Can we find the missing piece? A survey of students who have received the Disabled Students' Allowances (DSAs): non-medical helper support

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Abstract

This paper is a report of some of the results from an on-line survey of disabled students conducted between September 2011 and February 2012. The respondents claimed the Disabled Students' Allowances (DSAs) between 2006 – February 2012. Respondents were asked 28 questions about what support they received and their opinions on the usefulness and effectiveness of the assistive technology and human support they received. This report focuses in particular on the data concerning the human support students received and their views about that support.

The results indicated some issues around students' expectations about the support they receive for their degree courses. The timing and the types of support available mean that a proportion of the students do not take up the support offered and there is still a debate as to whether the use of assistive technology should be included within study skills support. The report concludes with some recommendations concerning potential improvements to services for disabled students.

Some preliminary results from this survey were reported at the NADP Annual Conference 2012. The NADP Annual 2013 Conference presentations provided two further more detailed analyses and the delegates had an opportunity to conduct some thematic analyses of some of the qualitative data.

Introduction

The current quality assurance regime for the Disabled Students' Allowances (DSA) process concentrates on the administrative aspects of the needs assessment and associated targets. It does not address whether or not students find the assistive technology (AT) and the human support they receive useful and effective in addressing their needs.

Similarly, the National Audit Office (NAO, 2007) has published a report on the financial aspects of the DSA scheme (e.g. value for money), which suggests that disabled students who claim the DSA have better overall degree attainment that those who do not claim DSA. However, there is very little previous research on the efficacy and usefulness of the support for disabled students in higher education (HE).

Three studies were identified as providing background information for the recent study presented in this paper: Draffan et al. (2007), the LexDis study (Draffan, Wald & Seale, 2009) and Draffan, Nakamura & Burgstahler, (2011).

Draffan et al. (2007) conducted a telephone survey of 455 students with specific learning difficulties (SpLD) who received the DSAs. The survey was conducted between September and December 2005 and its focus was *"the students' satisfaction with, and use of, the equipment provided and to examine their experiences with training"* (*ibid*, p. 105). The resulting mix of quantitative and qualitative data confirmed that the technology provided did differ between students with SpLDs and at that time, the majority received *"a recording device, text-to-speech software and concept mapping tools in addition to a standard* (desktop) *computer system"* and at least 90% of respondents were "satisfied" or "very satisfied" with the AT they received. Approximately half (48.6%) of their respondents received training on their AT, with a satisfaction rating of 86.3%. The remaining half of respondents who were offered AT training and elected not to receive it typically reported that they already felt confident about their computer skills. Draffan et al. (2007) expressed concern that there was such a low uptake of training for the use of assistive technologies to support study skills.

The LexDis study (Draffan, Wald & Seale, 2009) involved interviews exploring the strategies developed by disabled students to address educational issues. Students rarely mentioned their impairments, instead they described the barriers associated with specific tasks and learning environments. The students were grateful when educational resources were placed online, but often frustrated with problems such as a cluttered user interface, limited personalisation options and poor navigation in the Blackboