiences. Furthermore, while the physical barriers resulting from a lack of disability awareness have not been uncommon in academic environments (Borland and James, 1999; Chard and Couch, 1998; Holloway, 2001; Jacklin et al., 2007; Shevalin et al., 2004; Tinklin and Hall, 1999) and some social environments (e.g. Hall and Tinklin, 1998; Jacklin et al., 2007; Madriaga et al., 2008), there has been limited research exploring institution-wide disability awareness, particularly from the students’ perspective. However, importantly, this research observed that a lack of disability awareness does exist throughout HEIs and can cause physical barriers and marginalisation of DS in the first year. Thus, improvements require more than developing attitudes of ‘insensitive lecturers’ to ensure a fully inclusive HE environment.

5.2.5. Critical Summary

These findings were important to the study because they provided individual and personal stories regarding students’ experiences of support in HE. Significantly, it also provided in-depth insights into the students’ perceptions and experiences of the support they received outside of HE during their first year and considered the provision they received in HE beyond academic support. This was important as it provided a ‘thinking space’ (McCormack, 2008) for DS’ stories of support to provide a more complete picture of DS’ experiences during the first year. Additionally, the study explored the students’ perceptions and experiences of support as they progressed throughout this first year. This was significant because several studies have highlighted that the provision DS experienced was often absent at the start of HE, but failed to consider when efficient support was implemented, if at all (e.g. Holloway, 2001; Redpath et al., 2013; Roberts, 2009). The findings were also important because the students’ narratives of support reflected the existing models of disability, although there was not one overarching model that was reflected within their experiences.

Overall this theme means that support was a vital part of the DS’ experiences within the first year of HE. It was particularly important because the support received was continually negotiated throughout the first year and discussed in several places throughout the HEI. Significantly, as with the narrative of friendships, the narrative of support reflected varied experiences and reinforced how the DS’ journeys into HE were individual and complex. The exploration of the theme identified three key aspects.

Firstly, while all DS in the study felt they required support during HE, it was not always discussed in relation to disability. Therefore, the theme reflected that all students
may require support during the first year of HE. Nonetheless, the DS in the current study did also require additional support in relation to disability in HE, at varying levels. Secondly, the narratives of support emphasised that the provision received by DS was wide-ranging (including both formal and informal elements of support from within and outside the HEI). Thus, the support received within the first year of HE reflected the significance of a whole-institution ethos and emphasised how HE cannot be experienced in isolation. Finally, the theme emphasised that students valued the disability provision received (when it was effective and implemented correctly) because it tended to reduce difficulties, providing equal opportunities within the HE environment. However, significantly, the implementation of support was delayed for the majority of DS. All the students had difficulties setting up their provision for varied reasons (both individual and institutional) and effective support that addressed their needs was often not implemented until the second semester. Therefore, DS had to engage with additional organisation and planning during the first year (particularly within the first term) in comparison to their non-disabled peers. In doing so, it often required certain students to become proactive in the implementation of their provision during the early experiences of the first year.

Furthermore, the narratives of support identified key aspects regarding the practices of support in HEIs. DS were expected to conform to medical assessments and labels during their first year of HE in order to receive individual and (on the whole) reactive support. However, despite the medical focus of support practices in HE, the DS’ experiences reflected that where they met such requirements, accommodations were often made to ensure their participation, even though difficulties with organisation and barriers within the HEIs often emerged as well. Nonetheless, the HEIs appear to be progressing towards the social model of disability.

A key implication of this theme is that HEIs need to better consider how they can ensure efficient support is provided in a timely manner for DS during the first year. This is important throughout the departments to avoid the discrimination of DS within the early experiences of HE; and because the delayed support experienced had implications for other experiences within HE as well (e.g. independence and academic experiences - section 5.3 and 5.4). It is likely that training from support staff within HEIs is necessary to aid this. To aid the implementation of efficient and timely support, a further implication recognised that it is important for both DS and HEIs to fully understand the DS’ needs as early as possible or prior to entering HE. A final implication in relation to support recognised the importance of flexibility. Although standardised support has been discussed within the literature (e.g. Avridmis and Skidmore, 2004; Georgeson, 2009; Harrison et al., 2009; Healey et al., 2006), the students’ narratives in the current research emphasised that it was important that
the provision received met their needs. In reality, the findings of support in the current study question the extent to which the social model can meet all DS’ needs in HE and suggests that HEIs may be better placed to adopt affirmative perceptions of disability, which value and accept diversity and individuals’ varying needs.

5.3. Academic experiences

5.3.1. Academic achievement in HE

Academic experiences were important to all the students during the first year of HE. Specifically, the students in the current research stressed the significance of academic achievement. The findings were different to other studies exploring academic achievement of DS in HE (e.g. Beauchamp-Pryor, 2013; DIUS, 2009; Pumfrey, 2008; Taylor et al., 2009) because this study focused on academic achievement from the students’ perspectives and within the first year, rather than in HE generally. Therefore, individual achievement, as opposed to grade classification, was important when exploring the journey of DS into HE.

Achieving pleasing summative marks was a factor that determined feelings of succession in the first year of HE. It was identified by all the students in their journeys during the first year. Firstly, it was evident as four students (Molly, Luke, Simon, Melody) directly referred to “getting good results” and “maintaining grades” as a measure of a successful transition into HE, even though these marks did not count towards their final degree. Secondly, the importance of academic achievement was evident more generally as all students frequently referred to the marks received within their interviews and/or via their weblog diary. Typical comments included,

“Got my results this morning, got A B+ B- C D and a F ( for the one I have to resit) however I got a 36, so only narrowly missed a pass, got a low 1st in my essay so preety close to passin without even doing my prac lol” (Molly, Blog-spelling errors left in).

“Probably getting the coursework marks back that I did well in [was most rewarding] ... I just, I didn’t really expect to do that well because I was finding subjects hard” (Simon, Phase 2).

“Well I am achieving better grades then I anticipated - I did not expect to be getting 2:1 results so that has been rewarding for me” (Joanna, Phase 2).

The students described varied marks in the first year. Understandably, they were all pleased when their marks improved and they started to receive higher marks. Thus, there were extrinsic factors that influenced the DS’ feelings of achievement in the first year of HE.

Additionally, five students (Molly, Luke, Elly, Simon, Joanna) demonstrated how advancing and developing their academic knowledge and skills during the first year of HE aided feelings of achievement. It was critical because the students needed to feel that their
learning and progression on the course was “going in the right direction” (Joanna, Phase 1). The importance of the improvements made was exemplified in the Phase 2 and 3 interviews. Typical comments included,

“By the time we had to do [our final practical] I felt like I really understood what it was about like the conventions we had to use and the epic genre is quite complex and it’s not a typical play... but it’s really good to be able to do it and get it like” (Molly, Phase 3).

“I just think my vocab. has increased a bit. It definitely has in understanding some figurative language, because half the words I didn’t understand much at all before, so I think I understand a bit more than that now. My writing style lately [has developed] but I still really need to work on it” (Elly, Phase 2).

“I do think I’m more academic now, like I think more academically and I feel more content in uni. ... I’ve improved like, I don’t think I had any idea what to do before with proper essays. So now I like reference and know how to access journals and stuff” (Joanna Phase 3).

The students were pleased with the knowledge and skills developed during the first year and demonstrated they were getting to grips with what was required of them academically within HE. This reflected more intrinsic factors related to feelings of achievement as they wanted to increase their learning and gain knowledge in HE.

For four students (Molly, Elly, Joanna, Melody) the academic achievement in the first year of HE was crucial because it boosted their confidence and confirmed their status as university students. They demonstrated relief at being able to complete the academic work in HE. Typical comments included,

“I was panicking about coming back [to HE]. I’d obviously done a course that hadn’t gone as well which knocked my confidence - ‘am I actually bright enough to do a degree you know?’ But it has been good ... I feel I’ve got more confident. Especially in my academic ability because I was pretty knocked ... and to come back and hand in essays and get decent marks from them, it made me more confident. I am just a lot more comfortable, I am a lot happier because I can actually see myself graduating from this one” (Molly, Phase 3).

“I was like ‘oh my gosh! I’m going to do so bad, I’m not going to be able to do anything!’ I was so scared that I was going to fail all of it [at the start of HE], but I mean getting the feedback and seeing how well I’ve done with the marks I am like ‘yes! I can do this’ which has boosted my confidence!” (Elly, Phase 3).

“I was quite pleased with [the marks so far] because I haven’t written an assignment for years” (Joanna, Phase 1).

“I was relieved that [that my marks increased] because earlier on in the first term I remember thinking that I had put so much work into one assignment and I just got like fifty-six or sixty-two and usually, cause before my accident I did really well and if I did badly it was because I couldn’t be bothered to do a good job but um, I shouldn’t be saying that but it’s true. But I felt that like at last all my efforts had started to pay off” (Melody, Phase 3).

The successful completion of academic assignments reduced previous apprehensions regarding their academic ability prior to entering HE or during their early experiences of
HE. Thus, the surprise and delight of passing, and in some cases doing well, reinforced the importance of achievement in HE.

For these four students, the apprehension and subsequent relief of achieving in HE, had been exacerbated, to some extent, by experiences associated with disability. However, the students’ experiences and perceptions of this varied. For example, Molly and Elly had failed courses prior to entering HE, which they associated with aspects of disability and gaps in their support (section 4.3.1), and therefore achieving good marks was a direct contrast to this. Additionally, Joanna had chosen to take time out to travel after choosing to complete a vocational course (where limited essay writing was required) and was therefore concerned about engaging in academic work during the first year. While completing vocational courses in previous education is common to the general student population, Joanna’s prior educational course had been purposefully chosen to ensure she could demonstrate her skills and understanding via work experience and other practical means, rather than writing, which she experienced difficulties in because of dyslexia (Appendix 18). Her narrative reflected the barriers that she felt existed on certain academic courses prior to entering HE (i.e. writing) because she needed to evidence her understanding in other ways and this limited her choice of previous course. For these three students (Molly, Elly, Joanna), the social model of disability and the organisational limitations/difficulties experienced in their previous education (Oliver, 1990) underpinned their concern prior to and during the early experiences of HE and subsequently contributed to the relief they felt when achieving in the first year of HE.

Melody directly referred to her impairments to explain her relief at achieving higher marks in HE. She reflected that she had to work harder as a disabled student and was pleased when her efforts mirrored the marks she received. The additional work required of DS has been reflected in other literature as well (e.g. Elliot and Wilson, 2008; Fuller, Healey et al., 2004, Fuller and Healey, 2009; Hopkins, 2011), but the current study reflected how this was discussed in relation to achievement in the first year, as it progressed, rather than the length of time it took to complete assessments more generally or by students reflecting back on the first year. Melody’s narrative reflected that she felt that her impairment limited what she could achieve in HE (Baglieri and Shapiro, 2012) reflecting medical conceptions of disability (Crow, 1996). Again, this is emphasised as her narrative compares her current experiences completing academic work to previous ones as a non-disabled student where she felt more capable.

Interestingly, Melody also explained that entering HE as a disabled student impacted her academic achievement positively. For example,
“Things would have been much, much, much different, not necessarily better but different. Because before the accident I was a bit of, I wouldn’t have done well in any of the work because I was a bit wild. So, I wouldn’t have, if I had gone into uni. I wouldn’t have done very well going out drinking and stuff. I think I’ve done better than I would have done because of the injuries. But I think I’d have enjoyed university more without my disability” (Phase 3).

Although Melody appears to reflect Olney and Brockleman’s (2003) observation that certain DS view their impairment positively because it enriches experience in HE, she only discussed one aspect of HE that she felt her impairment enriched. She still expressed discontent about missing out on social experiences in HE and believed she experienced a lower level of enjoyment as disabled student in HE. Thus, while her narrative does appear to reflect more affirmative conceptions of disability in relation to learning (e.g. Swain and French, 2000), her language also reflected regret. She immediately countered any positives by emphasising the negative aspects she experienced living with an impairment. The focus on her impairment as a negative, causing disadvantage, consequently reflected more medical model reflections of disability, as critiqued by Swain and French (2004a; 2008).

Despite all students developing their marks and/or skills in HE, two students demonstrated that achievement was subjective. They reflected on ‘acceptable achievement’ as a disabled student during their final interview. Simon perceived the improvements made and the marks he had achieved to be a success “considering the amount of time [he] spent in the class” (Phase 3) which had been impacted, in part, by diabetes. Therefore, he indicated that achievement was relative given his circumstances. Additionally, Melody indicated that she had achieved by simply being accepted into HE and reflected the perception that a disabled student would be less likely to achieve highly in HE - “considering I’ve gone from high school to university with a new disability, like being disabled for the first time in my life, I have done well just to pass” (Phase 3). Thus, feelings of succession and achievement in HE were dependent on their individual experiences as DS. Nonetheless, both Simon and Melody referred to a lower benchmark of achievement for DS in HE, which mirrored the culture of low expectation commonly associated with DS in the education system (DfE, 2011; Gray, 2002; Madriaga, 2007; Ofsted, 2010; Shah et al., 2004). These perceptions were again influenced by medical model conceptions of disability and the limitations associated with impairment. This was particularly the case for Melody who directly referred to impairment in her narrative. Their views seemed to accept society’s perception that disabled people were less productive and less capable (Staniland, 2010). This lower benchmark was not reflected within the other participants’ journeys. Interestingly, both students who expected lower levels of achievement also reflected less positive perceptions about the success of their transition into HE (section 5.4.1). This reinforced the importance of academic achievement for DS within the first year of HE.
A factor that commonly aided the students’ achievements and their feelings of success in HE was the increased familiarity of academic expectations. This was an aspect common to the general student population. Naturally, as the year progressed all the students had increased knowledge about the work required of them in HE and this allowed them to become acclimatised to the academic context in HE, as exemplified below:

“I was more aware of what was expected of me by certain, certain people and in certain modules [as the term progressed]” (Molly, Phase 3).

“Starting the first term was, it was nerve-racking not knowing anybody and not knowing the standard of work you have to do or how much is going to be coming at you or how fast. But with the third term, you kind of get into the flow of things, so I mean you used to get to know the assessment criteria a lot better and you can kind of settle into the whole group” (Elly, Phase 3).

“[I feel confident in my higher education environment now] because I feel comfortable. In my group and with what’s expected of us” (Joanna, Phase 2).

Essentially, when the students had a greater awareness of the tutors’ expectations, the workload, the standard of work required in HE and their academic groups it enabled them to progress academically in the first year. For four students (Elly, Simon, Joanna, Melody) this was particularly important because they had concerns about the work level and workload during their earlier interviews (Phase 1) during the first year. This is exemplified by Elly and Simon:

“I was definitely worried about the workload [on entry]” (Elly, Phase 1).

“I expected it to be a bit harder, like the next step up from college, but it’s much harder” (Simon, Phase 1).

The students’ experiences and perceptions of concerns and the importance of familiarity aiding these reinforced findings in the literature which advocated the importance of students developing accurate perceptions of HE as early as possible (Crabtree et al., 2007; Smith, 2012). However, the current research was important as it was able to continually explore how the DS’ perceptions developed over the first year, as they experienced it.

Moreover, the increased familiarity of academic expectations in the first year of HE aided the students’ confidence when considering the move into the second year of HE. They either all agreed or strongly agreed to the Likert statement ‘I feel confident about moving into the second year of HE’, despite the difficulties faced in the first year of HE. This is exemplified by Luke,

“I felt the first year in uni. was about getting a ‘taster’ for what university was and settling in and getting you ready for the second and third year that actually counted [towards a
Despite the common perception that the academic demand and intensity would increase in the second year, the students in the current study felt that their first year experiences placed them well to enter the second year of HE and deal with the academic demands.

Moreover, as Luke explained, the first year of HE and a successful transition into HE was not necessarily about an experience absent from difficulties, but about “dealing with the problems and getting an end result which is beneficial” (Phase 3). This differed to Weedon and Riddell’s (2009) definition of a successful transition into HE which stated that a successful transition is one which is not problematic on entry. However, the current research focused on the DS’ perception of a successful transition and their reality of being DS in the first year of HE. For example, Luke’s view of a successful transition is not one that is without problems and challenges, but rather being able to cope with the change and demands, overcoming barriers on entry and throughout the first year, as well as achieving a good result academically. Although Luke did not directly refer to disability in his definition above and being able to cope with the demands of the first year of HE is also likely to be reflected by the general student population (e.g. Harvey et al., 2006), he did experience several difficulties in the first year of HE that were related to disability, particularly in the first term. Thus, it appears there may be additional “problems” to consider and overcome for certain DS entering the first year of HE. In support of this, other literature has reflected that disabled people have often been oppressed and marginalised in society (Oliver, 1992) and experience greater/additional barriers in HE specifically (NDT, 2004). Therefore, it is understandable that Luke’s focus on a successful transition is related to overcoming barriers (or “problems”), rather than not experiencing any at all.

5.3.2. Course enjoyment

Course enjoyment was a factor that contributed to a successful first year experience for the students in this study, concurring with research exploring the general student population which identified that the course can contribute to a positive or negative experience during HE (Douglas et al., 2014; Foster, 2009; Wray et al., 2014; Yorke, 2000a; Yorke, 2000b). However, the current study differed to other studies that explored DS’ experiences of courses in HE and focused on the DS’ satisfaction with their course rather than simply the nature of the course they were enrolled on (Ashworth et al., 2010; Beauchamp-Pryor, 2007; Purcell et al., 2008; Riddell et al., 2005; Tyan, 2006). Additionally, the current study explores perceptions of courses in further depth than Jacklin et al. (2007) who briefly discussed course enjoyment in relation to learning experiences more generally. Thus, this current study is significant in order to gain a better understanding
of what can contribute to affirmative and more inclusive experiences for DS in the first year of HE rather than just what subject they undertook, as Beauchamp-Pryor (2007) suggested.

Although course enjoyment was not discussed as a dominant factor in the DS’ decisions to enter HE (section 4.1), three students (Molly, Luke Elly) indicated that they were looking forward to engaging with the course material and doing a subject which they gained pleasure from on entry into HE. Their perceptions were common to the general student population and they explained that,

"I was excited to do something that I would like and enjoy” (Molly, Phase 1).

"I was looking forward to learning new things!” (Luke, Phase 1).

"I was looking forward] to get the chance to be with other people who like drama. Because it is something I enjoy … I wanted to do something I would enjoy and rather than just stick it out and having to bear with it” (Elly, Phase 1).

Furthermore, the enjoyment of the course also became more important as they progressed through the first year. They explained that,

"Yes [I have chosen the right course]! This time around definitely! … I’m just a lot more motivated and I’m actually a lot more interested whereas like on my last course I would do the bare minimum to scrape through and maybe that was my mood at the time but even when I am down at the moment I’m still interested” (Molly, Phase 2).

"I think as soon as I changed courses everything improved … I enjoy the course, I enjoy the work, what I’m learning, the social side of it, everything!” (Luke, Phase 2).

“Yeah, definitely I mean at first I was a bit like uncertain because I wanted to do the creative writing… I mean that’s what I love to do, that’s why I wanted to do, that’s why I wanted to do the creative writing. But now I think this course [English and Drama] is perfect” (Elly, Phase 3).

The enthusiasm these students exhibited towards their course was important because they had demonstrated excitement associated with their course during the early experiences of HE. Thus, their delight with their courses as the year progressed demonstrated that their expectations towards their courses had been met. This was positive as accurate expectations are considered to be important during the transition into HE (Crabtree et al., 2007; Ertl et al., 2008; Haggis and Pouget, 2002; Wray, 2013).

However, the importance of the course was also evident because it emphasised enjoyment of a course following a failed degree (Molly), justified the enrolment onto a second-choice degree programme (Elly) and justified a change in degree programme during the first term of HE (Luke). For Molly and Luke, the constant comparison of courses throughout the first year emphasised the significance of course enjoyment whilst in HE. Whilst their reasons for changing degree could be considered common to the general student population, their experiences had been influenced by disability because they both
experienced difficulty with the level of disability awareness within their previous departments. Luke’s experience regarding this is reflected upon in section 5.2.4, but for Molly this occurred in her first attempt at HE. She felt the overcompensation and additional allowances made for her previously (from academic staff) had been detrimental to her progression and contributed to the failure of her degree. Thus, both Molly’s and Luke’s experiences and difficulties on previous courses were underpinned by the social model of disability as the marginalisation experienced and/or the negative attitudes from staff caused barriers (Oliver, 1996a). This was a direct contrast to their experiences on the current courses where such barriers were not noted.

Additionally, Molly also explained how the nature of her course directly benefited aspects associated with her mental health difficulties. She stated,

> “I like getting a script where you’re told how you’re supposed to behave, how you’re supposed to feel and supposed to act. And you get to do and explore being other people and get out of your head for a bit” (Phase 2).

Following a set of emotional guidelines, such as those found in a script, and being able to step into somebody else’s role was beneficial and allowed Molly to regulate her feelings and behaviour, which was a contrast to the irregularity of mental health difficulties described (Appendix 18). Thus, there was a unique and individual reason why she enjoyed her course. Her perception was influenced by the medical model of disability as she felt the course was enjoyable because it aided aspects related to impairment (Crow, 1996). Although other students in this study did not reflect on such feelings, these individual experiences highlighted the importance of exploring DS’ enjoyment of courses in HE because there were different factors that aided or impeded their experiences.

Positively, five students (Molly, Luke, Elly, Simon, Melody) felt they had chosen the right degree programme at the end of the first year in HE. The students had enjoyed the courses they were enrolled on and they agreed or strongly agreed to the Likert statement ‘I am confident I have chosen the right course in HE’. Joanna was the only student who was uncertain about whether the course she had chosen was right for her at the end of her experience in HE. This was because she was unsure whether it would help her achieve her chosen career. Thus, her satisfaction with the course was lessened in comparison to the other students.

5.3.3. Learning and Teaching challenges

Overall, the students were generally satisfied with the academic elements of HE. However, the findings in the current research identified several learning and teaching challenges that the students experienced in the first year. This supported other literature which observed that there are different structures and methods of teaching that all students
have to get used to during the transition into HE (e.g. Brinckerhoff, 1996; Johnston, 2010; Whittaker, 2008; Lowe and Cook, 2003). However, although the DS experienced difficulties that were associated with the general student population, they also experienced other academic difficulties associated with disability. These were therefore important to explore during the first year to ensure more inclusive experiences in HE and to understand how to best support DS to make a smooth transition.

**i) Small versus large group teaching**

Five students (Molly, Luke, Elly, Simon, Joanna) demonstrated a preference for learning in small groups in HE. All five commented on the problems learning in larger lecture theatres during the first year. Four students (Molly, Luke, Elly, Simon) discussed difficulties that were largely common to the general student population. For example, general acoustic difficulties in “big lecture theatres” (Luke, Phase 2) and ineffective delivery methods adopted as lecturers transferred a vast amount of information to a large group of students. For example,

“Sometimes I don’t catch something the lecturer says and it’s like because they talk fast sometimes I’m like ‘what was that?’ And then I miss it…you just have notes on slide and slides and slides of notes it is just really boring. And you can get the notes of BB so it is like ‘why pay attention?’ which is bad” (Elly, Phase 2).

“[One lecturer] just rips through everything and doesn’t explain…. so although he is showing you everything he doesn’t go through it in the depth you need” (Simon, Phase 1).

Although these difficulties were not related to disability per se, they were important to include in order to develop a more complete understanding of DS’ experiences of lectures and the depth in this current study allowed this to be recognised.

However, Joanna also explained that the method of information delivery in lectures impacted her learning because of dyslexia. She stated that,

“[One lecturer] just rips through everything and doesn’t explain…. so although he is showing you everything he doesn’t go through it in the depth you need” (Simon, Phase 1).

Thus, Joanna’s experience of dyslexia impacted the retrieval and comprehension of information in a lecture environment. Although she referred to her impairment within her narratives, Joanna discussed the rigidity of the delivery methods as the cause of the challenge experienced. Her perception of the difficulty is therefore influenced by poor teaching accommodations, rather than assigning the difficulty solely to impairment. Consequently, her understanding reflects the social model of disability which does not ignore impairment, but indicates further difficulties because of the barriers experienced
within society (Oliver, 2004). Thus, Joanna experienced greater difficulty within this learning environment.

Additionally, three of the students (Molly, Elly, Joanna) directly demonstrated their preference for small group teaching. They championed seminars and reflected on the benefits of small group teaching by indicating how this aided their learning in HE. This is exemplified below:

“*A seminar is much more interactive and being in a smaller group that I know, because I know my individual cluster quite well, and being able to ask questions without panicking where as in a lecture with one-hundred-odd people, I don’t really want to put my hand up! So, I way prefer seminars!*” (Molly, Phase 2).

“They’re quite interesting some of them that we have because you know when you go to the seminar there is always going to be something interesting that someone else will have to say and you have to listen to other people’s points of views. It makes you listen and think well actually I didn’t think of it that way before. So, it’s kind of giving you new ideas which is always good” (Elly, Phase 2).

“I think the seminars on the course [are positive] because you get to know everybody whilst doing the work and learning” (Joanna, Phase 3).

These smaller more interactive sessions provided a safe environment that increased opportunities for all students’ learning. However, for two of the students (Molly, Elly) the preference of small groups was important because of the anxiety they experienced when interacting with others in the first year (section 5.1.2). Thus, small teaching groups aided the DS’ confidence and emerged to be particularly beneficial for those with certain types of impairments (i.e. mental health or anxiety difficulties). Small teaching groups were also beneficial in the first year of HE because it aided the development of friendships in HE and helped them to feel part of an academic community, as previously indicated (section 5.1.3). Although Molly and Elly did not directly refer to impairment when advocating the importance of small teaching groups, their narratives reflected how smaller groups provided a more conducive learning environment. Their experiences reflected the benefits of varying teaching environments in the first year of HE in order to ensure a more inclusive learning environment, where varied needs could be met. Thus, reflecting the social model of disability (Oliver, 1996a). Melody was the only student who did not directly indicate a preference to a specific learning environment during the first year of HE.

The students’ experiences of learning environments in the current study reflected those identified in other literature exploring DS’ experiences more generally in HE. It emphasised that DS experienced various and additional barriers when learning in larger lectures (Beauchamp- Pryor, 2013; Fuller, Healey et al., 2004; Fuller, Bradley et al., 2004; Fuller et al., 2009; Healey et al., 2006), but reflected how these were experienced and perceived in the first year, specifically. Additionally, the students’ experiences reflected
those identified within transition literature. That is, that students can experience difficulties adapting to new methods of delivery in HE (Johnston, 2010; Whittaker, 2008). Therefore, the current study drew together the distinct findings previously made and observed that during the transition into the first year of HE, DS may experience additional challenges in lectures and prefer to learn in smaller groups. Again, these are important to understand in order to provide a better transition experience for DS entering HE.

ii) Assessed group work: challenges unique to disabled students

Despite benefits associated with smaller more interactive sessions (previous section) and the usefulness of peer support when completing academic work in HE (section 5.1.3), assessed group work was challenging for three students in HE (Molly, Elly, Melody). In contrast, three other students either did not discuss group assessments or discuss any difficulties with group assessments within the first year.

The difficulties with group assessments were associated with the challenges of working with others. All three students described some challenges that were common to the general student population (e.g. peer cooperation, arranging times for rehearsals as well as other general personality clashes) and these were important to include in order to develop a more complete understanding of DS’ experiences in the first year of HE. However, two students (Molly, Melody) described additional problems that were unique to DS.

Firstly, Melody felt rejected from her group and experienced feelings of inferiority because of aspects associated with disability. She explained that,

```
“I find it hard to work in the group cause ... I gave them my laptop [with my work on it] and they just deleted it, copied my points deleted it, then wrote a script for me. They were just both really cold and made me feel like a bit of a loser, made me feel like a fanny for kissing up to them!” (Phase 2).
```

```
“Other people in my class found it much easier to work in a group because... they don’t have the brain injury to deal with and they don’t feel like they’re a loser compared to everyone else. And that’s what it was I just felt so embarrassed. I didn’t want to put anything else forward, I was scared of being shot down” (Phase 2).
```

```
“I just felt that was the hardest thing, I was not treated equal to them, I felt they were like she is the disabled one or she’s slower. They’re just a bit insensitive” (Phase 3).
```

Her perceptions of these experiences were complex and reflected her feelings when developing friendships (section 5.1.4). While she felt the difficulties experienced when working within a group reflected upon the attitudinal barriers associated with disability, aspects associated with the social model (Oliver, 1996a), her narratives also reflected that it was actually her own perception that society viewed disability negatively and this influenced her feelings of exclusion when working in a group. Furthermore, she used isolating terminology and stereotypical labels (e.g. “loser”, “disabled one” and “slower”) to reflect
her feelings of inferiority and difference in assessed group work (e.g. Coles, 2001; Goss et al., 2000; Swain and French, 2004a; Murphy et al., 2009; Terzi, 2005). Thus, her understanding of the difficulties experienced reflected more medical model conceptions of disability as she assigned the difficulties to impairment. Elliot and Wilson (2008) also described how DS experienced difficulties working with others in groups. They found that peer attitudes in group work impacted DS’ feelings of confidence and their ability to succeed. However, the students in Elliot and Wilson’s (2008) study associated the negative peer attitudes to a lack of awareness of disability, rather than negative perceptions of disability, as Melody did.

Comparatively, Molly’s difficulties with group work were solely related to the unpredictable nature of her mental health difficulties and the complex decisions that she was forced to make as a result of this. These are exemplified below,

“Deciding whether to do the practical [was hardest thing in term 2]. I was really panicking that if I made that decision [not to do the work] and then cause it was like a week or ten days before the prac., that maybe in ten days that I was feeling better then it would mean I had let them down for no reason. But I knew I couldn’t do the practical work, so it was understanding, well making the decision then and there to say ‘I’m not going to do it’ so that they had enough time to prepare. But then I felt guilty from having a massive workload to nothing for like two weeks until the practicals were over - so that was a hard decision to make whether to go for it or not” (Phase 2).

“When it [mental health difficulty] starts to affect other people that’s when I worry. One, that I’ll get hated for it. Two, that I’ll let them down. And three, I’ll mess up their education as well!” (Phase 2).

Her predominant concern was that her mental health difficulties would impact other students’ learning. Thus, she felt she needed to make early evaluations about her ability to perform that other students (both disabled and non-disabled) did not have to. These decisions often meant she compromised her chance of completing assessed group work to ensure other students could adapt their performances in time. In doing so, she put herself at a disadvantage and had to re-sit assessments during the summer. Therefore, her experiences of assessed group work were predominantly underpinned by the medical model of disability; she reflected her need to change in order to suit society (Brett, 2002).

However, although both students (Molly, Melody) referred to impairment when discussing their difficulties in group assessments, rather than the rigidity of the assessments or procedures within HE as other literature did (e.g. Hanafin et al., 2007; Redpath et al., 2013), their experiences indicated that there were limitations to group assessments in HE. In particular, Molly’s experiences reflected the lack of flexibility and organisational barriers within groups assessment processes in HE (i.e. the only option was for Molly to withdraw
from the group and resit in the summer) (Oliver, 1996a). Therefore, further accommodations could be considered in relation to these.

Interestingly, other forms of assessments, such as exams and alternative assessments, were not discussed by students in the current study and again this differed to other literature exploring DS’ experiences of academic aspects within HE (e.g. Fuller and Healey, 2009; Healey et al., 2006; Madriaga et al., 2011).

### iii) Challenges using campus learning environments

Five students (Molly, Elly, Simon, Joanna, Melody) experienced difficulties using the communal learning environments on campus during the first year of HE. Consequently, they avoided these spaces and ensured that their self-directed study was done away from their HEI. Luke was the only student who made regular use of the academic facilities in HE.

The students’ preference to work away from each HEI had been influenced by disability. However, they discussed a range of reasons as to why they were unable to use such learning environments. Firstly, two of the students did not condemn the usefulness of these learning spaces in HE because you “stay up there all day” and “get more done” (Simon, Phase 2), but they explained that the learning environments were not practical or were inaccessible because of “down periods” (Molly) and poor attendance which was, in part, associated with diabetes (Simon). Therefore, these students preferred to complete work at home.

Secondly, three students (Elly, Joanna, Melody) indicated that they were unable to study or complete assignments within certain campus learning environments because these did not enable a suitable learning environment. They explained that,

| “Sometimes I find it difficult working with all people around me, I find it really difficult, and my concentration goes completely off” (Elly, Phase 1). |
| “I mainly work at home. I don’t really like using the computer suite as it is too noisy and distracting (Joanna, Phase 2). |
| “I don’t find it easy to study in the library. I just come home to study it’s peaceful here, it’s not peaceful in uni. I can tell you that!” (Melody, Phase 2). |

For Joanna and Elly, the difficulties they associated with dyslexia (i.e. difficulty taking in information) made working on campus difficult because of the frequent interruptions in the environment. Similarly, Melody’s inability to filter out certain sounds compounded her difficulty concentrating within these “noisy” spaces (Appendix 18). Their experiences reflected social model conceptions because the students’ narratives did not ignore their experience of impairment, but emphasised that the difficulties experienced were exacerbated
by challenges within the learning environment (Oliver, 2004). Thus, it emerged that access to, and promotion of, quieter learning spaces would be beneficial for such students in HE.

Interestingly, in the current study, the students’ difficulties accessing the learning spaces in HE was not associated with the physical barriers (even for those with physical impairments) as other studies have reflected (Borland and James, 1999; Chard and Couch, 1998; Jacklin et al., 2007; Tinklin and Hall, 1999; O’Connor, and Robinson, 1999). Thus, it emphasised that HEIs need to think beyond physical access and ensure suitable spaces to enable all students to learn effectively in HE.

iv) Reading and writing difficulties associated with disability

Five of the DS (Molly, Elly, Simon, Joanna, Melody) experienced difficulties adapting to reading and writing within HE. Although it is recognised that many students will experience difficulties adapting to the academic work when entering HE (Whittaker, 2008; Johnston, 2010), the five students in the current study indicated that difficulties associated with reading and writing had been made more challenging by aspects associated with disability on several occasions. This is supported by other research exploring DS’ academic experiences of HE (Beauchamp-Pryor, 2013; Fuller, Healey et al., 2004; Fuller, Bradley et al., 2004; Fuller et al., 2009; Healey et al., 2006; Madriaga et al., 2011). However, uniquely, this research was able to explore their experiences as they progressed throughout the first year of HE. Thus, the students’ narratives provided detail about what was particularly challenging as they experienced the first year, rather than on reflection.

a) Reading difficulties

Firstly, four students (Elly, Simon, Joanna, Melody) discussed difficulties associated with reading because of impairment. Molly and Luke did not refer to such difficulties during the first year of HE. For Elly and Joanna, the reading difficulties experienced were directly associated with dyslexia (Appendix 18). Specifically, difficulties understanding written words meant that they struggled with the frequency and intensity of reading in HE. Consequently, they spent additional time interpreting information within and outside lectures. This was exemplified by Joanna who felt compelled to read over her handouts to ensure understanding:

“I sometimes get a bit lost in some lectures I tend to be able to catch-up when reviewing them [handouts]” (Joanna, Phase 2).

Additionally, they both felt pressurised when coping with the demands of reading and the amount of academic work throughout the first year of HE. They exemplified that,

“I was like 'oh my goodness so much reading to do'? ... I’ll have to catch-up [in the holidays]” (Elly, Phase 1).
“Well the reading more than anything is difficult. We had to read four novels and I didn’t finish any of them!” (Elly, Phase 3).

“I feel I did badly in a seminar which involved reading a lot of information within the room and then answering questions on it after. I struggled to take in the information. It just made me feel a bit embarrassed and silly, but I realise I need to work on that area … Some lecturers contacted me to warn me of such lectures and seminars so I could prepare beforehand” (Joanna, Phase 2).

The circumstances outlined above caused some of their most challenging experiences during the first year of HE and reinforced that students with specific learning difficulties experience difficulties with literacy (Madriaga et al., 2011). Both Elly and Joanna explained that they needed adequate time to prepare for sessions or catch-up on work. Furthermore, Elly also encountered stigma from another student because she was dyslexic,

“I feel people judge my reading and writing a lot more. Like ‘If you can’t write properly then why the hell are you doing English?’ But, it, it is what I love, you know? … I did [encounter that view] from a few people... But you know its [reading and writing] is what I love to do and want to do. So, you can’t blame me for wanting to try and improve and at the end of the day it’s who I am” (Phase 3).  

Whilst this was not a frequently cited difficulty, it indicated the prejudice and pressure certain DS were faced with in academic situations. It also indicated that Elly felt there was more to her identity than dyslexia, which she felt her peer had not considered. She explained how her love of reading and writing was a strong characteristic of her identity. This is a critique reflected upon when discussing the disclosure of disability as well, as disability may only be one aspect of a person’s identity (Houghton, 2005; Murphy et al., 2009; Riddell et al., 2005).  

Melody and Simon also experienced challenges when reading in HE and assigned this to impairment. Simon described how the impact of low blood sugar levels caused fatigue and impacted his ability to concentrate and comprehend written information when studying (Appendix 18). Similarly, Melody explained difficulties digesting and understanding information at speed. She stated this throughout HE and said that,

“I found it hard to read so much and I can’t really flick pages quickly or find things cause I’m slower in my head. Like my sources are from the same three textbooks” (Phase 1).

“It’s been very hard just because I can’t read fast … in the last essay I did better at it because I just went to the index and read what I needed to which meant I didn’t have to read as much but it has been alright just takes me longer” (Phase 3).

Thus, they expressed similar difficulties to the other students with dyslexia and this indicated that reading difficulties were not only associated with specific learning difficulties. However, Melody and Simon did not discuss any pressure, embarrassment or stigma when discussing reading difficulties in the first year of HE, as Elly and Joanna did. Thus, it
indicated that those with specific learning difficulties may encounter additional barriers when reading during HE.

In discussing their challenges with reading in first year, the DS reflected two theoretical viewpoints in order to make sense of their experiences. Firstly, the medical model was reflected as the DS often related the challenges of reading in HE to the biological aspects of their impairment (Fulcher, 1999). They reflected their need to develop coping mechanisms in order to keep up with the amount of reading within in HE. In doing so, they perceived that they needed to adapt in order to fit in with the structure of HE (Davies, 1995; Oliver and Barnes, 1997). However, the students’ narratives also reflected the social model of disability, but for varied reasons. Elly experienced stigma from peers and indicated that the challenges experienced were exacerbated by negative attitudes within society. Joanna indicated how the nature of the activities and lack of awareness of impairment caused increased challenges when reading in HE (Oliver, 2004). Additionally, she reflected how some staff had tried to reduce such barriers and make accommodations to aid aspects she found challenging. Finally, although Simon and Melody related the reading difficulties experienced to impairment, their experiences indicated that there were additional challenges for DS when reading in HE due to the timing and structure of work. Therefore, the social model of disability and the barriers within the HE environment (i.e. the nature of activities) were an underlying aspect to these four students’ experiences of reading. Thus, further accommodations could be considered in relation to this aspect of HE.

Additionally, two students (Elly, Melody) demonstrated how the challenges with reading caused problems when interpreting written feedback in HE. They reflected on this negatively as it hindered academic progression (an aspect that was important in the first year - section 5.3.1). For example,

```
"The feedback, where, it didn’t tell me which bit of the criteria I hadn’t met ... whereas with the essays where it was marked against the criteria, it was like ok this area is where I need to improve. But this one it was kind of written over the paper so it’s like right ok?" (Elly, Phase 2).

"Her [lecturer] notes were really helpful ... the rest of them [other lecturers] were just saying what I did wrong, but she would say what I specifically could do to make it better. Like I’d have that sentence just to keep in mind when I’m writing the next one I can improve on it then, because I don’t understand I haven’t got the capacity to understand in my brain what the answer to that question is” (Melody, Phase 3).
```

It seemed that when the comments were unclear, did not accompany marking criteria and/or were overly-centred on criticisms, rather than improvements that needed to be made the students encountered difficulty using the feedback. These difficulties were particularly problematic because five students (Molly, Elly, Simon, Joanna, Melody) held feedback in high regard when it was effective, including Elly and Melody, because it was perceived to
enable academic progression. Their experiences and perceptions of feedback in the first year of HE were predominantly underpinned by social model conceptions of disability. Essentially, they felt that the difficulties accessing and using the feedback was because of a lack of disability awareness/knowledge from staff within HEIs about how to provide and ensure students could use their feedback, rather than impairment (Oliver, 1990). The social model was also reinforced within the narratives as Elly indicated how verbal discussions with tutors were particularly useful when clarifying the confusing feedback she had received - “I spoke with [the tutor] ... about the feedback for it and everything so it was very clear” (Phase 3). Thus, providing accommodations and alternative ways to receive feedback was beneficial and reduced difficulties.

Although the challenges regarding feedback experienced by Elly and Melody may be recognised as common to the general student population - because feedback has often been recognised as an area of discontent for students in HE (e.g. Knight, 2002; Race, 2007) - the difficulties had also been exacerbated by experiences associated with disability. Therefore, the current study provides a unique insight into DS’ perspectives regarding feedback within HE and demonstrated that HEIs would benefit from further consideration of the nature of feedback, to ensure that all students can access and understand the feedback they are provided with.

b) Writing difficulties

Secondly, challenges associated with academic writing were frequently discussed by five students (Molly, Elly, Simon, Joanna, Melody) in the first year. The challenges they experienced could be considered common to the general student population. Broadly, these experiences included difficulty planning assignments (layout and structure), adhering to the strict format of essays in HE (referencing and reaching the word count required) and unfamiliarity with essay writing. Four students (Molly, Elly, Simon, Joanna) indicated that the latter caused problems during the early experiences of HE. They either emphasised unfamiliarity within a certain genre of writing or a specific subject area:

“But I think that [improved marks] will come with getting used to writing in an academic style and in an English style” (Molly, Phase 2).

“I’m writing my essays as though I am a writer rather than looking at it academically, which is something that I need to do a lot more” (Elly, Phase 3).

Or described limited experiences of recent essay writing in general:

“I think I was a bit less prepared, possibly, really because it’s just things like essay writing” (Simon, Phase 1).

“I haven’t written an assignment for years ... I found it hard planning for it, because at college it was kind of totally a different level, wasn’t it?” (Joanna, Phase 1).
Interestingly, three of these students (Elly, Simon, Joanna) had completed vocational courses prior to attending HE (Table 9). Thus, their unfamiliarity with essays was compounded by their previous educational experiences, which left students feeling unprepared for academic writing in HE, as reflected by Foster (2009) who explored the first year of HE generally. However, as indicated previously, the uptake of vocational courses had been impacted by disability to some extent and was influenced by the social model of disability. Elly and Simon failed courses because of disability and the minimal support received (4.3.1), whereas Joanna had purposefully chosen a vocational course to circumvent aspects associated with dyslexia (section 5.3.1). Consequently, their unfamiliarity had been heightened by experiences of disability in previous education and this had caused additional challenges within HE. Their experiences reinforced the importance of exploring DS’ journeys throughout the first year of HE to explore the impact and development of previous experiences.

Additionally, three students (Elly, Joanna, Melody) discussed how their self-identified disability further impacted their writing difficulties. They explained how the structure and fluency of their written coursework had been affected by their perceived limitations as exemplified below,

“*I think [dyslexia] this has affected the grades I should be getting. I mean when I read things [my work] they make sense and the lecturer reads it to me and it doesn’t … and I think that’s the major thing*” (Elly, Phase 2).

“All of the quotes were mine but [my parents] helped me put into a more kind of eloquent kind of English, a ‘posher’ English, because I find it hard to find the words because my frontal lobe has been damaged” (Melody, Phase 2).

Their narratives reflected two theoretical viewpoints. Although they assigned difficulties to individual limitations and internalised the difficulties, thereby reflecting the medical model (Crow, 1996), their narratives also suggested further support for writing (from staff and parents) helped minimise the difficulties they experienced when engaging in/reviewing written work. Thus, this further reflection shifted the students’ understanding slightly and it was observed that the social model also influenced their experiences of writing within HE (Oliver, 1990). Previous studies have also recognised that DS experienced difficulties associated with coursework and indicated that they spend longer completing assessments and spent a longer time studying than non-DS (Elliot and Wilson, 2008; Fuller and Healey, 2009; Healey et al., 2006; Madriaga et al., 2011). Thus, the findings in this current research supported this, but allowed further reflection into their individual experiences, using the models of disability to gain a more in-depth understanding of their journeys in the first year.

As indicated, Luke was the only student who did not directly discuss the difficulties with reading or writing in HE. However, the academic provision he received suggested
some difficulty in both these areas. For example, the support he received in HE included note takers and scribes (section 5.2.2.1/Appendix 20). Additionally, he indicated that his newly-identified disability, which he associated with dyslexia, caused difficulties with the recognition of words in HE. He stated,

“All I know is it’s [Irlen Syndrome] a visual reception problem between the eyes and the brain and it sort of runs alongside dyslexia. And you may have seen people use overlays on books but the idea is it’s in your glasses, so I got blue tinted glasses because it makes it easier to read ... Focuses on the black instead of the white on a page” (Phase 2).

Nonetheless, his omission of reading and writing difficulties within his narrative corroborated with the personal explanation of his impairments (Appendix 18) where he explained that the difficulties experienced were predominantly physical. As such, he rarely centred on the academic challenges associated with reading and writing within his first year of HE. This differed to other students who also self-identified that they had dyslexia, where reading and writing difficulties were often focused on within their discussions of academic aspects in HE. However, the discussions the students had were relative to the difficulties they faced in HE (Jacklin et al., 2007). Therefore, in contrast to his other experiences, Luke did not consider academic tasks difficult, or himself to be disabled within the academic domain of HE. Furthermore, Luke’s omission of academic difficulties reinforced the importance of support within HE as receiving institutional provision omitted some of the physical difficulties associated with reading and writing. Thus, his experiences reflected social model conceptions of disability as difficulties were caused when barriers in society were present (Oliver, 1990).

5.3.4 Critical Summary

The findings were important to the study because they provided individual and personal stories regarding academic experiences within HE. Uniquely, this included an exploration into the DS’ perceptions of achievement, their course, group work and feedback. These aspects were particularly important as the enjoyment of courses and the perception of doing well, influenced feelings of a successful transition and aided the confidence of students progressing into the second year. Thus, it helped to provide a more complete understanding of DS’ experience during the first year. Moreover, the current study explored the DS’ feelings of achievement, rather than grade boundaries, and their choice of course as they progressed through the first year which other studies have not (e.g. Ashworth et al., 2010; Beauchamp-Pyor, 2007; Beauchamp-Pyor, 2013; DIUS, 2009; Riddell et al., 2005). Again, by providing a ‘thinking space’ (McCormack, 2008) that enabled the students to explore the aspects associated with academic experiences throughout the year, students were able to raise aspects that mattered to them as they occurred, rather than reflecting back on their experiences. This theme reflected that the models of disability emerged from within the
DS’ narratives of academic experiences, but not one could fully encompass their experiences. This further reinforced the complexity of the first year of HE.

Overall this theme means that academic experiences during the first year were a critical part of the DS’ experiences in HE. Significantly, the academic experiences were multifaceted and varied, and included both positive and negative experiences. Moreover, the experiences were not always different from non-DS, but they also described certain situations in which they had additional aspects to overcome because of aspects associated with disability. There were three important elements to this theme.

Firstly, academic achievement, in particular the progression and development of external (marks) and internal (learning and developing new skills) aspects of achievement, were important during the first year of HE. For many students, the significance of this was because it aided their sense of belonging within HE which, to some extent, had been influenced by past experiences associated with disability. The theme also reflected how, for certain students, there was an expectation of lower levels of achievement because of disability. Secondly, the relevance of the course emerged as the year progressed. The students realised the significance their earlier decisions of the choice of course had on their first year experiences in HE. Finally, their narratives identified the various academic barriers experienced by DS during the first year. While not all were related to disability, it was evident that there were additional aspects DS had to negotiate within their academic experiences. Thus, although the students did not ignore impairment and how this influenced their academic experiences in HE, they reflected upon the additional institutional and organisational barriers within the HE academic environment.

A key implication of this theme is that HEIs should further consider how they can provide an inclusive academic environment within the first year of HE. This will help to circumvent any additional difficulties DS may need to overcome during the (already) complex transition to HE. It is also particularly important for HEIs to consider given that the support DS receive is often not implemented until the second term of HE (section 5.2.3). Additionally, because familiarity was an important factor that aided academic achievement and progression during the first year, another implication is that HEIs should consider ways in which they can develop students’ academic expectations as early as possible during the first year, or even prior to their entry in HE. Thus, considering ways to better inform students of the requirements of the academic work in HE is necessary. Similarly, developing the students’ expectations of the course as early as possible is also important to help ensure a positive HE experience. A final implication reflected that HEIs need to empower and provide spaces for DS to feedback about their experiences on a course to ensure the HEIs are able to provide more inclusive and positive experiences. While this is likely to contribute
to general understanding of the academic environment in HEIs, it is also likely these insights would be able to add further awareness as to why certain subjects are often chosen by DS entering HE.

5.4. Independence

5.4.1. The importance of managing different aspects of HE

In contrast to previous educational experiences, being able to manage workload, personal and social experiences is the responsibility of the individual students in HE (Whittaker, 2008; Johnston, 2010). All students in the current research reflected on the importance of being able to manage and balance aspects in HE. Four students (Molly, Luke, Simon, Melody) directly referred to the balance of such aspects within their definition of a successful transition into HE, emphasising its significance to the first year. This is exemplified by Molly and Melody,

“I think [a successful transition is] if you settle make friends maintain the grades you Xpected of yourself and embrace university life - drinking, but still going to lectures, writing essays and being able to reference etc.” (Molly, Blog- spelling errors left in).

“[A successful transition is] being able to handle a new, a new life routine, being able to handle you know the course, being able to adapt to these new things and um and within this new life, there is social not goal but social needs you have to meet, academic needs you have to meet, independence needs you have to meet and you have to meet all these things” (Melody, Phase 3).

The students’ perceptions, on the whole, were common to the general student population and they recognised many areas of HE that needed to be negotiated, with particular emphasis on the academic and social experiences. In contrast, two students (Elly, Joanna) did not directly refer to the management of different areas within their definition of a successful transition into HE. Rather, they focused on being comfortable within academic and/or social environments. However, both Elly and Joanna developed organisational skills in order to manage aspects during HE (section 5.4.2).

Although the importance of balancing different aspects in HE is acknowledged by these four students in their definition of a successful transition to HE, it was not always straightforward. Simon and Melody both encountered significant difficulties achieving this balance (section 5.4.2 and 5.4.3). The difficulties they experienced developing independence influenced their overall feelings of a successful transition into HE. Consequently, they were less positive, in comparison to the other participants, when asked whether they felt they had made a successful transition into HE during their final interview. They responded with words such as “considering” and “sort of” within their explanations. Thus, although they were able to identify and outline key aspects that they felt aided a
successful transition (i.e. being able to manage different aspects), they felt they were limited in how well they had been able develop this. Other students who did not experience significant difficulties managing aspects in HE did not use such terminology.

5.4.2. Independent study

A key feature that emerged from the DS’ journeys was the importance of gaining independence in HE, both academically (independent study) and personally (personal independence). The emphasis placed on developing independence was not unexpected as other studies exploring students’ and other stakeholders’ perceptions of HE have indicated the importance of developing such skills on entry to HE, particularly in relation academic study (e.g. Adams and Holland, 2006; Brooman and Darwent 2013; Elliot and Wilson, 2008; Lumsden et al., 2010). However, the current research was able to explore the progress students made in feeling independent, or not, and was able to identify when the students experienced further difficulty in doing this.

To manage different areas of HE effectively, the development of independent study was crucial. All students described or displayed some improvement in their independent study skills, as they progressed through the first year. These were common to the general student population and are exemplified below,

“I feel like I’ve worked harder… one thing I’ve noticed is that [this time in university] I’ve left more time to do essays. When I was in sport [previous HE course] I used to sit down the night before and do them, but with this course I’ve been giving myself a week to ten days to do essays which has helped because I’ve been able to start an essay go away and have a few days and actually think about what to do next with it and given myself the time to do it.” (Molly, Phase 3).

“I’ve also realised that I have to put more work into the assignments… and I’ve actually spent more time revise than I used to before uni.” (Simon, Phase 3).

“[In my spare time] I think it’s more work related to be honest and at the weekends I tend to not do work, its more social, but in the week, I tend to try and focus myself to actually get work done” (Joanna, Phase 1).

The students described the determination and motivation needed in HE, and the importance of developing organisational and time management skills to ensure they completed their work via self-directed study. The importance of developing this skill was emphasised as the students progressed throughout the year and realised that they were in control of their work, academic achievement and study habits. They reflected upon their active roles within the regulation of their learning and demonstrated an understanding that it was their choice to engage with and organise their studies effectively. Thus, their narratives reflected that empowerment and control was important in the first year of HE.
However, despite improvements throughout the year, four students (Molly, Elly, Simon, Melody) experienced difficulties adjusting to a new way of learning and the independent study required in the early experiences of HE. The most commonly cited challenge that impacted the development of independent study skills was common to the general student population and was the adjustment to the increased responsibility required of students in HE, particularly in contrast to previous education experiences. Three students (Molly, Elly, Simon) experienced this and typical comments included:

“Getting used to how much independent study there is in university [is the hardest part of HE]. Being used to school where everything is kind of fed to you and then having those years where I did sport but didn’t actually do anything academic - I kind of just sat around watching Jeremy Kyle on my laptop - so getting to that very focused stage and realising that you have to be very self-motivated to do it because lecturers, you know, you’re not in their little class they have got other people that they see and you’ve got to do it yourself” (Molly, Phase 3).

“It’s a lot more independent with the work [in HE] ... you have a rough plan of what should be in the assignment ... and you have to build on it yourself from there. So that’s where it was completely different [to previous education], more than I originally thought” (Elly Phase 1).

“With college if you have an assignment to be in next week you have a tutor every week saying it’s got to be in this week and that and the week before nagging you. With university, it’s like they post it on BB, but unless you check it every day you know? ... Obviously, you’re meant to be more responsible with you work but there’s no one to kick you up the arse if you are not picking up stuff” (Simon, Phase 1).

The students had been used to consistent monitoring, encouragement and instructions from teachers in their previous education experiences and were underprepared when there was a reduction of tutor input. Thus, they needed to adjust to a new way of learning, where the control and ownership was determined by them. Two students (Molly, Simon) indicated that developing this was the most challenging aspect of the transition, but recognised its importance within HE (section 5.4.1).

The students’ experiences in the current study reflected findings similar to those within the literature exploring experiences of students in the general student population and those exploring DS’ experiences of transition. Firstly, their perceptions emphasised the importance of developing independent study skills to succeed in HE (as reflected above) and this required a shift in the students’ identity where the onus is on them rather than teachers (Jacklin et al., 2007). Secondly, their experiences reflected the frequent perception regarding the mismatch between first year students’ experiences and expectations of HE (Crabtree et al., 2007). That is, the students in the current study were unsure of their role and that of their tutors as they entered HE. Therefore, in order to prepare students for HE, the findings reinforced previous literature which reflect upon the importance of providing information about HE to students (e.g. Elliot and Wilson, 2008; Smith, 2012; Whittaker,
2008; Wray, 2013) and the importance of developing a framework of transition to support students in the early experiences of HE (Wingate, 2008).

However, two students (Simon, Melody) experienced significant difficulties when developing independent study skills in HE. These were exacerbated, to some extent, by their experiences associated with disability, although their difficulties differed. Simon, experienced significant difficulty adapting to the increased autonomy expected at university and was persistently absent in HE because there was “no one checking on your progress”. He demonstrated mixed perceptions of his non-attendance. He excused his high non-attendance rate by discussing the need to work to earn money and his difficulty managing aspects of HE. However, he also assigned the difficulties to low blood sugar levels caused by his diabetes and the intensity of medical appointments to arrange an insulin pump. Whilst a difficulty only discussed by Simon, he explained that it was particularly problematic because it caused difficulties with his understanding of the course content, completion of assignments and caused further concern when thinking about the second year in HE:

“T'm just a bit worried that next year, because I missed out on some things, I won’t be you know able to do it [the work]” (Phase 2).

Despite the early acknowledgement that everything is “linked”, he continued to miss lectures in the subsequent terms of HE. He recognised the significance of his non-attendance in his third interview by reflecting that, “[If I had to change anything] I probably would have forgotten about work maybe and spent more time in university”. His experiences regarding attendance were similar to other students with diabetes in HE (Roberts, 2009). However, he also indicated that his poor organisational skills may have been to do with dyslexia as well (Appendix 18). His experiences were problematic as the difficulty during the transition to HE was not always related to academic progression and the completion of work, but the engagement required of students when in HE (Piggot and Houghton, 2007). His experiences indicated there may be various factors influencing independent study, but disability could indeed exacerbate this.

Melody indicated that the difficulty developing independent study skills had been influenced by impairment and the support she received because of this in HE. For example, she explained that in the early experiences of HE she found

“It hard to manage my work, but that’s because of my brain injury. I find it hard to organise it” (Phase 1).

However, later in the year she explained that,
"I have got a tutor I don’t know, I know it’s me doing the work but the fact, the piece of work I got sixty-eight on like but my Mum and Dad edited it a lot, it was my work but they polished it, so I don’t feel very independent” (Phase 3).

Thus, the academic support she received (from the HEI and her parents) caused a lack of autonomy in HE and impacted her feelings of achievement, despite the improvement in her marks throughout the first year (section 5.3.1). This was an aspect unique to Melody. However, although she indicated that support diminished the development of independent study to some extent, when appropriate it was evident that it appeared to aid her experiences in HE (section 5.2.1). Thus, the academic support had the potential to enable and empower students to complete work individually, but the current study reinforced that the correct application of support is necessary in HE to ensure this.

Within both Simon’s and Melody’s narrative of independent study, two theoretical viewpoints emerged as they made sense of their experiences. For Simon, although there were mixed reasons influencing his experiences, one of the reasons for his lack of attendance was associated with his impairment and the medical appointments to maintain his health, reflecting medical model conceptions and locating the difficulties to impairment (Fulcher, 1999). However, the lack of awareness of his diabetes and the lack of support he received for dyslexia in HE (reflected upon throughout 5.2) demonstrated social conceptions of disability, locating his challenges developing independent study to barriers within the environment (Oliver, 1990). These difficulties contributed to Simon’s feelings of a lack of empowerment within the first year of HE (Oliver and Barnes, 2009).

Melody’s perceptions of the difficulties in relation to independent study further reflected her consistent and complex negotiations between the medical and social model of disability. On the one hand, in her early experiences of HE, she indicated that her impairment caused limitations in terms of developing independent study skills (medical model) (Fulcher, 1999). However, she later reflected how the organisation of support (both academic and from her parents) caused feelings of weakness as the year progressed. Thus, although the accommodations made to minimise difficulties could be seen as positive, it reflected that a lack of knowledge and understanding about disability from others (i.e. how to support students) caused further difficulty and reflected social barriers in the development of independent study (Oliver, 1996a). Furthermore, Melody’s perception demonstrated how her parents may have over-compensated for such difficulties related to disability. In doing so, her narrative also reflected how others often held medical conceptions of disability which indicated disabled people needed further support (Crow, 1996; Staniland, 2010). However, it was these negative perceptions that exacerbated the barriers Melody experienced, rather than impairment, and therefore societal barriers continued to be reflected within her narratives (Oliver, 1996a). Consequently, it seems the development of
independent study for DS may be more complex as they negotiate levels of support both within and outside the university, others’ attitudes as well as aspects common to the general student population.

5.4.3 Personal independence

Four students (Luke, Elly, Simon, Melody) discussed the increased personal responsibility they experienced at times during the first year of HE. Their experiences were common to the general student population and are exemplified below,

"Because whenever you do anything wrong it isn’t the university that calls your parents, they call up you ... so you have to deal with it, money or [academic] work or missing lectures they’d contact you which is different to anything before uni.” (Luke, Phase 3).

“I think that, personally as well because having to like sort everything out myself like time management and that having to get myself back and forth to uni.” (Elly, Phase 2).

“In the first term I was coming home crying to my Mum and Dad every weekend about something, um I’m much stronger now, it’s like something has clicked” (Melody, Phase 2).

These students described increased control, confidence and empowerment over personal and social aspects of their life. It included Luke who, during the early experiences of HE felt that because he had already lived away from his parents prior to HE was personally independent. In contrast, two mature students (Molly, Joanna) did not discuss the development of personal independence in HE because they had already experienced this by living away from home. The students’ perceptions of personal independence differed to Beauchamp-Pryor’s (2007) findings to some degree, as the students in this research did not directly refer to the development of personal independence as an importance aspect prior to/during the early stages of HE, rather it developed throughout the year.

However, Melody had significant difficulty developing personal independence during the first year of HE. Although she discussed some development in her personal independence in her Phase 2 interview (above), she expressed further problems developing personal independence as the term progressed. This was discussed in relation to autonomy. She described how she felt unable to reach a level of personal independence because of too much interference from her parents. Towards the end of her experiences during the first year she frequently indicated that her parents controlled decisions associated with her personal, social and financial experiences in HE. For example,

"Because I am [pause], my parents still do everything, I just don’t feel very independent ... My parents want me to live at home ... they want to keep an eye on me basically ... And it’s like how long are they going to try and keep me under wraps? When are they going to let me go, you know?” (Phase 3).

“It was upsetting [moving out of halls], not because of the people but because that was my space, that was my getaway... I miss my freedom” (Phase 3).
Although Melody had valued the support from her parents elsewhere (section 5.2.2.2), as the term progressed she felt they had become too overprotective and had seized control of important decisions that she wanted to make. In doing so, she perceived that her parents held medical conceptions of disability, as discussed in section 5.4.2. Consequently, she felt her parents’ attitudes towards disability impacted the development of her personal independence and thus her feelings of empowerment, reflecting barriers within society (Oliver, 1996a). Indeed, while other students in the general student population may also experience ‘interference’ from parents during the first year of HE, the personal support Melody often received from her family was related to disability. Therefore, the support she required and her quest for personal independence meant she encountered more complex experiences negotiating this during the transition into HE. In doing so, the findings built upon Beauchamp-Pryor’s (2007) observations that DS may experience difficulties when developing independence from families during the transition into HE because of aspects associated with disability, but reflected that developing such independence was not always linear.

5.4.4 Critical Summary

The findings were important to the study because they provided individual and personal narratives regarding the DS’ perceptions and development of aspects related to independence. Uniquely, this included exploration into the progression of both personal and academic aspects of independence during the first year of HE, which has not been reflected upon in-depth previously. The study was able to identify how both aspects of independence developed (or not), rather than just focusing on the experience of independence at one particular point, as students reflected back on their experiences. Consequently, it allowed a more complete understanding of the DS’ experiences to be depicted, acknowledging the significance of the DS’ voices and what mattered to them. This is important to be aware of to enable a smooth transition for DS on entry into HE. Again, both the social and medical model influenced the DS’ narratives of independence and reflected that one model could not fully encompass the DS’ experiences of independence during the first year.

Overall this theme means that empowerment was a significant aspect during the DS’ first year of HE. Throughout their journey, the DS reflected upon increased ownership and control when discussing both independent study and personal independence during the first year. Essentially, they negotiated the new levels of responsibility they experienced when entering and developing throughout the first year. Thus, they reflected that independence was something that was developed over time, rather than something they had on entry to HE. While the majority of DS discussed independence in a similar way to their non-disabled peers, for some, there were also additional and varied barriers to negotiate because of disability and this limited the extent to which DS felt empowered within HE. Additionally,
the development of independence was not always linear, but interrupted by experiences of disability and the support they did or did not receive throughout the year.

A key implication from this theme is that HEIs should better consider how to promote to students the expectations of how they will learn and live in HE, in order to better prepare them on entry. Another implication also recognised the importance of the correct level of support in HE as this can either aid or hinder empowerment. This is particularly important as DS often seek additional support in comparison to their non-disabled peers during the first year and in doing so they may have additional aspects to negotiate in terms of independence in HE.

5.5. Summary

The findings from this chapter provided an insight into the DS’ perceptions and experiences during the first year of HE and significantly it identified the students’ progression throughout the first year of HE. As with chapter four, there were four main themes identified from the DS’ personal journeys and the students’ experiences of these were also individual and diverse. This reinforced the need to explore and listen to individual DS entering HE as their experiences were not homogenous. The most prominent themes included friendships, support, academic experiences and independence. Some of the experiences identified within each of these themes were common to the general student population, but the DS also encountered experiences that were unique or additional in comparison to non-DS during the first year. Additionally, within these themes there were several barriers and successes that contributed to the students’ overall experiences in the first year. The significance of these findings in terms of a successful transition for DS in the first year of HE is reflected within Chapter 6.

Again, similarly to the previous chapter, the DS did not make direct reference to models of disability when discussing their decisions and experiences prior to entering HE. However, several models of disability were reflected upon within the DS’ narratives as they made sense of their experiences. However, it was evident that the DS’ experiences did not reflect upon one particular model, rather their experiences were complex and reflected that during HE a range of existing models had influence upon their journeys. This predominantly included the medical and social model, but also included the affirmative model.
Chapter 6 Conclusion

The aim of this study was to evaluate DS’ personal journeys during the first year of HE. The previous chapters (4 and 5) provided a critical and theoretical discussion of the key findings that emerged from the research, using previous data and models to help interpret the DS’ narratives. This included Critical Summaries following each theme which reflected upon the importance, the implications and the meaning of each theme. As many of the theoretical discussions took place in the previous chapter, the purpose of this chapter is to draw together the overall findings to depict the lived experiences of DS during the first year of HE, outlining how the research is original and what it contributes to knowledge.

The chapter will be divided into four sections. The first section outlines the significance of the current research. In doing so, it will outline its original contribution to knowledge, identifying what is new and what it adds to current knowledge. The second section is structured around the original RQs and outlines the key findings to address the overall aim of the research. Each RQ starts by summarising the key findings and ends with a theoretical summary. The summary of findings from each RQ are then synthesised in the third section into a Diagrammatic Representation (DR) of the DS’ personal journeys during the first year of HE (Figure 27) and helps address Braun and Clarke’s (2006) final question regarding the overall story of what the themes reveal about the topic. The DR is also included as an A3 handout. This DR is needed as previous chapters have shown that no existing model of disability or framework adequately maps DS’ journeys through their first year of HE. The final section considers the limitations associated with the current research and proposes areas of further study for the researcher, or other researchers in this field. Recommendations that emerge from the findings are also outlined in Appendix 21.

6.1. An overview of the study’s originality and contribution to knowledge

This study uniquely charts the lived experiences of DS as they enter and progress through the first year of HE. It uses DS’ voices, gained throughout their first year of HE (which other research has failed to convey), to provide much needed original empirical research into the journeys of DS ‘in transition’. The study does not interpret the DS’ understanding of disability or explore disability as a construct per se, instead it explores the lived experiences of DS to identify the factors which are important at different points in the first year of HE and are considered barriers and enablers to DS’ academic and social progress in HE. The study therefore, includes the progression of key areas (such as friendships, support, academic experience and independence) which are explored as they
were experienced - in contrast to previous studies which provided a ‘snapshot’ of DS’ perceptions and experiences based on reflection at a later time. Furthermore, the study is original because it provides much needed empirical research into underexplored areas of DS’ experiences in HE (e.g. friendships, the application process and entry into HE) and allows further and unique insights into aspects already explored in relation to learning and teaching and provision (e.g. perceptions of courses/achievement, group work, feedback, personal aspects of institutional provision and external aspects of support). Therefore, the current research provides a more complete understanding of the totality of DS’ experiences in the first year of HE.

A systematic and synthesised version of the (vast amount of) data captured from the DS’ stories during the first year makes another original contribution to knowledge in the form of the DR, which is explained in more detail below and in section 6.5. The DR is unique and contributes to knowledge because, unlike previous studies, it outlines the DS’ prior, early and end of term experiences and perceptions. Thus, the DR is not a way to explore theoretical constructs and societal views of disability as existing models of disability have already done, rather, the DR shows the changing priorities and perceptions of DS as they complete their journey through the first year of HE. Therefore, it can be used by HEIs to develop the process and practices to better support DS prior to and during the first year of HE. Significantly, the DR reflects clearly that the transition into the first year of HE for DS was indeed a process rather than a single event and demonstrates that it takes time for them to become accustomed to the expectations and processes within the HE environment in the first year. Several recommendations are drawn from the DR and may be of interest for HEIs (Appendix 21).

The current research also identifies another significant finding that contributes to knowledge in this area, namely that there is not one ‘disabled student experience’ during the first year of HE. The research emphasises the heterogeneity of DS and the complexity of their experiences prior to and during the first year of HE. Even when common factors were experienced by the DS in the study, they were often discussed differently. As a consequence, this research significantly identifies that not one existing theoretical model of disability can capture and explain the nuanced and individual stories of the DS’ journeys during the first year. The students all reflected varied models of disability within their narratives (particularly the two more dominant models of disability) and these influenced their experiences/perceptions at different times during the first year. Thus, this study reinforces the importance of the ‘student voice’ and identifies that when exploring DS ‘in transition’ it is important to provide spaces for their individual journeys to be heard and reflected upon.
Furthermore, the current research highlights that, despite the progression of key areas during the first year, there are indeed various barriers experienced by DS throughout the first year specifically that needed to be overcome. This is an important part of the narratives and a significant part of the DR, which reinforces findings in other literature exploring DS’ experiences in HE more generally (e.g. Fuller, Bradley et al., 2004). The current research also identifies positive experiences that acted as enablers during the transition into HE specifically. Again, this is an important part of the narratives and a significant feature of the DR. It is significant because it contributes to a greater understanding of the DS’ experiences during the first year and does not simply focus on the barriers within HEIs, as previous research throughout the literature review has tended to. One important enabler is the natural temporal progression of the year which emphasises that time is an important element that aids the development of expectations and understandings during the first year of HE.

Additionally, the current research uniquely recognises the importance of using personalised approaches when gathering DS to participate in longitudinal studies. It was this that encouraged a cohort of participants that were able to participate for a whole year during a difficult transitional period, with no attrition to the sample. This study also uses unique combinations of research methods which are shown to be effective in collecting data from DS. In particular, the use of weblog diaries provided a space for DS to discuss experiences and perceptions during their first year. This aided the monitoring of the DS’ experiences and perceptions over time and helped ensure that important interim experiences between interviews were captured. Furthermore, the weblog diary entries could be accessed immediately and discussed in subsequent interviews.

Finally, this study demonstrates the benefits of longitudinal research when exploring DS’ experiences during the first year by allowing them time to explore their (potentially) complex experiences and perceptions in depth. Furthermore, the longitudinal nature of the research allowed relationships and trust to be developed between the non-disabled researcher and the DS during the first year of HE.

6.2. RQ 1: What are the perceptions and experiences of disabled students during their personal journeys through the first year of higher education?

The summary of findings associated with this RQ has been divided into three parts: ‘experiences and perceptions prior to HE’ (6.2.1), ‘early experiences and perceptions in HE’ (6.2.2) and ‘end of year experiences and perceptions’ (6.2.3). These sections each contribute to three significant parts of the DR developed to depict the DS’ journeys during the first year of HE (Figure 27).
6.2.1. Disabled students’ experiences and perceptions prior to their entry in HE.

The DS’ accounts provided some interesting insights into their decisions and experiences prior to their entry into HE. The key factors that influenced these specific themes are summarised below and lead to columns A and B of the overall DR (Figure 27).

There were various reasons why DS entered HE. The main reason was associated with aspects common to the general student population (i.e. increased employment opportunities following graduation from HE and higher salaries). Other less frequent reasons were both common to the general student population (i.e. because it was the right time to enter HE for mature students) and specific to DS (i.e. pragmatic future job choices because of perceived exclusion from standard jobs for those with physical and medical disabilities). These factors are outlined in column B of the DR and were necessary to depict because they provided a more in-depth understanding of the DS’ decisions to enter HE and these are important to be aware of in order to understand and support DS’ experiences prior to and during the first year (Figure 6).

Figure 6. Disabled students’ decisions and reasons for entering HE

The findings also indicated that the place and location of the HEI was of utmost importance to DS when choosing to study at a particular HEI. The underlying reason for this
in the current study was the need for DS to remain close to established support networks. Again, the findings were predominantly common to the general student population (i.e. the continuation of general support received from family and friends while in HE). However, for a small but significant number of students, the location of the HEI was also influenced by aspects associated with disability (i.e. students wanted to maintain the medical/emotional support they currently received because of the difficulty replicating this in a different area). As location was an aspect discussed by all the DS it was imperative to summarise within a section of column B of the DR, as outlined in Figure 7. It also reflected the additional decisions DS were required to make while entering HE and highlighted the importance of HEIs being aware of such reasons to better support DS on entry.

**Figure 7. Disabled students' reasons for choosing a specific HEI**

Significantly, this study identified that DS often experienced a delayed entry into HE. The majority of DS in the study either took longer to complete their FE qualifications or had taken time out before attending HE. For many of the DS the delayed entry was influenced by aspects associated with disability (i.e. failed courses in previous educational experiences, influenced in part by the inadequate support received and an accident from which a student acquired a disability). These students were less positive about their delayed entry into HE in comparison to those which had been influenced by aspects common to the general student population (i.e. to go travelling) because the delay was out of their control. These experiences also outlined the additional barriers DS encountered in order to enter HE and this is important for sixth forms, FEIs and HEIs to be aware of to support students adequately. The experiences influencing the delayed entry are therefore summarised in one section of column B of the DR (Figure 8).
The findings also provided interesting insights into the students’ experiences of the disclosure of disability during the application process, a unique part of the application process for DS. Whilst the majority of DS had chosen to disclose a disability on the application form, conforming to the pre-defined categories of disability, the confidence in which they did this varied between impairments and was ultimately determined by their perception of how society perceived disability. The DS’ concerns demonstrated that they were unaware how such information would be used in HE, and therefore promotion of such information would be beneficial prior to and during the application process. A further difficulty regarding disclosure identified that there were restricted characters for students to describe more than one self-identified disability on the UCAS application form. Although only a problem identified by one student, it was a significant concern for the student prior to entering HE as limited information about his needs could be passed onto HEIs prior to commencement in HE. As the application process posed additional and often complex difficulties for DS prior to entering HE it was important to reflect within the DR to ensure HEIs are aware of such issues in order to support, encourage and empower students to disclose their disability on entry to HE. The students’ experiences of the application process are outlined in one section of column B of the DR (Figure 9).
6.2.2. Disabled students’ early experiences and perceptions of HE.

During the first year of HE four overarching key themes (friendships, support, academic experiences and independence) were evident and these themes contributed to column C of the DR (Figure 27). The findings identified the ‘early’ experiences and perceptions associated with these themes in HE. That is, the experiences during induction week and the first few weeks of term. These experiences and perceptions are summarised below and contribute to column D of the DR (Figure 27).

In terms of friendships, early experiences demonstrated that DS had mixed feelings towards making friends in the first year of HE. That is, friendship development was important to the students, but many were also apprehensive about this during their early experiences of the first year. Although there were varied reasons for this apprehension, significantly, the findings identified that for many of the DS disability had further influenced their apprehension. Such reasons included the nature of impairment (which meant that certain students were more anxious when making friends and meeting new people) and because of the perceived perception that non-DS considered disability negatively. Interestingly, only one student distinguished between making friends with DS and non-DS. The early experiences of friendships contributed to a section of column D of the DR (Figure 10) and provided a unique insight into how DS felt about developing friends prior to entry in HE.
The DS’ early experiences and perceptions of support were predominantly negative because of the delayed disability provision they encountered in the first semester of HE. These experiences are reflected in column D of the DR as outlined in Figure 11 and raise several concerns about the consistency and competency of the provision DS received in the early experiences of HE. Thus, they were important to reflect in column D within the DR.

As with friendships, DS held mixed feelings towards academic aspects within the early experiences of HE. Some of them demonstrated excitement towards studying a specific course or subject on entry to HE. However, many also reflected concern about academic experiences in HE (e.g. concern about the workload and about their individual academic ability). The latter was emphasised when the DS demonstrated relief at achieving reasonable marks during subsequent experiences in HE. While the concern about their academic ability was influenced by aspects associated with the general student population...
(i.e. failed courses and time away from education), to some extent, these experiences had also been influenced by disability. Additionally, one student also questioned whether adapting to a new style of learning would be possible because of the recent acquirement of her impairment. These findings suggested that DS could experience further worry about academic aspects during the early experiences of HE and these were therefore important to summarise within a section of column D in the DR (Figure 12). These findings are significant as they indicate the importance of students developing accurate perceptions of academic expectations within HE as early as possible.

In terms of independence, it was identified that DS had difficulty getting used to independent study in the early experiences of HE and this was because it was difficult adapting to a new way of learning. This difficulty was predominantly common to the general student population as students had difficulty adapting to the increased responsibility required of them in HE. However, it was also influenced by disability; two students described how aspects they associated with impairment impacted organisation.

Independence was important to discuss when summarising the early experiences of DS within the DR and was an aspect that was also further negotiated throughout the first year. Additionally, there was limited expectation to develop personal independence in the early experiences of HE. However, certain students indicated that they already felt personally independent on entry to HE because they had previously lived away from home. These experiences were important to include in the DR because they influenced further feelings regarding the development of independence outlined in later columns and reflected how development of expectations about HE would be beneficial as early as possible. The early experiences of independence are summarised in a section of column D of the DR as outlined in Figure 13.
6.2.3. Disabled students’ end of term experiences and perceptions of HE.

The end of term experiences and perceptions identified how the four overarching key themes (column C) progressed for DS during the first year of HE. The end of year experiences and perceptions referred to the latest experiences of a particular theme during the first year of HE. These experiences are summarised below and contribute to column G of the overall DR (Figure 27).

In terms of friendships, the majority of the DS had interacted with, and formed friendships with their peers during the first year of HE, including the students who had been concerned about making friends on entry to HE. However, many of the DS who discussed friendships in HE did not tend to interact with their peers in a social context outside of HE. Thus, academic contexts were important to DS in HE. Significantly, the findings also indicated that the students’ satisfaction and control they had when developing friendships during HE was more important than the nature of friendships formed. Thus, empowerment and a sense of belonging was an important part of this theme in HE. While most were satisfied with their friendships (including those with limited or no friendships with peers in HE), certain students were dissatisfied with the friendships they had or had not formed in HE. They described a lack of control and continued feelings of isolation throughout HE which they associated with disability. Although it was not a commonly cited finding, the difficulties these students experienced were persistent throughout the first year of HE and therefore important to identify within the DR. The end of term experiences and perceptions of friendship development were unique and therefore important to incorporate within a section of column G in the DR (Figure 14).
The findings provided an interesting insight into the DS’ perceptions and experiences of support at the end of the first year in HE. The majority of DS had efficient institutional support in place that met their needs (often implemented in the second semester) and all students had institutional support in place for the second year of HE. While this is positive and reflected that the delayed institutional support had now been (or would be) implemented, the findings also indicated that DS were left without support for a significant time of the year; and for certain DS the difficulty in arranging support spanned the whole of the first year in HE. This finding was particularly significant as the DS also reflected on the importance of support within their experiences in HE. Thus, when provision was absent it was problematic and emphasised that institutional support to address the students’ needs should be in place as soon as possible. As the provision was negotiated throughout much of the first year this finding was important to reflect in the DR. Finally, although institutional support was of central importance to DS during the first year of HE, significantly the findings identified that the provision they received came from a variety of places both within and outside the HEI. It included, academic, personal and financial support, and was not always unique to DS. Again, these are outlined in column G of the DR (Figure 15).
In terms of academic experiences, the findings positively indicated that DS had developed academic aspects within the first year of HE. DS had become familiar with what was expected of them and felt prepared to enter the second year of HE. Uniquely, the analysis explored the students’ feelings of academic achievement in the first year of HE and they all demonstrated feelings of academic achievement at the end of the first year in HE (this included improved marks as well as the progression of skills and knowledge). For many, particularly those who had experienced difficulties in previous education because of disability, this aided the development of confidence and subsequently their sense of belonging in HE. However, certain DS also discussed subjective achievement which they associated with disability. Although a perception held by a small number of DS, it was important to summarise the varied perceptions associated with attainment in HE. Positively, the majority of DS were satisfied with the course enrolled on at the end of the first year and half the students reflected on the importance of the course enrolled on in more depth. The DS’ perceptions of these academic experiences were unique and therefore important to include within column G of the DR (Figure 16).
All the DS described or displayed some improvement in terms of their independent study skills during the first year of HE (this included organisation, determination and time management skills to ensure they completed their work via self-directed study); and half the students discussed the increased personal responsibility they felt they had developed in the first year of HE (even though discussions regarding this were limited during early experiences of the first year). Those who did not discuss the latter were mature students, or experienced several barriers in this area. Unfortunately, for a small number of the DS managing and developing aspects of independence and gaining empowerment was particularly difficult and continued throughout the first year of HE for varied reasons. As the difficulties developing independence within HE spanned throughout the year, it was important to reflect within a section of column G in the DR (Figure 17) and reflected that this aspect was necessary for HEIs to consider to aid students’ transition during the first year of HE.

Figure 16. Disabled students’ end of term experiences and perceptions of academic aspects in the first year of HE.

<table>
<thead>
<tr>
<th>Feelings of academic achievement and progression (6/6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subjective academic achievement for some, associated with disability (2/6)</td>
</tr>
<tr>
<td>Course satisfaction (5/6)</td>
</tr>
<tr>
<td>Confident to move into second year (6/6)</td>
</tr>
</tbody>
</table>

Figure 17. Disabled students’ end of term experiences and perceptions of independence in the first year of HE.

<table>
<thead>
<tr>
<th>Development of independent study skills (6/6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased personal independence (3/6)</td>
</tr>
<tr>
<td>Continued difficulty managing aspects of independence in HE for some, for mixed reasons (2/6)</td>
</tr>
</tbody>
</table>
6.2.4. Theoretical summary

By drawing together the key findings under this RQ, the importance of temporal aspects and the longitudinal nature of the transition into the first year of HE was emphasised. Important decisions and experiences that the DS encountered prior to entry in HE influenced their later decisions and experiences and helped to contextualise their experiences in HE. Furthermore, the temporal aspects reflected that often the students negotiated aspects of HE throughout the first year. They experienced difficulties and uncertainty in the earlier stages of the first year which were then (often) worked through to a state of understanding, satisfaction or contentment by the end of the first year.

Moreover, as indicated in 6.1 the findings under this RQ emphasised that there was not one ‘disabled student experience’ or one theoretical model of disability that influenced the DS’ experiences and perceptions during the journey through the first year of HE. Consequently, the drawing together of the findings emphasised how it was important to reflect upon the individual and varying experiences of DS during the first year, as much as possible, in order to empower DS and provide an accurate representation of their developing experiences. This was also important as not all their experiences and perceptions within this first year were different from non-DS. However, it was evident they had additional aspects to consider.

6.3. RQ 2: What perceived barriers impact upon transition for disabled students during the first year of Higher Education (HE)?

6.3.1. Disabled students’ experiences and perceptions of barriers

The barriers identified during their first year experiences are associated with the four overarching key themes identified in column C. They contributed to negative and challenging experiences in HE and are summarised in this section. These barriers contributed to column E of the DR exploring DS’ journeys during the first year of HE (Figure 27).

Significantly, in terms of making friends in the first year of HE, the findings indicated that several of the barriers experienced have been influenced by aspects associated with disability. The difficulties experienced were often caused by institutional barriers which made it difficult for DS to interact with and form relationships with peers in HE (i.e. physical barriers - in both academic and social spaces, the absence of social support and restricted social activities). These institutional difficulties were important to include in the DR because it reflected how HEIs can better support DS during the first year of HE, by providing further support, opportunities and activities for DS to interact with peers in HE. The students also experienced more personal difficulties when making friends in HE (i.e. the
disclosure of mental health difficulties in HE, anxiety associated with impairment and perceived negative attitudes of peers towards disability) and this also made forming friendships with peers more difficult. Although these barriers (both institutional and personal) were often specific to certain groups of DS (and therefore each factor was only experienced by small numbers of DS), their experiences demonstrated how DS often had additional complexities to consider and overcome in order to interact with peers within the first year of HE. Thus, it was important that the various barriers were identified and incorporated into the DR. It also reflected that HEIs would benefit from proactively promoting a positive disability ethos throughout their institution in order to assist non-DS in understanding disability to remove such stigma.

Other barriers experienced when developing friendships in HE were also common to the general student population (i.e. restricted social activities, living arrangements of students, time-intensive timetables). Again, these aspects limited opportunities for DS to interact with their peers in HE. The latter is particularly significant as the DS in this study indicated the importance of developing friendships within academic contexts. Thus, academic staff in HEIs should consider the importance of academic sessions in the first year of HE. Although these barriers were only indicated by a small number of students, it was important to reflect that there were varied reasons that influenced the development of friendships in HE, not just those influenced by disability. All the barriers associated with friendship development contributed to a section of column E within the DR (Figure 18).
Other barriers encountered in the first year of HE related to support. There were several institutional barriers that influenced support and particularly the delayed support experienced by the students. These were only discussed in their capacity as DS and therefore the barriers influencing provision were imperative to include within the DR. Although the experiences were varied, the difficulties could generally be categorised in three broad ways. Firstly, the DS indicated that they experienced inconsistent support during HE. The provision they were entitled to in HE was not always implemented consistently and meant that DS were at a disadvantage during the early experiences of HE. Secondly, poor communication caused inadequate support for DS throughout their HEI. It was significant as it was evident beyond academic departments throughout the HEIs, reflecting gaps within the provision provided. It also caused additional confusion and worry for DS when entering HE and this indicated that more transparent processes of support would be beneficial. Thirdly, a lack of disability awareness/knowledge of disability from staff within HE also caused problems in the first year of HE. It caused experiences of marginalisation and embarrassment for students with hidden disabilities in academic contexts. Additionally, a
lack of awareness from senior management teams also caused difficulties for physically DS in HE. These students experienced further marginalisation in academic, social and personal spaces throughout the HEI. Thus, DS had several additional aspects to overcome to ensure they could participate fully during the first year of HE. The varied institutional barriers experienced emphasised that a more proactive, holistic and joined-up system of support is required to better support DS in the first year of HE from the outset.

In addition to the institutional barriers, DS described how their individual changing needs also caused challenges when implementing efficient support in HE. It demonstrated that not all support could be planned for on entry to HE and reflected the importance of communicating with DS about their needs regularly in HE. This finding was significant because previous studies have failed to monitor student progression throughout HE.

Finally, DS experienced challenges when accessing funding beyond student loans and DSA. While not a commonly cited difficulty, those who were entitled to such funding indicated that the process was complex which caused frustration in HE. Again, these experiences emphasised the additional aspects DS had to overcome and manage during the first year of HE. Thus, it was important to depict these experiences within the DR. The barriers associated with experiences of support in HE (both institutional and personal) contributed to column E of the DR as outlined in Figure 19.

![Factors specific to disability/ influenced by disability](image)

**Factors specific to disability/ influenced by disability**

- Inconsistent support (4/6)
- Poor communication between disability support teams and students on entry (2/6)
- Poor interdepartmental communication and transfer of information in HE (3/6)
- Lack of disability awareness and knowledge of disability from academic staff (5/6)
- Lack of awareness and knowledge of disability throughout HE: physical barriers (2/6)
- Evolution of needs (4/6)
- Difficulty organising additional funding (2/6)

*Figure 19. Barriers that impacted support for disabled students and caused difficult experiences within the first year of HE*
There were also several barriers that caused difficult experiences within the academic elements of HE. Some of the barriers had only been influenced by disability (i.e. unsuitable campus learning environments and difficulties with reading) and were therefore important to highlight. However, the reasons for these barriers were varied and individualised and demonstrated that several impairments influenced key academic aspects in HE.

Additionally, there were also a number of barriers experienced that caused problems for mixed reasons. These were important to identify as it demonstrated similarities and differences between DS’ and non-DS’ experiences during the first year of HE. The majority of DS experienced writing difficulties in the first year of HE. The difficulties common to the general student population included challenges with referencing, planning and adapting to academic writing at HE level; the latter was particularly evident of those who had taken vocational courses prior to entering HE. However, many of the DS also considered how impairment directly impacted the structure and coherency of their writing as well. Additionally, the uptake of vocational courses, which impacted the unfamiliarity of writing in HE, had also been influenced by disability to some extent. Significantly, this demonstrated that the DS’ prior experiences and decisions further impacted their academic experiences in first year of HE.

The majority of DS also experienced challenges when adapting to learning in large groups. While most difficulties (i.e. acoustic difficulties in large halls and ineffective delivery methods adopted by lecturers) were common to the general student population, a student with dyslexia also indicated how the nature of their impairment could cause difficulty for them when retrieving and comprehending information within these environments. It reflected that academic staff should proactively consider the learning environment for all students.

Finally, in terms of academic challenges, half the DS discussed how group assessments caused difficulties in HE. While they all experienced challenges common to the general student population (i.e. difficulties with peer cooperation, personality clashes and organisational difficulties), most of the students’ experiences had also been influenced by disability. They discussed feelings of rejection and inferiority within their groups, but also discussed additional and complex decisions that needed to be made if they were absent for periods of time because of disability related reasons. Thus, these unique findings were important to identify as a barrier and reflected the importance of tutors being aware of difficulties associated with certain assessments in HE. All the difficulties associated with the academic elements of HE contributed to a section within column E of the DR (Figure 20).
In terms of independence, the DS identified barriers when adjusting to independent study within HE. The predominant difficulty was common to the general student population and was ultimately experienced because of the lack of tutor contact and monitoring in HE. Therefore, the importance of promoting expectations of HE as early as possible was evident from the findings. However, a small number of DS also discussed difficulties developing independence that were unique to DS. Although not commonly cited difficulties, they were important to depict as they provided a more in-depth understanding of the DS’ experiences of independence. A disabled student discussed how too much academic support from the HEI and from family members outside HE caused problems developing independence within the first year of HE. This is interesting as the institutional provision received and family support in HE was often significant to DS’ success and academic progression. This reinforced the importance of understanding the students’ requirements of support as it influenced independence within HE. Additionally, one student struggled to develop independence because of difficulty managing their attendance in HE. This, in part, was influenced because of frequent medical appointments to improve his health. It indicated that DS may need to manage further aspects of disability while in HE. Thus, HEIs would benefit from being aware of this. These barriers are outlined in a section of column E of the DR (Figure 21).
6.3.2. Theoretical summary

By drawing together the theoretical discussions from Chapters 4 and 5, it was evident that the models of disability (particularly the dominant medical and social models of disability) often underpinned some of the difficulties the DS experienced within the first year (i.e. those that were specific to/influenced by disability or those where mixed reasons influenced their experiences). They often reflected the institutional and individual barriers discussed by the DS and helped to gather further insight into how the DS understood the barriers they experienced in the first year of HE. The individual difficulties were often underpinned by more medical model conceptions of disability as students often felt that their impairment caused certain difficulties in HE and was a barrier that needed to be overcome and dealt with individually. Additionally, the institutional barriers often reflected more social conceptions of disability where students focused on how the structures and processes experienced, and the lack of awareness or understanding about disability within the HE environment caused difficulties, failing to empower the students during the first year. However, the ways in which the barriers were discussed varied between the individual DS. Thus, there was not one existing model of disability that reflected the barriers the DS experienced.

Moreover, identifying the models of disability in the DS’ narratives was not always straightforward as their experiences were complex, individual and multifaceted. Several of the barriers identified by the DS reflected both models of disability as students negotiated their understanding of their experiences. For example, some students would discuss institutional barriers (i.e. social model conceptions) but use language that was negative and othering (i.e. medical model conceptions); others reflected upon institutional barriers that caused challenges (i.e. social model conceptions), but in doing so their experiences
reinforced how the medical model determined some of the practices, processes and attitudes held within HEIs. The latter seemed to reflect that HEIs (and society more generally) were in a process of change. That is, although practices related to DS appear to be underpinned by medical model structures, and therefore staff and students may still consider impairment as something to overcome and deal with individually (Fulcher, 1999), there is an increasing awareness of the societal and organisational barriers that cause further difficulties for DS in HE. Thus, elements of previous thinking towards disability (i.e. the medical conceptions of disability), that have dominated processes in society and education for years (e.g. Goodely, 2011), seem to be mixed with more recent perceptions as well (i.e. social model conceptions of disability).

The varied experiences reflected in the findings reinforced that not one model of disability can be used to understand the DS’ experiences fully. While the models are useful in gaining a deepened understanding of their experiences, ultimately there was not one ‘disabled student experience’. Moreover, not all experiences were influenced by disability during the first year, although it was evident DS had additional difficulties to overcome. Thus, the varied barriers experienced by the DS in the first year are reflected within this RQ and the DR (Figure 27). Furthermore, the complexity of the students’ experiences during the first year of HE explains why the existing models of disability were not incorporated into the DR.

Finally, by drawing together the theoretical discussions, the barriers experienced highlighted the importance of temporal aspects and place within the DS’ narratives. Often the barriers experienced were negotiated throughout the first year, over time and were experienced throughout various areas and locations within HE.

6.4. RQ 3: What perceived enablers impact upon transition for disabled students during the first year of Higher Education (HE)?

6.4.1. Disabled students’ experiences and perceptions of enablers

The findings acknowledge that there were several aspects that enabled the DS’ transition during the first year of HE. They identified positive factors and elements of good practice associated with the four overarching themes in the study (column C). These enablers are summarised below and contribute to column F of the overall DR (Figure 27).

Significantly, when discussing the development of friendships in HE, the DS discussed how having opportunities to interact with peers in academic contexts was particularly beneficial to their experiences in the first year of HE because it encouraged the development of a community on academic courses. Additionally, a further enabler emerged to be time itself. DS discussed how the natural progression of the year allowed familiarity
with peers in academic contexts and eased the DS’ interactions with peers and subsequently aided the development of friendships in the first year of HE. While both these enablers were common to the general student population, for DS with mental health difficulties and anxiety these enablers were particularly significant as they helped this group of students become more confident when interacting with other students in the first year of HE.

Significantly, as the majority of DS discussed friendships within academic contexts, the importance of encouraging interaction with peers in academic situations to promote friendship development and enable a sense of belonging in HE emerged from within the research. Thus, the enablers discussed were important to demonstrate within the DR and this contributed to a section of column F (Figure 22).

![Figure 22. Enablers that aided the development of friendships for disabled students in the first year of HE](image)

Other enablers that contributed to positive experiences in the first year of HE were associated with support and were predominately discussed in the students’ capacity as DS. Often, these enablers counteracted the barriers associated with support (section 6.3). Although they were not commonly cited enablers, they demonstrated elements of good practice within HEIs to counteract the difficulties DS experienced. Understandably, timely support was considered beneficial. A disabled student who experienced this consistently demonstrated a positive attitude towards the provision received in HE. Good communication between departments also contributed to positive experiences. It was praised by a small number of students who experienced it because it diminished the students’ needs to monitor, coordinate and implement support. The DS’ accounts of this also indicated that specific staff were fundamental to this enabler in HE and raises the importance of a key person of contact for DS during the first year of HE. Furthermore, academic staff who demonstrated awareness of disability were reflected on positively because it provided affirmative experiences where they felt supported in HE. However, these positive experiences were fragmented and inconsistent and therefore emphasised the importance of developing a positive disability ethos throughout departments in HE. Furthermore, although often delayed, specific academic provision that addressed the students’ individual needs was also
reflected on positively during the first year. The students recognised and positively praised the specific academic provision received (i.e. support staff, exam provision and equipment).

A further enabler for support within HE included the disclosure of disability; without this DS were unable to access the additional support required within HEIs. Thus, it was an underlying factor that aided the DS’ experiences in the first year of HE. It also emphasised the link between the students’ previous decisions to disclose prior to entry and therefore disclosure is important to encourage as early as possible during the DS’ transition to HE. Additionally, friendships in HE also enabled aspects associated with disability for some DS. Significantly, their friendships with peers in HE addressed gaps in provision that the HEIs could not provide support for and benefited their experiences in the first year of HE.

Finally, in terms of support, DS identified that being close to support networks was an important factor that contributed to positive experiences in the first year of HE. All of the DS discussed how the support received outside HE (both from medical professionals and family members) aided aspects associated with disability in HE. However, not all of this support was specific to disability. The prominence of this enabler indicated that it was important to identify as an aspect that contributed to positive experiences in the DR and allowed a greater insight into the DS’ experiences in the first year of HE. It also reinforced the students’ reasons for choosing a certain HEI based on location, and again reflected the importance of prior decisions before entering HE. The enablers associated with provision contributed to one section in column F of the overall DR as reflected in Figure 23.
Figure 23. Enablers that contributed to positive experiences of support for disabled students in the first year of HE

There were also several other enablers that aided the DS’ academic experiences in HE. Certain factors were specific to DS and could broadly be summarised as effective provision, which enabled the DS to participate in HE on an equal footing to non-disabled peers. It also emphasised how the support received in HE was an integral part to the DS’ academic experiences and helped to empower DS. Other enablers common to the general student population included the natural progression of the year, which allowed students to become acclimatised to the academic context in HE. All the students indicated that their academic experiences were more manageable in the second and third terms of HE and they were more aware of the expectations and workload required in HE. Thus, developing awareness and accurate expectations of what is expected in HE as soon as possible is beneficial for students during the first year of HE.

However, the majority of enablers associated with academic experiences in HE were mixed. Half of the DS discussed how small teaching groups contributed to positive learning experiences in HE and this was particularly beneficial for those with mental health difficulties and anxiety because it allowed them to feel more confident within academic environments. Effective feedback was also considered important for success during the first year of HE because it enabled progression. However, a student with dyslexia indicated how verbal feedback was important in HE. Thus, there were mixed reasons influencing how effective feedback contributed to positive experiences during the first year of HE. A final enabler that contributed to positive academic experiences during the first year of HE was
course enjoyment. It encouraged motivation and engagement with the academic content and became particularly significant for half the students in the first year in HE. Although this may be considered common to the general student population, there were unique reasons why DS valued their courses (i.e. academic staff demonstrating disability awareness - a contrast to a previous course - and because specific elements associated with a course aided aspects of a student’s disability). Thus, the nature of the course was significant to these students’ experiences in HE. All the enablers associated with academic experiences contributed to a section within column F of the DR and were important to include because they helped emphasise elements of good practice in HEIs (Figure 24).

<table>
<thead>
<tr>
<th>Factors specific to disability/ influenced by disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Support (5/6)</td>
</tr>
<tr>
<td>Factors common to general student population</td>
</tr>
<tr>
<td>Progression over time - increased familiarity of academic expectations (5/6)</td>
</tr>
<tr>
<td>Mixed reasons/ experiences:</td>
</tr>
<tr>
<td>Small teaching groups (3/6)</td>
</tr>
<tr>
<td>Effective Feedback (5/6)</td>
</tr>
<tr>
<td>Course enjoyment (3/6)</td>
</tr>
</tbody>
</table>

Figure 24. Enablers that contributed to positive academic experiences for disabled students in the first year of HE

There were two main factors that aided the development of independence of DS during the first year. Firstly, effective support was important because it allowed the majority of DS to work independently in HE. It emphasised that it was necessary to encourage and empower DS during the first year of HE. Additionally, the majority of students also felt that being able to manage different aspects while in HE contributed to a successful transition in HE. It enabled students to make compromises in different aspects of their life (within and outside HE) to complete their academic studies and the majority recognised this during HE. The factors aiding the students’ experiences of independence in the first year of HE have been reflected in a section of column F within the DR (Figure 25).
6.4.2 Theoretical summary

By drawing together the theoretical discussions from Chapters 4 and 5, it was evident that the models of disability (particularly the dominant medical and social models of disability) underpinned some of the enablers the DS experienced within the first year (i.e. those that were specific to/influenced by disability or those where mixed reasons influenced their experiences). These existing models helped to gather a more in-depth understanding of how the DS understood their experiences during the first year of HE. Enablers that reflected more social model conceptions of disability in the first year demonstrated how HEIs were generally supportive, proactive in the accommodations made and had a good awareness of disability throughout the HEI. Other enablers experienced aided individual aspects during the first year and were therefore underpinned by more medical model conceptions of disability. However, as with the barriers experienced (section 6.3.2), the way in which students discussed the enablers varied. Thus, there was not one existing model that reflected the enablers that DS experienced.

Moreover, and similarly to the barriers, identifying the model of disability in the DS’ narratives was not always straightforward as their experiences were complex. Several of the enablers identified within the narratives reflected both models of disability as DS negotiated their understanding of their experiences. For example, when discussing enablers within support, some students recognised how HEIs were able to aid students by being more proactive in their practices and processes to ensure accommodations were made (i.e. social model). However, they also recognised the value of more specific elements of support because they could use this to aid their specific difficulties (i.e. medical model). Moreover, the students felt that certain aspects of the specific support received aided the control they had over their support and other aspects of HE as well (i.e. academic and independence). Thus, the specific support received also reflected empowerment (i.e. social model).
Consequently, as well as reflecting the complexity in the students’ experiences in the first year of HE, the students’ understanding of these experiences also emphasised that HEIs may need to move their thinking beyond the social model of disability (section 6.3.2) to reflect the affirmative model. That is, to value diversity and ensure all needs are met (Cameron, 2010; Terzi, 2005).

The varied enablers further reinforced that not one model of disability can be used to understand the DS’ experiences fully. While the models were useful in gaining a more in-depth understanding of the DS’ experiences, there is not one ‘disabled student experience’. Additionally, not all enablers were influenced by disability. Thus, the varied enablers experienced by the DS in the first year are reflected within this RQ and the DR (Figure 27). These varied experiences further indicate why the existing models of disability were not incorporated into the DR.

Finally, by drawing together the theoretical discussions, time was a particularly important enabler in the first year of HE as DS’ experiences (often) improved over time. Additionally, place was also important as the enablers were experienced from several places, both within and outside the HEI to aid their first year.

6.5. The Diagrammatic Representation (DR) of disabled students’ personal journeys during the first year of HE

By answering the research questions it was possible to develop a DR that drew together the findings from the research and depicted the personal journeys of DS during the first year of HE (Figure 27). This was an overarching and original finding of the research and synthesised two significant areas of HE study (i.e. DS’ experiences in HE generally and the first year of HE).

As indicated in section 6.1, the DR is a systematic and synthesised version of the data captured from the DS’ experiences within the first year of HE. It provides an original, visual representation of the DS’ experiences during this time and is a useful framework to help HEIs understand how DS experience the first year of HE. Uniquely, it demonstrates the progression of key areas (column C) for DS during the first year of HE, rather than simply providing a ‘snapshot’ of their experiences. It indicates their early experiences in HE (column D), the barriers and enablers that influenced their experiences during the first year of HE (column E and F) and their end of first year experiences (column G). Furthermore, the DR also uniquely depicts the DS’ experiences and perceptions prior to entering HE (column A and B), identifying key experiences that helped to contextualise their experiences and provides further information regarding the DS’ decisions relating to HE. Thus, the DR in the current study can be used to gain a better understanding of how DS experienced the
transition into and during the first year of HE. Key aspects and decisions associated with the structure of the DR are identified and explained in Figure 26.

**Layout**

- The vertical blue-dashed line within the DR represents the point at which the students physically entered the first year. It was dashed to indicate that aspects prior to their entry may have also influenced experiences during HE. The DS’ prior experiences are depicted to the left hand-side of the vertical blue-dashed line (column A and B) and the DS’ experiences during the first year of HE (early and end of year experiences and perceptions) are depicted on the right hand-side of the blue-dashed line (columns A-G).
- The layout of the prior experiences was structured to show key themes that influenced the DS’ experiences prior to entry (column A) and the various factors that influenced these (column B).
- The layout of the DS’ experiences during the first year of HE demonstrated the progression of key themes throughout this year. The overarching themes were introduced in one column (C); the early experiences and perceptions of each theme were then included (column D); this was followed by the factors that influenced each theme throughout the first year in HE (structured under the headings ‘barriers’ and ‘enablers’) (column E and F); finally the end of term perceptions and experiences were incorporated and this demonstrated how the students felt/experienced a theme at the end of this first year (column G).
- The overarching themes within the DR were ordered as they appeared in chapters 4 and 5, rather than in order of prominence.

**Structure of lines around the boxes**

- The lines used within the DR varied.
- The dashed box around column C was incorporated to demonstrate that although there were indeed four distinct themes identified from the DS’ personal journeys, they were not always distinct from one another in reality (e.g. the support experienced influenced academic aspects, friendships and the level of independence achieved). This was important to reflect within the model.
- Additionally, the ‘factors influencing experiences prior to entry in HE’ (column B) and ‘factors influencing experiences during the first year of HE’ (columns E and F) were outlined by a dashed line because these factors were not necessarily fixed and may have occurred at several points throughout the first year. In contrast, the lines around the columns A, D and G were solid to identify that these were the experiences/perceptions held at a particular point in time (i.e. before, during early experiences or at the end of the first year).
Other aspects within the DR

- The factors in columns B, E and F were sectioned to show whether they were specific/influenced by disability or common to general student population. This allowed the DR to demonstrate the extent to which the DS’ experiences were influenced by disability during the first year of HE.

- Brackets were also included and this referred to the frequency of comments. This allowed the DR to identify whether an experience/perception was commonly experienced or more individual. However, even when comments were only mentioned by individuals (or a small number of students) it felt it was important to include reflecting the varied experiences that influenced the DS’ perceptions and experiences during the first year of HE.

- As the DR of the journeys is a synthesis of the findings based upon the individual experiences and perceptions of DS during the first year, it does not incorporate previous theoretical models. This is because there was not one existing model of disability which reflected the DS’ experiences. Their narratives were nuanced stories which referred to different theoretical models at different times. Additionally, their experiences were not always specific to or influenced by aspects associated with disability. Therefore, it highlighted the complexity and heterogeneity of the DS’ experiences, emphasising the importance of including frequencies and determining whether something was common to the general student population or specific to DS.

Figure 26. An explanation of the structure and layout of the DR
Figure 27. A Diagrammatic Representation (DR) of disabled students’ personal journeys during the first year of HE (A3 Handout)
6.6. Limitations and further research

Although this study provided rich data leading to new in-depth understandings of the DS’ personal journeys during the first year of HE, there are also some limitations. The first of these is the small number of DS who participated in the research, despite many and varied efforts to recruit them. This meant that generalising the current research findings to a wider disabled student population is problematic. Furthermore, not all disabilities identified within the UCAS categories were represented within the research and this may also have limited the generalisation of the findings drawn. Nonetheless the DR of the DS’ experiences during the first year can be used as a way for HEIs to consider further improvements to processes and practices to improve DS’ experiences during their transition to the first year.

The second limitation is associated with only including DS’ perceptions within the research. The current research had always intended to focus on DS’ voices. However, exploring other stakeholders’ perceptions (e.g. staff in HEIs and non-DS) during the transition into HE may have allowed for additional insights and further comparisons to be drawn.

A third limitation arose from the difficulty when gathering participants for the research. It meant that DS were unable to be interviewed prior to entering HE and therefore the researcher was unable to gather the DS’ perceptions and experiences of these prior experiences ‘in transition’. The researcher reflected that the timing of the recruitment process may have contributed to the difficulty gathering participants and the subsequent limitations of the research. During this time DS would have been engaged in a difficult and busy period of their lives where workload, exams and future decisions may have impacted their feelings of taking on an additional activity.

A final limitation was associated with the use of the weblog diary. Although it was a useful interim tool to gather experiences during longitudinal research and helped to empower those who used it, not all participants engaged fully in this process throughout the year and this may have had an impact on the research. However, the frequency of the interviews in this research circumvented this limitation having a considerable impact on the overall findings.

The majority of the acknowledged limitations can be addressed within recommendations for future research. Exploring the transition of DS on a larger scale would be beneficial (i.e. exploring a larger number and a wider representation of DS). Furthermore, gathering participants before they enter HE would be useful to further the longitudinal element of such research. Specifically using more personalised approaches within this stage of recruitment may help to address this present gap. In relation to this, the researcher would
also like to engage in future research exploring where the DS who participated in the current study are now. The students would have (potentially) completed their undergraduate degree. Therefore, exploring the impact of the first year in context to their rest of the HE experience and beyond would be insightful.

Furthermore, having identified the importance of four key themes within the research, there are specific areas that would benefit from additional exploration in the first year of HE. Thus, a further recommendation would be to develop research into DS’ social experiences and the development of friendships in HE as well as exploring their perception of courses. Additionally, aspects that influenced DS’ experiences prior to entry may also benefit from further research. Specifically, research exploring DS’ reasons for entering HE, the nature and perception of their entry into HE and their experiences of the application process.

While this research has recognised several recommendations for future research (Appendix 21), it remains imperative that the disabled student voice (of their expectations, experiences and perceptions) remain a central part of this future research exploring DS’ experiences in HE.

6.7. Summary

This final chapter has summarised and synthesised the overall findings from the current research in order to address the overall aim of the study. The research has provided an in-depth and more complete understanding of the disabled students’ lived experiences and perceptions of transition during the first year of HE. By exploring the students’ voices the disabled students’ personal journeys have been explored and reflected within a DR which can be used to help HEIs better support the needs of disabled students during the first year of HE.


273


cases in qualitative research. Southampton: ESRC National Centre for Research Methods, University of Southampton., pp. 29-30.


Watson, N. (2002). Well I know this is going to sound very strange to you, but I don’t see myself as a disabled person: Identity and Disability. Disability and Society, 17(5), pp. 509-527.


Appendix 1: My personal journey

Prior to entering HE, working with disabled children and those with Special Educational Needs (SEN) was an interest of mine and was something I found extremely rewarding. Following my work at a specialist resource base for children with social, emotional and behavioural difficulties in a mainstream primary school, I decided that working with children with SEN and/ or disabilities was a career I wanted to pursue. This motivated me to apply to HE and study an Education degree, with the aim of doing a Post Graduate Certificate in Education (PGCE) following graduation. During my time on the course I experienced a number of school placements where I worked with children with SEN and disabilities. At the same time, through contact with a close family friend, I volunteered to work at a charitable organisation for young adults with profound and multiple learning disabilities (PMLD). Following my experiences in these settings, my interest and desire to work with a range of children and young people with additional needs was enthused.

Additionally, there were modules I had taken regarding SEN as part of my undergraduate degree which furthered my knowledge and interest in this specific area of education. I was especially interested in the how children with varied disabilities were supported in education. Furthermore, the academic elements and research I engaged in during HE demonstrated that I valued the theoretical and empirical research associated with the topic. My interest in disability and supporting additional needs was particularly evident as I chose to base my third year dissertation project on aspects regarding disability. I chose to explore the charitable organisation within which I volunteered in order to gain an understanding of the nature of the programme and how effectively it met the needs of young adults with PMLD. The exploration into the literature surrounding disability, such as the models of disability and the adversity of disabled people alongside the limited provision available for young adults with PMLD, was especially fascinating, particularly as our society emphasises the importance of education in order to have a fulfilling and enriched life. Moreover, the process of the research was particularly captivating and speaking to parents and carers of individuals compelled me to engage with further research.

One of the reasons that I decided that the subject for this thesis would focus on disabled students in HE, was to see whether there was an issue regarding the support and provision for disabled students in HE. This was a new focus to the research, but it did build on the aforementioned research; that is, to explore whether unequal opportunities were evident throughout education for this group of students. More specifically, I wanted to
explore whether the support available in the HE environment was suitable and was enough for disabled students as they entered HE.

While the predominant reason for choosing this research was because of the interest in disability and the support for those with additional learning needs within education, on reflection the focus on transition and the first year experience also resonated with my individual experience of HE. This became more apparent as I explored the literature surrounding transition. Prior to completing an Education degree, I had enrolled onto another HE course to complete a Chemistry degree. My thought-process before entering HE on what I should study in HE was relatively limited. Essentially, I had chosen to study a degree based on the subject I achieved my highest grades in at A-level, and one that I thought I would do well in further study. My consideration of why I wanted to go to into HE and what I wanted to study did not really extend beyond my previous achievement. Positively, there was a little more thought regarding the location of the HEI. I attended open days and decided that being away from home was important. Unfortunately, during the first year of HE I experienced difficulty, both academically and personally, and after giving what I felt was sufficient time in HE I decided to leave university at the start of the second term. On reflection, it was evident that a more robust consideration of the decision-process prior to entering HE was required during sixth form. Additionally, further information regarding the nature of study at HE level and living independently would have been useful to make a more sensible and informed decision about HE study. Consequently, by combining my interest, my research and my personal experiences I wondered about the experiences of disabled students’ entering HE. I wondered whether there were any additional aspects they considered during entry to HE, how they experienced and dealt with the transition during the first year of HE and whether they felt they had made a successful transition to HE.

I would also like to make one final note; although I am not a disabled person the response from the disabled students’ partaking in the research appears to have been positive. The students appeared to be pleased to know that my project was focused on disability in HE and would be used in attempt to further support the experiences of disabled students entering HE. Talking to all the disabled students throughout the first year of HE is something that I will value. I have learnt that disabled students are not a homogenous group and by listening to experiences it is possible to learn valuable lessons about their experiences in HE to better support them and ensure a successful HE experience. Indeed, the exploration into disabled students’ experiences has undoubtedly helped me to become a better lecturer, personal tutor, departmental disability coordinator (DDC) and employability coordinator in my first full-time lecturing post.
### Appendix 2: UCAS Disability Categories

#### UCAS Disability Categories (updated 2010/11)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>No disability</td>
</tr>
<tr>
<td>B</td>
<td>You have a social/communication impairment such as Asperger syndrome/other autistic spectrum disorder</td>
</tr>
<tr>
<td>C</td>
<td>You are blind or have a serious visual impairment uncorrected by glasses</td>
</tr>
<tr>
<td>D</td>
<td>You are deaf or have a serious hearing impairment</td>
</tr>
<tr>
<td>E</td>
<td>You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</td>
</tr>
<tr>
<td>F</td>
<td>You have a mental health condition, such as depression, schizophrenia or anxiety disorder</td>
</tr>
<tr>
<td>G</td>
<td>You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D</td>
</tr>
<tr>
<td>H</td>
<td>You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches</td>
</tr>
<tr>
<td>I</td>
<td>You have a disability, impairment or medical condition that is not listed above</td>
</tr>
<tr>
<td>J</td>
<td>You have two or more impairments and/or disabling medical conditions</td>
</tr>
</tbody>
</table>

#### UCAS Disability categories (before updated in 2010/11)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dyslexia</td>
</tr>
<tr>
<td>2</td>
<td>Blind/Partially Sighted</td>
</tr>
<tr>
<td>3</td>
<td>Hearing Loss</td>
</tr>
<tr>
<td>4</td>
<td>Mobility Difficulties</td>
</tr>
<tr>
<td>5</td>
<td>Personal Medical Help Required</td>
</tr>
<tr>
<td>6</td>
<td>Mental Health</td>
</tr>
<tr>
<td>7</td>
<td>Unseen/ Ongoing Medical Condition</td>
</tr>
<tr>
<td>8</td>
<td>Two or More of the Above</td>
</tr>
<tr>
<td>9</td>
<td>Disability Not Listed</td>
</tr>
<tr>
<td>T</td>
<td>Asperger/Autism</td>
</tr>
</tbody>
</table>
Appendix 3: Additional reasons for entering HE and choosing a specific location.

Additional reasons for students entering HE

In addition to the importance of employment researchers have found other reasons that influence students’ entry into HE. These are not always as significant, but indicate that future employability and increased salaries are not the sole motivational factors for students choosing to enter HE (Whitehead et al., 2006; Marandet and Wainwright, 2010). Hoskins and Newstead (2009) categorised the second most significant area of reasons for choosing HE as ‘personal development’. This included enjoyment of subjects and students wanting to achieve their potential. This has been recognised by other research (e.g. Marandet and Wainwright, 2006; Purcell et al., 2008; UNITE 2006). In fact later research by UNITE (2012) listed this as the most common factor in studying at HE, although they did not reflect on reasons for the changes in perceptions. Additional factors indicated that students:

- felt that entry to HE was a natural progression from school (i.e. that it is the next step in their educational career (Foster, 2009; Goode, 2007: 41);
- because it has been a longstanding desire to attend HE (Purcell et al., 2008; UNITE, 2006) and, for mature students, the completion of their ‘educational career’ (Foster, 2009; 47);
- because of influences of or expectations from their others (Foster, 2009; Purcell et al., 2008; Jacklin et al., 2007);
- because students wanted to experience life as a student (Whitehead, 2006);
- or simply because it is a ‘stop-gap’ (i.e. because students were unsure what else to do) (Hoskins and Newstead; 2009; Purcell et al., 2008; Whitehead et al., 2006).

Additional reasons for students choosing a specific HEI

In addition to the importance of location there are many of reasons that have influenced students’ reasons for choosing a specific a HEI. Many of these are outlined in Purcell et al.’s (2008) report exploring students’ reasons for applying to HE, but have also been reinforced in other studies too:

- the overall reputation and academic reputation of a HEI, particularly for those identified as high achievers (i.e. those with more than 300 UCAS points) (UNITE, 2006) and for those attending Russell Group universities and pre-1992 HEIs (Purcell et al., 2008);
- the liking of course and the teaching methods adopted at the university (Whitehead et al., 2006);
- the size of the campus and taster sessions provided at a HEI (Elliot and Wilson, 2008);
- the social facilities and a town’s reputation for social activities (UNITE, 2006);
- and whether or not the students felt they would fit into a HEI (Foster, 2009; Whitehead et al., 2006; Wray, 2011).
Appendix 4: Compatibility between principles

Although Oliver (1992) determined that interpretivist principles within disability research were inappropriate, compatibility between emancipatory and interpretivist principles have been observed elsewhere (Barton, 2005; Drevdahl, 1995; Mertens and McLaughlin, 2004). For example, Mertens and McLaughlin (2004) recognised that both traditions have emphasised the importance of social construction, multiple realities and the relationship between the subjects and the researcher. Thus, there is alignment between some of the key principles in both traditions. Similarly, when discussing ‘inclusive research’, Barton (2005: 324) recognised the importance of understanding the world in order to contribute to change, the importance of empowerment and voices of participants to depict their experiences accurately and the significance of a researcher’s position, values and beliefs on the research process. These aspects have also been acknowledged in section 3.2.1 when discussing interpretivist principles. Thus, again it would seem that both traditions have certain shared principles.

This study identified further compatibility between such traditions within the research process. As indicated, the research used interpretive assumptions which lent itself to recognising and understanding the meaning of the experiences within social worlds. However, this also linked well with emancipatory principles because through the empowerment of participants this perspective attempted to understand the personal journeys of disabled students during the first year of HE. This is supported by Drevdahl (1995) who recognised similar overlaps within her research. Additionally, the current study used interpretive assumptions to reflect on the researcher’s influence on the research process, but furthered these reflections by considering their position as a non-disabled person (an emancipatory assumption that required consideration) (section 3.2.2).

Significantly, principles associated with narrative research also aligned with interpretivist and emancipatory principles underlying the research. For example, social construction, multiple realities and the relational aspects of telling stories to gather meaning about the participants’ lives. Furthermore, narrative approaches were considered important for those marginalised groups who were provided with spaces to tell their stories. Therefore, the alignment of such principles emphasised the appropriateness of the design and theoretical underpinnings of the research process.
Appendix 5a: Interview structure- Phase 1

Background


2. Category of disability according to UCAS?

3. How would you define [your category of disability]?

4. Can you tell me some background information regarding your self-identified disability?

Education experiences prior to HE

5. What are your memories of sixth from/college education?

6. What were your concerns or worries before your come to university?

7. What were you looking forward to before coming to university?

8. How do you think higher education will differ from your previous education experiences (sixth form, college or other)?

During the process of applying to higher education

9. Can you describe the UCAS application process from your perspective?

10. Did you attend any open days? Tell me about these.

11. What was the reason for choosing the university you are attending?

12. Can you tell me about your contact with the disability service team or any other staff members at your higher education institution before entering?

13. Have you applied/received you Disability Student Allowance? Tell me about this.

Your experience in higher education….so far!

14. Likert Scale (See attached sheet).

15. What do you think your strengths and weaknesses are as a person?

16. What do you think your strengths and weaknesses are as a student?

17. Tell me about your time in Higher education so far.
   Meeting people
   Disclosing your disability
   Fresher’s week
Course
Tutors
Support
Work load
Accommodation
Facilities such as, library and computer suites, etc
Disability services.

18. What are you looking forward to this year?

19. What are you hoping for in the next three years?

20. Is there anything else you would like to share with me?
Appendix 5b: Interview structure- Phase 2

General questions about your experiences since the last interview and during term two of HE

1. Can you tell me a bit about your second term so far?

2. Can you describe some of the differences in starting the second term to starting the first term of higher education?

3. What did you find surprising in the last term?

4. What, if anything, met your expectations of higher education?

5. Can you tell me about the positive experiences you have had in higher education so far?

6. Can you tell me about any negative experiences you have had in higher education so far?

7. Do you feel these experiences you have mentioned are similar to other students that you know?

8. Can you describe what has been the most rewarding/enjoyable experience starting higher education?

9. Can you describe what has been the most stressful/or most difficult experience starting higher education? How did you deal with this stress?

10. Do you feel you feel you are treated differently to other students?

11. Do you feel you should be treated differently?

12. Likert scale

Academic

13. Can you tell me about you course at the moment?

14. How do you manage your academic life?

15. Can you tell me about a time where you did really well in class/lecture/coursework/workshop?

16. Can you tell me about a time where you did badly in class/lecture/coursework?

17. Can you tell me about your student-tutor/lecturer relationship?

Social

18. Can you tell me about your social life in university? Tell me about your typical week.

19. Tell me about your friends here.

20. How do you spend your free time?
21. If you had a social problem who would you go to first? Why?
22. Do you keep in contact with old friends whilst being in HE?
23. Do you feel part of the student community? Why/why not?
24. Do you feel the environment around you allows for social interaction?

**Personal**

25. How do you think people see you in HE?
26. If you remember last time we discussed your strengths and weaknesses? What do you feel your strengths and weakness are as a student at this point?
27. Have you started looking for house next year? Tell me about this.
28. Can you tell me who/what is the main source of support for you at this point in HE?
29. Tell me about your contact with the disability support team? Do you feel you the support from them is adequate for your needs?
30. Has university provided any other opportunities other than working towards a HE qualification? Can you tell me about his?

**Financial**

31. Can you tell me about your financial status at the moment?
32. Do you have a job at this point in the term?
33. If you had a financial problem who would you go to first? why?
34. Is there anything you would like to add or discuss further about you second term in higher education?
Appendix 5c: Interview structure- Phase 3

General questions about your experiences since the last interview

1. Can you tell me about your final term in higher education?

2. Can you describe some of the differences in starting the final term starting the first or second terms of higher education?

3. Can you describe what has been the most rewarding/enjoyable experience in the third term of higher education? Why?

4. Can you describe what has been the most stressful or most difficult experience in your third term of higher education? How did you deal with this stress?

5. Do you feel these experiences are different to other students in your institution?

6. Have you been provided with any other opportunities other than working towards a higher education degree qualification? If yes, can you tell me about this?

7. What are the two most important things you have gained from your third term in higher education so far?

8. Likert Scale

Looking back throughout the whole year

9. How do you feel things have things developed over the year?

10. What do you feel has had the most positive effect on your experience as a student in the first year of HE?

11. What do you feel has had the most negative effect on your experience as a student in the first year of HE?

12. What have you found to be the hardest part about the initial transition into higher education?

13. What, if anything, did you feel your higher education institution did well to help your transition into higher education?

14. Would you have done anything differently/changed anything if you were to start this year again?

15. Would you change anything throughout the first year in HE?

16. Have your ideas about a career changed since starting higher education? Why?

17. What are you looking forward to next year? Why?

18. How do you think next year will differ to this year?

19. Have you got any scheduled meetings with support member before starting back?
20. What have you planned for the summer? Could you explain why you are doing what you are doing?

21. How would you define a successful transition?

22. Is there anything that you would like to add about your higher education experience?
Appendix 6a: Interview Briefing and Debriefing—Phase 1

**Briefing**

As mentioned in flyers and the consent forms I am interviewing students about their experiences of transition into the first year of higher education in the UK. I am interested in all areas of this transition—social, academic, financial, physical/environmental throughout this first year.

The interview will be informal (like a conversation) and I would just like you to tell me as much about your time in higher education as possible so that I can get a good idea of your experiences. I have got questions that I will be asking you, but if you have any information, that may be useful or you would like to discuss then me then please tell me about it.

I will be recording your interview via the Dictaphone which will then be transcribed, if this is still ok with you?

This interview will ask for a general overview of the disability that you have self-identified on the UCAS form, and how it affects your day to day life (if at all), a bit of back ground information (you may have filled this out on the sheets before the interview which is great but don’t worry if not). The interview will then be split into 3 sections exploring your experiences before entering higher education, your experiences during the process of applying to higher education and your experiences in higher education so far.

If there are any questions that you do not want to answer then you don’t have to, also if there are any topics which you do not wish to discuss then just let me know.

If you want to stop the interview at any time, please let me know I can turn the recorder off. Similarly, if you would like a break and I can stop the interview and continue when you are ready.

Do you have any questions or are you happy for us to begin?

**Debriefing**

Thank you for answering those questions.

So now the interview will be transcribed and the data will be stored away safely. Your names and details will be kept anonymous as well and these will be stored safely. You can have a look at the transcription of this interview if you want.

Are you happy for me to go away and transcribe the interview?
I will now explain the blog that you will be in control of and how this should be set up. Are you happy for me to do this?

Please feel free to contact me in the future if you have any questions. Thanks again for telling me about your experiences.
Appendix 6b: Interview Briefing and Debriefing- Phase 2

Briefing

Ok so I’ll just give you an up-to-date briefing about the research and your part in the research. I am looking at disabled students’ experiences at university, I am interested in what it is like for you entering higher education and will be asking about your feelings, experiences and perceptions within this transition during the first year of higher education—this is why I am interviewing at several points in the year. This is the second interview.

The interview will be informal (like a conversation) and I would just like you to tell me as much about your experiences as possible. I have got questions that I will be asking you, but if you have any other information that may be useful or if you have anything else to raise then please tell me about it. I may also be asking for more information about your blog entries, if this is ok?

I will be recording your interview via the Dictaphone which will then be transcribed, if this is ok with you?

This interview will be split into a few sections. The general experience in term 2, academic, social, personal and financial aspects although if you feel there are other areas that are relevant and important please raise these at any time! Your input will be useful for the research. So basically, it’s like a detailed update of what is happening in your first year. We will cover some aspects we have discussed in the previous interview and any others you feel are necessary at this point.

If there are any questions that you do not want to answer then you don’t have to, also if there are any topics which you do not wish to discuss then just let me know.

If you want to stop the interview at any time, please let me know I can turn the recorder off. Similarly, if you would like a break and I can stop the interview and continue when you are ready.

Do you have any questions or are you happy for me to begin?

Debriefing

Thank you for answering those questions

So as you know now the interview will be transcribed and the data will be stored away safely. Your names and details will be kept anonymous as well and these will be stored safely. If you want to have a look at this transcription you can.

Are you happy for me to go away and transcribe the interview?
How have you found the blogs?

Please feel free to contact me in if you have any questions.
Appendix 6c: Interview Briefing and Debriefing- Phase 3

Briefing

Ok so I’ll just give you an up-to-date briefing about the research and your part in the research. I am looking at students’ experiences at university, I am interested what it is like for you entering higher education and will be asking about your feelings, experiences and perceptions within this transition during the first year of higher education- this is why I am interviewing you at several points in the year. This will be the third and final interview. Remember it includes all aspects of your transition into the first year of higher education.

The interview will be informal (like a conversation) and I would just like you to tell me as much about your experiences as possible. I have got questions that I will be asking you, but if you have any information that may be useful or that you want to tell me about then please let me know. I may also be asking for more information about your blog entries, if this is ok?

I will be recording your interview via the Dictaphone which will then be transcribed, if this is ok with you?

This interview will be split into two sections. In section 1 I will be asking you about your experiences since our last interview. It will be like a detailed update of what is happening during your transition, covering aspects we have discussed in previous interviews and any others you feel are necessary at this point. The second section will be looking back over the year discussing your progression over the year.

Remember if there are any questions that you do not want to answer then you don’t have to, also if there are any topics which you do not wish to discuss then just let me know.

If you want to stop the interview at any time, please let me know I can turn the recorder off. Similarly, if you would like a break and I can stop the interview and continue when you are ready.

Do you have any questions or are you happy for us to begin?

Debriefing

Thank you for answer those questions

So again, now the interview will be transcribed and the data will be stored away safely. Your names and details will be kept anonymous as well and these will be stored safely. Remember you can have a look at the transcription of the interview if you want.

Are you happy for me to go away and transcribe the interview?
Please feel free to contact me in the future if you have any questions and please feel free to carry on blogging if you are finding it useful/enjoyable.

Thanks again for your input I have really enjoyed working with you and talking to you about your experiences. Do you have any questions at this point?
**Appendix 7a: Likert scale- Phase 1**

To what extent do you agree with the statements below?  
Please take your time and tick the appropriate box. We will then discuss your answers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree 1</th>
<th>Agree 2</th>
<th>Uncertain 3</th>
<th>Disagree 4</th>
<th>Strongly disagree 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am looking forward to making new friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making friends comes easily to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving away from home is a positive aspect of HE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable with my work load</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident I have chosen the right course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being in higher education means I will become more independent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not have any financial worries about higher education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 7b: Likert Scale - Phase 2

To what extent do you agree with the statements below?
Please take your time and tick the appropriate box. We will then discuss your answers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree 1</th>
<th>Agree 2</th>
<th>Uncertain 3</th>
<th>Disagree 4</th>
<th>Strongly disagree 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making friends comes easily to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving away from home is a positive aspect of HE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable with my work load</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident I have chosen the right course</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being in higher education means I will become more independent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not have any financial worries about higher education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident in my higher education environment this term</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would rate my higher education institution highly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 7c: Likert Scale - Phase 3

To what extent do you agree with the statements below?
Please take your time and tick the appropriate box. We will then discuss your answers.

<table>
<thead>
<tr>
<th>Strongly Agree 1</th>
<th>Agree 2</th>
<th>Uncertain 3</th>
<th>Disagree 4</th>
<th>Strongly disagree 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making friends comes easily to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving away from home is a positive aspect of HE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am comfortable with my workload</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident I have chosen the right course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being in higher education means I will become more independent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do not have any financial worries about higher education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident in my higher education environment this final term</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would rate my higher education institution highly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am confident moving into the second</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>year of higher education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I feel I have made a successful transition into HE.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 8: Other influences on the interviews

Other influences on the interviews included the recording of information. For pragmatic reasons a Dictaphone was used to record the interviews within the research process. It allowed a detailed recording of data for a closer analysis of the transcripts following the interview and enabled interaction between the researcher and participants during the interview itself (this could not be achieved with another form of recording) (Marshall and Rossman, 1999; Rapley 2004). However, being recorded can influence the answers given by the participants within the research process (Rapley, 2004). Certain students demonstrated an awareness of the Dictaphone in this research process. Thus, when this occurred, the researcher often reminded the students of the confidentiality of the information they disclosed and reinforced how the information in the study would be used in the hope to minimise such influences (King and Horrocks, 2010; Rapley, 2004).

Furthermore, there were other factors that influenced the research process that could not be controlled. For instance, during one of the interviews the fire alarm sounded and this interrupted the interview process. In another interview the student had to leave in the middle of the interview to attend a physiotherapy session. Therefore, this interview was put on hold before it could be completed. When disruptions occurred, the researcher reminded the participant what was discussed in the previous session before continuing with the interview process. These experiences indicated that not all aspects can be planned for and controlled within interview situations.
## Appendix 9: An overview of interviews conducted

<table>
<thead>
<tr>
<th>Participant</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Molly</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
</tr>
<tr>
<td>Luke</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Synchronous online interview (face-to-face)</td>
</tr>
<tr>
<td>Elly</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
</tr>
<tr>
<td>Simon</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
</tr>
<tr>
<td>Joanna</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Asynchronous online interview</td>
<td>Face-to-face in-depth semi-structured interview (August).</td>
</tr>
<tr>
<td>Melody</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
<td>Face-to-face in-depth semi-structured interview</td>
</tr>
</tbody>
</table>
Appendix 10: Other influences on the weblog diaries

While a benefit to conducting research using weblogs is the low cost of the research (IRMA, 2015), there is difficulty ensuring that all participants have the correct equipment and can access weblogs required of them (Braun and Clarke, 2013). Thus, the issue of access was considered at the start of the research process. As indicated in section 3.4.2, all students had access to the necessary website and all had individual laptops to frequently make their weblog entries. Therefore, the researcher did not envision access to the online weblog diaries to be an issue.

However, there were other unique difficulties that impacted the accessibility of the weblog diaries for the participants in the current research. For example, one student was unable to make posts on their weblog diary about half way through the year because her parents had restricted her from using the social networking site (on which the weblog diary was hosted) for personal reasons. Consequently, the methods were adapted and the student sent her weblog diary entries via email to the researcher. Although this allowed information to be shared in-between interviews, it is likely this impacted the student’s engagement with the weblog diary entries. This student posted much less frequently via emails and this could be because the student has less control over their weblog diary entries.
Appendix 11: Instructions for pilot weblog
How to log on to your secure blog!! (step by step instructions).

1. You will get sent an email from WordPress. Click the second link which should read:

   “To accept invitation visit, http…………………………………………..”

   You will be directed to a screen that looks like this

2. To gain access to a blog, you will need to choose a unique username, provide an email address and password to access your blog account and tick the Legal Flotsum button. **NB the email you put here will be the one they will send confirmation of your blog to.**

3. You will also need to click the reads: “Just a user name please” and click next. This is shown in the diagram below.
4. You should then be directed to this page

5. Follow the instructions on this page. When completed WordPress will tell you an email has been sent to the account highlighted.

6. In order to activate your account, check your email and click on the link.

7. You will be directed to this page. Click the login button circled in the
8. It will take you to the log in screen. Enter your username and password to login (from step 2 above). **NB Keep your username and password in safe place so you do not forget it**

Once you have logged in. You will be directed to your profile page.
9. To view your blog click the logo in the top left-hand corner. This will direct you straight to your blog page which should look like this. **NB- the example blog is “Harnett87admin's Blog”.**

10. To return back to your profile page click the icon circled in the top right-hand corner will take you back to your profile page
11. You are now ready to Blog!!
How to use your Blog

1. To create a post, go to your profile page. Click the heading posts in the left-hand column of the screen. Then click Add New

2. Write a title and blog entry in the boxes provided. Remember you can add links, photos and videos or anything else that may have influenced your experiences in university. Think of it as your Diary. When you have written your post, click the submit for review.
link. This will send the post to me to publish. You can preview what your post will look like by clicking the preview button.

3. To log out click the logout button in the top right-hand corner. This close your blog.
For your information:

Keep Safe!

Username:

Password:

Blog domain:

Blog title:

Once you have activated your account, to log in simply type the blog domain above into your browser, this will take you to the log in screen.
Appendix 12: Information and consent forms sent to Head teachers via post/email

Dear Head teacher

My name is Megan Harnett. I am a second year PhD student at University of Wales Institute, Cardiff (UWIC). I am writing to see if whether you would be able to help me in the research project I am undertaking. The title of the research is:

An investigation into young adults with special educational needs/ disabilities and their experiences of transition into higher education.

Having completed university recently I know that a successful university experience is not only about academic quality and support received. It is also about the development of new academic skills, developing independence and socialising with new people. These may be affected by a range of factors. Therefore, the research is interested in how participants settle into all areas of higher education. Specifically, this research will explore how young adults with special educational needs/ disabilities experience transition during the first year of HE.

I would be very grateful for your help in gathering participants for this project. You can do this by passing on the enclosed information letters and consent forms to students who have applied for HE or university in September/ October 2010 and have special educational/ disabilities. They need to have self-identified a disability on their UCAS forms. If possible I could also come and talk to students in your sixth form/ college about the project as well. I can arrange this as necessary. I would be happy to share the outcomes of my research with your institution in due course.

The students’ participation is voluntary. If they choose to participate the research will involve interviews with the students prior to higher education and during the academic term. I anticipate that the first interview will take place after the exam period in the summer break. The research will also involve students documenting their journey through their first year of university through blogs. Full details are provided on the enclosed consent forms (see attached). The students will be given time to consider the implications of the research and are encouraged to talk to their carers/parents/social worker/teacher about it before agreeing to participate. Please note that if individuals are below age eighteen at the time of their first interview parental consent to participate in the research project will also be sought (see attached).
No individuals or establishments will be identified in the completed thesis or academic research papers, which will be available for inspection. The information will also remain confidential. A copy of the completed thesis will be held at the university.

Thank you for taking the time to read this letter. If you would like to help with this area of research, please complete the form below and send it back to me (via post using the freepost licence and address below or via email). Additionally, you can email me your interest in the research and I can arrange to collect the form at a later date. I will be sending a hard copy of this letter and the consent forms with the next UWIC partnership mailing. If you require further information, please do not hesitate to contact me.

Many thanks,

Megan Harnett

University of Wales Institute, Cardiff (UWIC)
Cardiff School of Education
Freepost license XXXX
Cyncoed Campus
Cyncoed Road
Cardiff
CF23 6XD

mharnett@uwic.ac.uk
Consent Form

School:

Megan Harnett (PhD student, University of Wales Institute, Cardiff)

Consent:

- I agree to pass on further information about the above research project to students at __________________________________________(Name of School)
- I understand that they will give the necessary consent to take part in the project.
- I give my permission/ I do not give my permission (please delete as appropriate) for the researcher to contact students at this school/ college

Signature Date

___________________ _______________

PRINT NAME

________________________________

Email

____________________
Appendix 13: Information letter and consent form for sixth form/college students

Dear student,

My name is Megan Harnett. I am a second year PhD student at University of Wales, Cardiff (UWIC). I am writing to see if whether you would be able to take part in a research project I am undertaking. The title of the research is:

An investigation into young adults with special educational needs and their experiences of transition into higher education.

Having completed university myself last year I know that a successful educational experience is not only about the academic quality and support received. It is also about the development of new academic skills, developing independence and socialising with new people . These are affected by a range of factors. Therefore, the research is interested in how participants settle into all areas of higher education. Specifically, this research will explore how young adults that have special educational needs or a disability experience transition during the first year of HE. I would really value having an insight into your own experiences, feelings and thoughts before your enter and during your first year of higher education. With your help, this research aims gain a better understanding of the strategies that can be used to contribute to a successful transition. This information, will be used to aid the transition of all students but in particular, students with who have filled in the disability category section on their UCAS form.

Your involvement in the project is voluntary. If you choose to participate I would like to interview you on a few occasions to discuss your experiences and opinions of university life. I would like to interview you before you attend higher education and do two/three interviews with you while you are in higher education (one near the start, one near the middle and one at the end of your first year in higher education). These will be recorded and transcribed. The first interview will be planned for some time in the summer break (as I know you have exams). I would also like you to keep a regular blog so that your experiences, thoughts and feelings can be recorded regularly throughout the year. We will discuss this in more detail if you choose to take part in this study.

As indicated, your involvement in the project would be voluntary and the information you provide will be completely confidential and anonymous. A fake name will also be used for you in the research. No one will be able to identify you or the university. As your participation is voluntary you may withdraw from the project at any time. The research will also be stored safely.
Thank you for reading this letter and I hope that you will be able to take part in this project. However, I encourage you to think carefully about this before agreeing to take part and, if necessary, discuss it with others. If you do wish to take part in this study could you please complete the consent form below and attach this to an email; or you can email (contact details below) me to and I can collect the consent form before the first interview. If you are under the age of eighteen at the first interview you will need to get your parent/guardian to fill in an additional consent form (this is also attached to the letter).

If you feel you would like more information about the research, please do not hesitate to contact me. My details are provided below.

Many Thanks,
Megan Harnett

Megan Harnett
University of Wales Institute, Cardiff (UWIC)
Cardiff School of Education
Cyncoed Campus
Cynoced Road
Cardiff, CF23 6XD

Email: mharnett@uwic.ac.uk
Consent form

Please read the statements below and sign. This will show that you have read and understood the statements and are willing to participate in the research.

- I understand the nature, purpose and duration of the research.
- I understand that taking part in the research is voluntary and that I may withdraw my consent for this data to be used at any time.
- I understand that no-one will have access to the data beyond the researcher and her supervisors and examiners.
- I understand that any personal statements made in the document will be confidential. All comments will be anonymous and any reports or papers that are produced as a result of the research.
- I agree to the interview being recorded
- I understand that the data from this research will be used for three things:
  - PhD thesis
  - Academic research papers and presentations
  - A summary report to be circulated to all interested participants or other interested parties.
- I understand that university requirements mean that if I am under 18 between now and September 2010 parental consent will be needed for the period until you are 18.

Signature ___________________________

PRINTED NAME _____________________  D.O.B __/__/___

Parent consent needed: Y/N (Delete where appropriate)
Student Details:

Home address: 
Tel: 
Email: 

University:

University Choices: Category of Disability (according to UCAS) *

1. __________________________ [ ]
2. __________________________
3. __________________________
4. __________________________

*UCAS Disability Categories

<table>
<thead>
<tr>
<th>UCAS Disability Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>G</td>
</tr>
<tr>
<td>H</td>
</tr>
<tr>
<td>I</td>
</tr>
<tr>
<td>J</td>
</tr>
</tbody>
</table>

(NB- These are updated disability categories used by UCAS)
Appendix 14: Parent consent letter

Dear parent,

My name is Megan Harnett. I am a second year PhD student at University of Wales Institute, Cardiff (UWIC). I am writing to see if whether you would be able to help me in the research project I am undertaking. The title of the research is:

An investigation into young adults with special educational needs/ disabilities and their experiences of transition into higher education.

Having completed university recently I know that a successful university experience is not only about academic quality and support received. It is also about the development of new academic skills, developing independence and socialising with new people. These may be affected by a range of factors. Therefore, the research is interested in how participants settle into all areas of higher education. Specifically, this research will explore how young adults with special educational needs/disabilities experience transition during the first year.

I would be very grateful for your help with this research by allowing me to talk to your son/daughter about their experiences in university. This is necessary because your son/daughter is below the age of 18. Their participation is voluntary. If they choose to participate the research will involve interviews with the students prior to higher education and during the academic term. I anticipate that the first interview will take place after the exam period in the summer break. The research will also involve students documenting their journey through their first year of university through blogs. Full details are provided on the participant consent forms (see attached). The students will be given time to consider the implications of the research and are encouraged to talk to their carers/parents/social worker/teacher about it before agreeing to participate.

No individuals or establishments will be identified in the completed thesis or academic research papers, which will be available for inspection. The information will also remain confidential. A copy of the completed thesis will be held at the university.

Thank you for taking the time to read this letter. If you agree to your son/daughter participating in the research, then please complete the consent form and send it back to me (along with your son/daughter’s consent form). Additionally, you can email me your interest in the research and I can arrange to collect the form at a later date.

Many thanks,

Megan Harnett
Consent Form

Megan Harnett (PhD student, University of Wales Institute, Cardiff)

Consent:

I agree that my son/daughter (delete as appropriate)

___________________________________________________________(name) can participate in the research outlined in the letter.

- I understand that the research is voluntary and if they wish to withdraw from the research process they can do at any time with no further consequence
- I understand that the research is anonymous and it will not be possible to identify the participants in this research.
- I understand that they will also give the necessary consent to take part in the project.

Signature                          Date

__________________________     ________________

PRINT NAME

____________________________

Email

__________________________
Appendix 15: Information letter and consent form for university admission and support departments to pass onto students

Dear student,

My name is Megan Harnett. I am a second year PhD student at University of Wales, Cardiff (UWIC). I am writing to see if whether you would be able to take part in a research project I am undertaking. The title of the research is:

An investigation into young adults with special educational need/ disabilities and their experiences of transition into higher education.

Having completed university myself last year I know that a successful educational experience is not only about the academic quality and support received. It is also about the development of new academic skills, developing independence and socialising with new people. These are affected by a range of factors. Therefore, the research is interested in how participants settle into all areas of higher education. Specfically, this research will explore how young adults that have special educational needs or a disability (according to the UCAS disability categories) experence transition during the first year of HE. I would really value having an insight into your own experiences, feelings and thoughts before your enter and during your first year of higher education. With your help, this research aims gain a better understanding of the strategies that can be used to contribute to a successful transition. This information, will be used to aid the transition of all students but in particular, students with who have filled in the disability catagory section on their UCAS form.

Your involvement in the project is voluntary. If you choose to participate I would like to interview you on a few occasions to discuss your experiences and opinions of university life. I would like to interview you before you attend higher education and do two/three interviews with you while you are in higher education (one near the start, one near the middle and one at the end of your first year in higher education). These will be recorded and transcribed. The first interview will be planned for some time in August/early September. I would also like you to keep a regular blog so that your experiences, thoughts and feelings can be recorded regularly throughout the year. We will discuss this in more detail if you choose to take part in this study.

As indicated, your involvement in the project would be voluntary and the information you provide will be completely confidential and anonymous. A fake name will also be used for you in the research. No one will be able to identify you or the university. As
your participation is voluntary you may withdraw from the project at any time. The research will also be stored safely.

Thank you for reading this letter and I hope that you will be able to take part in this project. However, I encourage you to think carefully about this before agreeing to take part and, if necessary, discuss it with others. If you do wish to take part in this study could you please complete the consent form below and attach this to an email; or you can email (contact details below) me to and I can collect the consent form before the first interview. If you are under the age of eighteen at the first interview you will need to get your parent/guardian to fill in an additional consent form (this is also attached to the letter).

If you feel you would like more information about the research, please do not hesitate to contact me. My details are provided below.

Many Thanks,
Megan Harnett

Megan Harnett
University of Wales Institute, Cardiff (UWIC)
Cardiff School of Education
Cyncoed Campus
Cynoed Road
Cardiff, CF23 6XD

Email: mharnett@uwic.ac.uk
Consent form

Please read the statements below and sign. This will show that you have read and understood the statements and are willing to participate in the research.

- I understand the nature, purpose and duration of the research.

- I understand that taking part in the research is voluntary and that I may withdraw my consent for this data to be used at any time.

- I understand that no-one will have access to the data beyond the researcher her and examiners.

- I understand that any personal statements made in the document will be confidential. All comments will be anonymous and any reports or papers that are produced as a result of the research.

- I agree to the interview being recorded

- I understand that the data from this research will be used for three things:
  - PhD thesis
  - Academic research papers and presentations
  - A summary report to be circulated to all interested participants or other interested parties.

- I understand that university requirements mean that if I am under 18 between now and September 2010 parental consent will be needed for the period until you are 18.

Signature _________________________
PRINTED NAME ____________________             D.O.B ____ /____ /____

Parent consent needed: Y/N (Delete where appropriate)
Student Details:

Home address:          Tel:          Email:          

University:          University Choices:          Category of Disability (according to UCAS) *

__________________________________________          [ ]

__________________________________________

__________________________________________

*UCAS Disability Categories

<table>
<thead>
<tr>
<th></th>
<th>UCAS Disability Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>No disability</td>
</tr>
<tr>
<td>B</td>
<td>You have a social/communication impairment such as Asperger syndrome/other autistic spectrum disorder</td>
</tr>
<tr>
<td>C</td>
<td>You are blind or have a serious visual impairment uncorrected by glasses</td>
</tr>
<tr>
<td>D</td>
<td>You are deaf or have a serious hearing impairment</td>
</tr>
<tr>
<td>E</td>
<td>You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy</td>
</tr>
<tr>
<td>F</td>
<td>You have a mental health condition, such as depression, schizophrenia or anxiety disorder</td>
</tr>
<tr>
<td>G</td>
<td>You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D</td>
</tr>
<tr>
<td>H</td>
<td>You have physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches</td>
</tr>
<tr>
<td>I</td>
<td>You have a disability, impairment or medical condition that is not listed above</td>
</tr>
<tr>
<td>J</td>
<td>You have two or more impairments and/or disabling medical Conditions</td>
</tr>
</tbody>
</table>
Appendix 16: Flyers to potential students - general

My name is Megan I am a 2nd Year PhD Student at UWIC I am looking for some first year students to take part in my research.

The research involves a number of universities. It is voluntary and it will not be any extra work for you, it will also be completely confidential, you will not be able to be identified in any way!

I am looking for students who have a disability according to the UCAS Disability categories. So, if you have filled in the disability section on your UCAS form I would love to hear from you, the email address is below.

I am really interested in how you settle into all aspects of higher education (social, academic and emotional) to see what contributes to a successful transition and any barriers that prevent this! It is your voice I am interested in!!

For more information please contact ME at mharnett@uwic.ac.uk Thank you!
Appendix 17: Participant Information letter and consent form

Dear student,

My name is Megan Harnett. I am a second year PhD student and I am writing to see if whether you would be able to take part in a research project I am undertaking. The title of the research is:

An investigation into young adults that have self-identified themselves as having a disability according to the UCAS disability categories and their experiences of transition during the first year of higher education.

Having completed university myself last year I know that a successful educational experience is not only about the academic quality and support received. It is also about the development of new academic skills, developing independence and socialising with new people. These are affected by a range of factors. Therefore, the research is interested in how participants settle into all areas of higher education. Specifically, this research will explore how young adults that have self-identified themselves as having a disability (according to the UCAS disability categories) experience transition during the first year of HE. I would really value having an insight into your own experiences, feelings and thoughts as you enter into higher education. With your help, this research aims gain a better understanding of the strategies that can be used to contribute to a successful transition and first year experience in HE. This information, will be used to aid the transition and HE experience of all students but in particular, students with who have filled in the disability category section on their UCAS form.

Your involvement in the project is voluntary. If you choose to participate I would like to interview throughout your first year of higher education to discuss your experiences and opinions of university life. The researcher plans to do three interviews (one near the start, one near the middle and one at the end of your first year in higher education). These will be recorded and transcribed. The first interview will be planned for some time in October 2010. I would also like you to keep a regular blog so that your experiences, thoughts and feelings can be recorded regularly throughout the year. We will discuss this in more detail if you choose to take part in this study.

Your involvement in the project would be voluntary and the information you provide will be completely confidential and anonymous. A fake name will also be used for you in the research. No one will be able to identify you or the university. As your participation is voluntary you may withdraw from the project at any time. The research will also be stored safely.
Thank you for reading this letter and I hope that you will be able to take part in this project. However, I encourage you to think carefully about this before agreeing to take part and, if necessary, discuss it with others. If you do wish to take part in this study could you please complete the consent form below and attach this to an email (contact details below); or you can email me to arrange a meeting and I can collect the consent form before the first interview. If you feel you would like more information about the research, please do not hesitate to contact me. My details are provided below.

Many Thanks,
Megan Harnett

Megan Harnett
University of Wales Institute, Cardiff (UWIC)
Cardiff School of Education
Cyncoed Campus
Cynoed Road
Cardiff, CF23 6XD

Email: mharnett@uwic.ac.uk
Consent form

Please read the statements below and sign. This will show that you have read and understood the statements and are willing to participate in the research.

- I understand the nature, purpose and duration of the research.

- I understand that taking part in the research is voluntary and that I may withdraw my consent for this data to be used at any time.

- I understand that no-one will have access to the data beyond the researcher and her supervisors.

- I understand that any personal statements made in the document will be confidential. All comments will be anonymous in the thesis and any reports or papers that are produced as a result of the research.

- I agree to the interview being recorded

- I understand that the data from this research will be used for three things:
  - PhD thesis
  - Academic research papers and presentations
  - A summary report to be circulated to all interested participants or other interested parties.

- I understand that university requirements mean that if I am under 18 between now and September 2010 parental consent will be needed for the period until you are 18.

Signature ______________________

PRINTED NAME ___________________ D.O.B ___ / ___ / ___

Parent consent needed: Y/N (Delete where appropriate)
Student Details:

Home address:         Tel: 

Email: 

University:

University Choices:   Category of Disability (according to UCAS) *
1. ___________________________ [ ]
2. ___________________________
3. ___________________________
4. ___________________________

*UCAS Disability Categories

<table>
<thead>
<tr>
<th>UCAS Disability Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
</tr>
<tr>
<td>B</td>
</tr>
<tr>
<td>C</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>E</td>
</tr>
<tr>
<td>F</td>
</tr>
<tr>
<td>G</td>
</tr>
<tr>
<td>H</td>
</tr>
<tr>
<td>I</td>
</tr>
<tr>
<td>J</td>
</tr>
</tbody>
</table>

(NB- These are updated disability categories used by UCAS)
Appendix 18: Participant profiles

Molly (participant 1)

Molly described a range of difficulties that she experienced as a result of mental health difficulties. These included anxiety and depression, insomnia, self-harming, panic attacks and feeling suicidal. She also explained that she had Post Traumatic Stress Disorder (PTSD) and this increased her anxiety at times although she felt uncomfortable discussing the events from which the psychological trauma occurred.

Although Molly described herself as “academic”, the difficulties abovementioned impacted many aspects of Molly’s life, including her educational experiences. It caused complications with her relationships (friendships and family), academic aspects, social aspects and financial aspects. Molly explained that,

“...Because I have insomnia it affects attendance of early lectures, and when my mood is low I have a lack of, um, motivation and confidence which can affect presentations and essays and this makes my anxiety get worse. Socially, I find meeting new people stressful I get really worked up about it and I get really apprehensive and when I am going through a low period I tend to withdraw from everybody. And I don’t tend to go out or anything. Financially, when I’m down public transport is not an option for me, I can’t go on buses or anything, I rely on a car and petrol is pretty expensive and obviously there’s wear and tear to the car. And just things like parking at hospital appointments and stuff like that” (Phase 1).

“I was always in a separate room because of panic attacks, in case. Obviously, this was because it was always a smaller room with less people” (Phase 1).

More specifically, the anxiety experienced was a prominent difficulty for Molly which caused her to physically harm herself and caused her to worry significantly about aspects that had not occurred. She explained that,

“If things have gone quite badly I do feel suicidal, not really a danger to myself but quite, self-destructive which is where self-harming comes into it and I need extra support” (Phase 1).

“I can get myself very, very stressed out about things that haven’t even happened yet because I am scared of them happening. Like I find it really hard to go to sleep when I know I am in a nine o’clock lecture the next day because I am so paranoid that I am going to sleep through it I tend to stay awake all night and then do my nine to five day on Tuesday, absolutely shattered, because I am scared that I am going to mess-up [in university] a second time around” (Phase 1).

“I already have so much debt built up I am worried that when I do find a job after uni. I am going to be in so much debt. So, if things like my car broke, like it did the other day and because we haven’t got any savings and to come out with a large lump of money that I wasn’t expecting has being a real strain” (Phase 1).

Significantly, when describing her experience of mental health difficulties, she explained that it did not affect her all the time and in doing so highlighted the unpredictable
nature of mental health difficulties. Thus, Molly did not know when or how her impairment would impact upon her experiences. This unpredictability made mental health difficulties more problematic:

“The thing is with me I can appear completely fine and I can be completely fine for a while and all of a sudden it can trigger and I can be the complete opposite and it’s kind of hard to judge when it’s going to happen” (Phase 1).

Molly explained that she could “be fine” for many weeks and then experience very “low periods”, “bad weeks” or “down periods” as she ‘coined’ them. During these difficult periods the problems she experienced in everyday life were heightened. Additionally, it emerged that there were situations that could “trigger” these “down periods”. These included social experiences that involved men, specific smells and “painful memories” being worked through in therapy sessions.

**Luke (participant 2)**

Luke also described himself as “academic” and defined his difficulties as “mainly physical”. However, he joked that he had “pretty much everything on the [UCAS] list”. He explained that he was also dyslexic and discovered that he had Irlen Syndrome during HE (term 2). However, he did not discuss the latter aspects in much detail throughout his journey.

He explained the nature of his physical disability and how this impacted his everyday experiences,

“I have a lot of pain and I have to use a wheelchair” (Phase 1).

“the temperature of the day [affects disability] ... well it affects my pain level really and depending on the day this can be in any muscle” (Phase 1).

The physical difficulties influenced certain aspects of his life, including educational aspects. It caused difficulties with when accessing and interacting with people in social settings and meant he had to miss lessons on occasions because of ill-health. Luke explained that,

“I can’t go out with my friends as much as I want to anytime I go out with my friends I have to drive because I need space for my wheelchair and we have to go somewhere which is accessible, because not everywhere is. Just simple stuff like that” (Phase 1).

“Well there does seem to be access everywhere but you have to go a mile to find it and when I am in the lecture theatres I have to sit in a designated space so it causes a bit of a problem when sitting next to friends” (Phase 1).

“I have to miss [in education] time for hospital appointments and miss time because I am ill or I’m in pain” (Phase 1).
He also explained that he experienced additional financial implication because he had to raise funds for specific equipment. This is further discussed in the main findings (Chapters 4 and 5).

**Elly (participant 3)**

Elly described a range of difficulties that she experienced as a result of dyslexia and her anxiety disorder. Elly indicated that dyslexia mainly affected her academically. It predominately impacted her reading ability but also influenced her confidence within activities related to this. For example, she explained that,

> "When I’m reading things I’m not too sure of some of the words so I tend to skip over the big words and carry on with the rest of the sentence … it doesn’t make as much sense and because all of the letters well some of the letters get jumbled up and I’m like ummm. It takes me a while to read stuff as well so when we are in lectures and we have to read stuff out I am reading ahead to know what one I am going to read out because then I know it before it comes through to it which is quite good” (Phase 1).

> “Because reading it, it doesn’t really sink in for me I need someone to explain it” (Phase 1).

> “With the dyslexia, it’s affected my confidence when I’m reading things” (Phase 1).

She also explained that she might be dyspraxic because of difficulties with short-term memory and coordination. However, this was not diagnosed:

> “I’ve been advised that I may be dyspraxic I’m not sure what that is entirely but apparently, it affects your coordination and memory. I was like I am really uncoordinated whenever I walk I can’t walk in straight line. My Dad will be behind me and you’ll hear him just laughing to himself…he says ‘it’s like you’re drunk’. I mean I also trip up a lot I fall up the stairs all the time I can’t play any sport because I am so badly coordinated” (Phase 1).

The anxiety experienced also impacted several areas of Elly’s life. It persistently affected her self-esteem and confidence in social situations and caused her to worry excessively about events or scenarios and people’s perception of her. She explained that,

> “I mean with the depression and the anxiety I am constantly worrying and my Mum and Dad, well they’re not my Mum and Dad but I call them Mum and Dad, they are always like ‘you have to take time to relax and forget about everything’. But it does affect me personally I just can’t stop worrying” (Phase 1).

> “I’m always worrying about what people think of me and what’s going to happen, and if a certain scenario happens, it kind of worries me too much. So, it’s like no matter where I go I always worry about things. My Dad is always like ‘just go out and do it, if something happens you can deal with it afterwards rather than worrying about it before’, but I mean it is difficult” (Phase 1).

> “I suppose weaknesses are that I lack confidence and I worry way too much about what people think of me personally and my appearance of how I act. I also worry that if they find out about my past they’ll start to think differently of me, which I don’t want so I kind of
withdraw from them, so even though I am in a friendship group I am still kind of withdrawn from the rest of them, which is definitely a bad thing” (Phase 1).

Additionally, Elly’s past experiences in care also furthered the anxiety felt. She was constantly worried that she would be taken away from her family:

“I was constantly wondering are we going to stay is this where we are going to be, are we going to be moving again? And I was like constantly thinking, is somebody going to be like ‘we’re going to take you out somewhere else?’ So, it is was quite worrying... being settled now it’s definitely helped a lot, but I still have that feeling that something is going to happen and I’m going to have to go so I am just sort of constantly worried about that” (Phase 3).

Simon (participant 4)

Simon explained the nature of his medical condition (diabetes). He explained how diabetes impacted his everyday experiences:

“I have to test my blood sugar before I eat, every time and watch what I eat and it just means injecting something after I have eaten [pause]. And sometimes I have to correct my blood sugar” (Phase 1).

“Your body can’t control your blood sugars so you have just got to do it manually... It’s strange you know because I got it at sixteen and no one in my family had it or got it... they don’t know why because it does normally run in the family or if you’re obese” (Phase 1).

“If I am not able to check my blood sugar that can make it worse, like if I’m out and that, that can make it worse” (Phase 1).

He also described the impact diabetes had on his everyday life. He explained that it caused educational difficulties associated to attendance and concentration:

“I have missed a fair few lessons from, because of my diabetes and it can also be if you’re blood sugar is low then you won’t understand anything. It’s like you can barely read umm if someone tells you something and it won’t go in. If its high, then you keep having to run to the toilet and you’ll be thirsty constantly” (Phase1).

Simon also indicated that early mornings and social events could be problematic because of the need to check and regulate blood sugar levels. For example, he explained that,

“If I’m drinking it can affect it quite badly because if you drop your blood sugar then it can look like you’re really drunk, and it’s hard for people to tell whether it is you being drunk or your blood sugar being too low. So, it’s a bit of a struggle. And then obviously when you’re drinking it’s harder to pay attention to it because it’s hard to tell, unless you take a blood sugar kit out with you, which you’re not going to do because it would be massive in your pocket. It’s hard to tell if you’re blood sugars low or you’re drunk or you’re just tired” (Phase 1).

However, Simon expressed his desire to “keep better track and take more care” of his diabetes. Additionally, the regulation of blood sugar levels required Simon to purchase more food,
“I do spend a lot on food and I spend a lot on chocolate I eat at least three chocolate bars a day minimum, maybe more and sweets” (Phase 1).

Simon also considered whether his attendance difficulties and poor organisational skills were related to dyslexia. This encouraged Simon to have a dyslexia screening in the early stages of HE. The results from this screening indicated that he was “borderline”. Specifically, the person who conducted the assessment explained that it was difficult to identify whether his poor organisational skills were associated to dyslexia or because of fatigue from low blood sugar levels. Thus, the overlap of diabetes and potential dyslexia left staff confused within this initial screening and Simon did not pursue provision for dyslexia any further. He explained that,

“S: I did book the dyslexic test and I did a basic pre-assessment um, but that was it really.
I: why did you decide to have a dyslexia assessment then?
S: um it was just because my time-keeping is terrible and my organisation is far from good so my Mum suggested just to see if anything was there ... like the women said basically to a certain degree everyone is dyslexic and it’s not very clear. She said my spelling and writing and everything is fine, it’s just you know if I felt I wanted to pursue it further then to book another appointment” (Phase 1).

Simon did follow up the assessment later in the year and it emerged that he had both dyslexia and dyspraxia. However, he did not receive any support for these difficulties in the first year of HE. He explained that,

“Like when I did the dyslexia test [first one] she didn’t know whether it, like it was quite hard to tell whether I was struggling because I was tired or just struggling because it was dyslexia, because it was like’s there is not any real boundaries when you’re testing for dyslexia, there’s no symptoms as such. So, it’s hard to say really but I think it’s a mixture of both that has affected stuff” (Phase 2).

“So, I have been to the disability centre and yeah umm I had a test for dyslexia and dyspraxia and they think I have both [laughs]. I am pleased. I just have to get in touch with them now” (Phase 2).

Joanna (participant 5)

Joanna felt that dyslexia predominantly affected her academic experiences in HE, such as reading and writing and the time it took to take in and comprehend written work. She explained that,

“I think the studying it [dyslexia] definitely impacts. I guess I avoid situations where I read stuff, I know I shouldn’t but I do think of it as a stupid thing even at uni.” (Phase 1)

The academic difficulties Joanna experienced resulted in her choosing a vocational course in her previous educational experiences. She explained that,
“It was quite good that you didn’t have the exam side of things so the pressure of that was always quite hard because of the timing. So, I found it quite good and we actually did a lot of work experience, so we did a lot of work with children and I could prove I was good through work experience, rather than writing it down. So, it’s quite a positive part for me going to college” (Joanna, Phase 1).

She used the word ‘prove’ to combat the negative perceptions associated to herself and her academic work. Thus, the vocational course allowed her to demonstrate strengths in other areas. This was important as she explained that her difficulty in reading had often affected the reports and the way people talked about her in previous educational experiences.

Additionally, she also described poor memory which caused difficulty when remembering and retrieving phone numbers and complicates her experiences on public transport:

“‘I watched a TV programme, the other day, about dyslexia and I read about how it can affect your short-term memory, and I think it affects me because I forget things a lot like where I put my phone and stuff like that’” (Phase 1).

“Well with numbers if I have to remember what bus I have to catch, I generally have to write it down. Or, if a certain amount of money, if I have to pay or something I have to keep checking what it is, what I’m counting money and stuff” (Phase 1).

Melody (participant 6)

Melody had a physical disability and experienced mental health and anxiety difficulties. The physical disability was acquired from a car accident. Melody explained how she acquired her physical disability by explaining the car accident and injury in detail.

“‘I was driving down a hill ... and I saw a queue too late and I broke too hard and the car span, because it didn’t have ABS, eight times and into the left lane and the oncoming traffic came crashing towards me and I flew through the back window and landed seventeen metres behind the car. And the left leg was under my back because I had broken my hip and my tibia and they put a blanket over my head because I didn’t have a heartbeat. But luckily there was a paramedic... a couple of cars behind and he said stop and took the blood clot out of my mouth, put me into a position where I could breathe. Can you tell this is a script that I’ve said so many times? [laughed] ... In surgery after my crash they worked on my brain and I was in a coma for twelve days and they fixed my hip and my leg and um yeah. I was in the coma for twelve days and well I was still in the coma I had a stroke which left my left side totally paralysed. After April, May, June, no July-ish my left leg started coming back and my Dad was making me wiggle my toes and I couldn’t. And I was in hospital looking at my toes and I couldn’t... and he was just poking my toe and I was like I can’t do it, I can’t do it! But I lived and to this day I’m convinced that it was all the nagging and nagging that made it come back, so then, but the arm and hand hasn’t come back yet, they might never come back. Yeah so, I had to learn how to walk and talk again as well because my stroke took the memory of how to talk, how to walk. So, I was in physio. And speech and language therapy every day for July, August, September, October, November, five months and I can talk again” (Phase 1).

Essentially, the accident caused a broken hip and paralysis to the left side of her body. Two years following the operation she explained that physical progress has been made, but her
left arm remained paralysed. She also experienced difficulties with speech because she had a stroke whilst in the coma which damaged her frontal lobe. However, she indicated she could now speak. The physical disability impacted her everyday experiences significantly. This included physical activities (such as walking, personal care and catching public transport) and other personal aspects (such as accommodation at HE and fatigue). She explained that,

“I have got a limp now and I don’t feel like normal” (Phase 1).

“I work around it. Um physically I couldn’t do things like put my bra on, but found out methods and little gadgets to help me and umm after the crash my Mum and Dad had an extension, that wasn’t needed, and they extended the kitchen and I was sleeping downstairs for ages because I couldn’t go up the stairs. And they put a barrier and a hand rail on the right side, because there was a handrail on the left side but I can’t use it, but then they put a bar on the right side so that I could go up the stairs” (Phase 1).

“I am able enough to step into my boyfriend’s shower now. So, in halls I’ve got a disabled room with a walk-in shower just to make things simpler, because in the morning when I wake up its quite dangerous for me, I need to be fully awake” (Phase 1).

“But you know personally I’ve had to learn to dress myself with one hand, how to cook, clean, wash and I’m learning to drive with one hand as well, well I will be again……yeah and um I learned how to dress myself and I’ve got a little stethoscope thing that holds by bra upside down and um I’ve learnt how to do everything like shower” (Phase 1).

“But I told the carers to stop coming because I felt if I wanted to have kids and have a family then I’m going to have to learn how to do it all myself and the longer I would have left the harder it would have been. So, the more dependent I was, I was going to force myself to be, If I was going to be lazy then I wouldn’t have been able to click out of it, so I have learnt to do it all myself because it is easier and I feel a bit better about myself” (Phase, 1).

As time had progressed the physical difficulties she experienced eased slightly. Her injuries improved and she had also developed coping mechanisms to carry out certain daily activities. Melody also anticipated future progression when discussing her physical disability.

She also experienced academic difficulties because of physical injuries. The damage to the frontal lobe of her brain affected her language skills when reading and writing and also impacted her short-term memory. Melody explained that she had to work much harder to achieve academically since the accident and this has been reflected in Chapters 4 and 5 as well. She explained that,

“Well I was able to get an A-level after the brain injury but it took a lot of work” (Phase 1).

“Also with every work I have to do with assessment they’re going to get someone to sit down with me and read the title to show exactly what it means, because I misunderstand things quite easily” (Phase 1).

Additionally, she described that filtering out noise was problematic and impacted studying:
The only thing is I have a boy next door who plays music really loud and I’m trying to work but because of my brain injury, you have a filter in your brain that can filter sounds out... but I can’t filter out any noise” (Melody, Phase 1).

The damage to her frontal lobe had also impacted conversations with others. She described the difficulties she experienced when processing words and has had to learn how to interact socially.

“Disability-wise my brain, cause of the stroke, it’s left me, sometimes I can’t find my words properly. Because the frontal lobe is where you find the words and I muddle up my words like I call butterflies ‘flutterbies’ because I mix up my letters” (Phase 1).

“I have had to learn social, social things all over again” (Phase 1).

Furthermore, since the accident she described difficulty with friendships. She explained that since the accident she has discovered who her real friends are and discussed problems maintaining relationships. For example,

“Well I’ve still got my best friends; they’re like my big sisters well one’s bigger one’s small. They’ve stood by me” (Phase 1).

Melody also had mental health and anxiety difficulties. She experienced these difficulties before the accident, but they were exacerbated following this. Firstly, she explained how the anxiety and depression affected her day-to-day experiences and caused depression. Essentiality, the anxiety following the accident caused her to miss her previous life which left her feeling low.

“Emotionally it’s turned my life upside down big time like. I’m severely depressed and I’ve got severe anxiety, but I had anxiety before the crash because a lot of things happened when I was a little girl. But yeh I used to play the cello, piano, guitar and clarinet, and I’m a singer. I used to write songs and my Dads got a studio so I used to record everything and be passionate about it and its left me really like, severely depressed because I have lost my passion. Well the ability. I can still sing but it’s not the same” (Phase 1).

Secondly, the difficult events that Melody experienced before the crash were revealed during her recovery. This led to stressful situations and caused further anxiety difficulties which she required tablets for.

“well basically personally it’s left me very low, well I’m getting better. I’m on some tablets that I’m not agreeing with really and I don’t want to become dependent on them really. But I’ve got a court case coming up, so I really need something to keep me stable” (Phase 1).

Melody described the complex nature of her impairments and in her attempt to define it outlined some of the key difficulties that she experienced. In doing this, she provided a more complete insight into her self-identified disabilities demonstrating how both the self-identified disabilities were interrelated and affected her everyday experiences:
“Emotionally, practically, physically— which is probably the biggest problem for me and that’s because of my left hand and that’s had an effect on me emotionally. Emotionally it’s probably the biggest thing I’ve had in my whole life. My life hasn’t been awful but I’ve had some life changing experiences, heavy stuff like. What was the question? Sorry, see short-term memory loss!” (Phase 1).

“I snapped just because everything’s overpowering and I can’t handle it and I’m going through a lot with the court case and being disabled blah, blah, blah and all that crap” (Phase 1).
Appendix 19: Drawbacks of member checks

Several drawbacks of member checks have been noted within the literature. For example:

- it relies on the assumption that there is a fixed truth of reality (which does not align with interpretive principles),
- the process may cause participants to change their minds about a view which can lead to further confusion about an idea,
- and participants may also change their mind because they want to be viewed in a certain way (Angen, 2000; Cohen and Crabtree, 2006; Morse, 1994; Sandelowski, 1993).
## Appendix 20: Participant support profiles

### Molly (Participant 1)

<table>
<thead>
<tr>
<th>MOLLY</th>
<th>Support unique to/ associated with impairment</th>
<th>Support common to general student population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>Equipment: laptop, printer, scanner, Dictaphone</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam support</td>
<td>Exams: separate room, extra time</td>
<td>N/A</td>
</tr>
<tr>
<td>Support staff throughout the year</td>
<td>N/A</td>
<td>Supportive academic staff</td>
</tr>
<tr>
<td>Additional handouts</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Personal social and emotional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Community Psychiatric Nurse; Mental Health Advisor</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student loan</td>
<td>N/A</td>
<td>Student loan (Independent student grant); Job</td>
</tr>
<tr>
<td>Disability Student Allowance</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Disability Living allowance</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Peer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td>Information if cannot attend lectures because of “bad week”</td>
<td>Shared experiences; Solve academic problems; Social experiences with peers outside HE.</td>
</tr>
<tr>
<td><strong>Familial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Partner</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>LUKE</td>
<td>Support unique to/ associated with impairment</td>
<td>Support common to general student population</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------------------</td>
</tr>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>Equipment: laptop, computer programmes, specialised chair</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam support</td>
<td>Exams: separate room, extra time in exams</td>
<td></td>
</tr>
<tr>
<td>Support staff throughout the year</td>
<td>Note taker, reader, scribe, dyslexia study group</td>
<td>Supportive academic staff</td>
</tr>
<tr>
<td>Additional handouts</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Personal social and emotional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional</td>
<td>Mentoring sessions in HEI</td>
<td>N/A</td>
</tr>
<tr>
<td>Physical</td>
<td>Sports scholarship with entitled personal training. Adaption to accommodation Medical appointments</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student loan</td>
<td>N/A</td>
<td>Student loan *</td>
</tr>
<tr>
<td>Disability Student Allowance</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Additional</td>
<td>Funding for new wheelchair</td>
<td>N/A</td>
</tr>
<tr>
<td>Disability Living allowance</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Peer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Aware of boundaries</td>
<td>Shared experiences; Solve academic problems; Social experiences.</td>
</tr>
<tr>
<td><strong>Familial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>Yes**</td>
<td>Yes</td>
</tr>
<tr>
<td>Partner</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*attempting for independent student grant for year 2. ** Dad to be note taker in year 2
<table>
<thead>
<tr>
<th><strong>ELLY</strong></th>
<th>Support unique to/ associated to impairment</th>
<th>Support common to general student population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>Equipment: laptop, computer programmes, Dictaphone</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Exam support</strong></td>
<td>Exams: separate room, additional time, reader</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Support staff throughout the year</strong></td>
<td>N/A</td>
<td>Supportive academic staff</td>
</tr>
<tr>
<td><strong>Additional handouts</strong></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Personal social and emotional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>Opportunity for counselling sessions in HEI *</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Social</strong></td>
<td>Support during Fresher’s week</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student loan</strong></td>
<td>N/A</td>
<td>Student loan; Job</td>
</tr>
<tr>
<td><strong>Disability Student Allowance</strong></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Additional funding</strong></td>
<td>Leaving care bursary</td>
<td>Leaving care bursary</td>
</tr>
<tr>
<td><strong>Peer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Advice on writing</strong></td>
<td>Advice on writing</td>
<td>Shared experiences/similar interests; Solve academic problems.</td>
</tr>
<tr>
<td><strong>Familial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*has not used this year, but has indicated will use next year.
### Simon (Participant 4)

<table>
<thead>
<tr>
<th>SIMON</th>
<th>Support unique to/ associated to impairment</th>
<th>Support common to general student population</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam support</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Support staff throughout the year</td>
<td>N/A</td>
<td>Drop in centre on campus</td>
</tr>
<tr>
<td>Additional handouts</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Personal social and emotional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal</td>
<td>Medical appointments to fit insulin pump</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student loan</td>
<td>N/A</td>
<td>Student loan; Job</td>
</tr>
<tr>
<td>Disability Student Allowance</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Additional funding</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Peer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Social experiences with peers outside HE</td>
</tr>
<tr>
<td><strong>Familial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Relationship</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*had dyslexia assessment support to be in place for next year*
**Joanna (Participant 5)**

<table>
<thead>
<tr>
<th>JOANNA</th>
<th>Support unique to/ associated to impairment</th>
<th>Support common to all students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>Equipment: laptop, computer programmes, Dictaphone</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam support</td>
<td>Additional room, additional time</td>
<td>N/A</td>
</tr>
<tr>
<td>Support staff throughout the year</td>
<td>Opportunity for support tutor*</td>
<td>Supportive academic staff</td>
</tr>
<tr>
<td>Additional handouts</td>
<td>Yes**</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Personal social and emotional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student loan</td>
<td>N/A</td>
<td>Student loan</td>
</tr>
<tr>
<td>Disability Student Allowance</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Additional funding</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Peer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shared experience with another dyslexic student</td>
<td>Shared experiences; Solve academic problems; Social experiences with peers outside HE.</td>
</tr>
<tr>
<td><strong>Familial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Relationship</td>
<td>N/A</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*not needed. ** was told they would stop in semester 2.
Melody (Participant 6)

<table>
<thead>
<tr>
<th></th>
<th>Support unique to/ associated to impairment</th>
<th>Support common to all students</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>Equipment: laptop, computer programmes, specialised chair, keyboard and equipment.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Exam support</strong></td>
<td>Additional room, additional time, scribe.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Support staff throughout the year</strong></td>
<td>Support tutor*</td>
<td>Supportive academic staff</td>
</tr>
<tr>
<td><strong>Additional handouts</strong></td>
<td>Yes**</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Personal social and emotional</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Personal</strong></td>
<td>Medical appointments- Botox, operations.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>Psychologist</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>Adapted accommodation</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Student loan</strong></td>
<td>N/A</td>
<td>Funded by family.</td>
</tr>
<tr>
<td><strong>Disability Student Allowance</strong></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Additional funding</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Disability Living Allowance</strong></td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Peer</strong></td>
<td>N/A</td>
<td>Some social experiences with people outside HE.</td>
</tr>
<tr>
<td><strong>Familial</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Relationship</strong></td>
<td>No***</td>
<td>No***</td>
</tr>
</tbody>
</table>

*semester two. ** was told they had stopped during semester two***references to boyfriend but did not comment on support received from him.
Appendix 21: Recommendations

The findings from the disabled students’ experiences during the first year of HE have informed the subsequent recommendations for HEIs. The recommendations have been offered to help HEIs (and other educational institutions) consider ways in which they can practically support disabled students during their journeys into first year of HE.

To practically support disabled students prior to their entry in HE, HEIs should:

- **Consider working with students, schools and FEIs to become aware of the reasons why disabled students enter HE.** This should help staff to foster and promote the aspirations of disabled students and could increase disabled students’ awareness of HE as a potential option for the future. Additionally, by all academic staff having knowledge of disabled students’ intended career trajectory it could help disabled students make informed decisions about their options of further study and employment.

- **Ensure the provision, processes and procedures of support associated with disability within HE are communicated clearly to all students as early as possible.** Clear information about the support available in HE may allow disabled students to see HE as a real option. Additionally, providing useful information about the provision available and the practices of support in HEIs to all applicants could encourage potential students to consider whether accessing such support would be beneficial.

- **Provide transparent and clear information about the disclosure of disability to ensure disabled students are aware of the benefits of disclosing disability to HEIs and how the information they disclose will be used.** To aid this transparency, providing a breakdown of the terminology and processes surrounding disclosure would be beneficial to ensure information is easy to understand. Specifically, it could include:
  - Defining what a disabled student is in the context of HE.
  - Identifying what provision disabled students could receive in HE.
  - Outlining how long processes of assessment and support take following disclosure of disability on the application form.
  - Identifying what evidence students need to provide and what they need to do if they do not have this evidence.
  - Outlining when students will be contacted following disclosure and by whom; important contact information should also be provided so that disabled students are aware who to contact during this process.
Advice to help students identify what might need to be done if they move location and need to rearrange support from statutory services (i.e. services outside HE).

- **Ensure all staff, particularly academic staff, are aware of the disclosure of disability and support processes within HE.** Disability support teams should promote this information throughout departments and provide training sessions for all staff members. HEIs should also consider whether training events to promote such processes should be compulsory for all staff to ensure consistency in awareness and knowledge.

- **Develop and promote a positive disability ethos to ensure (potential) disabled students entering HE feel comfortable disclosing disability.** This ethos should be evident on open days, websites and via other promotional materials provided by HEIs. In order to develop this ethos, HEIs should consider training events for all staff throughout the HEI to help raise knowledge and awareness of disability.

- **Ensure disability support teams contact disabled students who disclose a disability on their application form prior to entering HE as soon as possible.** This should help to ease confusion and anxiety about support processes and also aid the development of a positive disability ethos.

- **Consider working with UCAS to discuss/remove the restricted boxes in the disability section of the application form** to ensure disabled students with complex or multiple disabilities are able to describe their needs fully.

- **Consider working with schools and FEIs to ensure students develop accurate expectations of HE and to ensure students (both disabled and non-disabled) have a better understanding of their strengths and weaknesses and of the potential support they may require on entry to HE.** Where mature disabled students enter HEIs and have not entered immediately from school or FE, HEIs should still encourage students to gain accurate perceptions of HE via websites, meetings with the department and/or other current disabled students. HEIs should also ensure there are opportunities for potential disabled students to talk to current HE disabled students and disability support staff.

- **Encourage students to consider the importance of courses prior to entry in HE.** This could include:
  - HEIs (and more specifically academic departments) providing accessible and accurate information about the courses they offer, the support within departments and other useful information to ensure all students can view this information.
To practically support disabled students during the first year of HE, HEIs should:

- **Continue to develop and maintain a positive disability ethos throughout HEIs.** Developing an awareness of disability should help to encourage positive attitudes towards disability from both staff and students, and subsequently encourage a more inclusive HE environment in all areas of HE. Therefore, HEIs should offer training events for staff and should also consider whether these training events should be compulsory for all staff to ensure consistency in awareness and knowledge of disability. The importance of senior staff members promoting such perceptions is also important in developing this ethos.

- **Assist non-disabled students’ understanding of disability to remove stigma and negative perceptions towards disability.** This may be particularly important to change attitudes towards certain impairments, such as mental health difficulties.

- **Consider the structure of timetables during the first year to ensure students have opportunities between sessions to interact with and become familiar with their peers in HE.**

- **Encourage academic staff to recognise the importance of seminars and small group teaching during the first year of HE.** Such sessions allow interaction between peers in academic contexts in HE. This should aid the development of friendships within academic contexts within HE.

- **Ensure there are community spaces where all students can interact with peers and engage in group study outside of lectures and seminars.**

- **Work with disabled students to gather feedback on the social activities and societies available to them.**

- **Work with the Students’ Union to extend the social opportunities available for disabled students.** Considering the range of activities available for disabled students during the first year, and specifically within the induction weeks, should encourage further interaction with peers. Additionally, HEIs could work with the Students’ Unions to consider the introduction of a Disability Society. This may encourage interaction between disabled students, but also help to provide a space for disabled students’ voices to be heard within HEIs.

- **Work with the Students’ Union to ensure the social activities are clearly advertised during the induction weeks of HE and beyond.** This should help
disabled students become aware of the varied activities that they could participate within and help to avoid social isolation.

- **Consider the physical environment within academic and social contexts to ensure disabled students are not excluded or marginalised within HE spaces.** This should ensure disabled students have the same opportunities as non-disabled students and are able to learn effectively and interact with peers in all HE spaces.

- **Consider introducing mentoring programmes for disabled students during the first year of HE.** Disability support teams could provide mentoring programmes for disabled students in the early experiences of HE to ensure they are able to interact with peers who may have experienced similar difficulties. Such programmes could also ensure disabled students feel comfortable in the early experiences of HE and provide social support during the early experiences of the first year.

- **Continue to ensure transparent support processes are available to disabled students who did not disclose prior to entering HE.** Specifically, disability support teams should ensure information is accessible and easy to understand during these early experiences. It should also involve academic and disability support teams promoting such support processes to all students within the first few weeks of term to raise awareness of these services.

- **Ensure the provision required for disabled students within HE is in place as soon as possible during the first year and addresses their needs.** This will help to:
  - Minimise barriers experienced during the early experiences of HE.
  - Ensure disabled students are accessing the necessary support to meet their needs.
  - Circumvent the additional aspects disabled students have to organise and ‘chase’ during the early experiences of the first year of HE.

- **Ensure the academic support provided to disabled students is consistent throughout and within academic departments.** This should aid the timely nature of support for disabled students in HE. Therefore, the training of academic staff is important to promote awareness and knowledge of how best to support disabled students in HE.

- **Ensure disabled students are able to use all aspects of their equipment.** Again, this should aid the timely nature of support for disabled students in HE. Thus, disability support teams should provide disabled students with training on certain or all aspects of equipment (e.g. specific software).

- **Monitor and talk to disabled students about their individual needs and the support received throughout the first year of HE.** Disability Support teams could
work with disabled students throughout the year to ensure the support provided is appropriate to meet their needs. This should ensure they are able to engage in academic work and work independently within HE. It is important as disabled students’ needs may change or additional impairments may be identified during the first year of HE.

- **Consider having a key person of contact for disabled students in departments and encourage students to become familiar with their key contacts as early as possible.** This could help:
  - Ensure the efficient communication of information regarding disability provision between departments in HE.
  - Aid dissemination of information about a student’s needs as early as possible and subsequently help to develop staff awareness. This may also help academic staff members to become aware if students may be absent from HE.
  - Ensure disabled students do not have to repeatedly disclose information about disability.
  - Monitor the provision disabled students receive throughout the first year of HE.

- **Consider having supplementary procedures in place for key person of contact for disability.**

- **Develop links between disability support teams and other non-academic departments throughout HEIs.** This will help to ensure a more inclusive HE environment and help to promote a positive disability ethos. Therefore, HEIs should consider whether training for all staff members throughout HE is necessary.

- **Ensure support is available for disabled students when applying for additional financial funding related to disability, or when disabled students may need additional support completing general financial forms.**

- **Encourage academic staff members to proactively consider, with support from disability support teams, alternative forms of assessments for disabled students who may have difficulties with group work.** Training events/courses for academic staff may be useful to consider in order to support this.

- **Ensure the feedback provided to students in HE is clear and accessible for all.** Again, HEIs should consider whether training events for academic staff regarding effective feedback for all students would be beneficial.

- **Encourage academic staff members to proactively consider the learning environment and teaching strategies, particularly in larger lectures, to ensure**
they are suitable for all learners. Again, HEIs should consider providing staff training regarding more inclusive practices of teaching.

- **Ensure academic expectations are made clear to all students from the outset of courses and within individual modules to aid the academic expectations of students.**
- **Ensure there are quiet spaces for disabled students to study within HE.**
- **Consider monitoring the attendance of students.** This should help to identify those who are persistently absent and help identify whether there are any difficulties or reasons for such absences.
- **Consider processes so that HEIs can consistently gather feedback from disabled students about their first year HE experiences.** This will help HEIs to proactively address any difficulties that students may experience within the HE environment. This may involve exploring perceptions of support, courses, friendships, social activities and alternative assessments. It may be useful to work with the Students’ Union in order to aid this and provide a space for the disabled students’ voices to be heard.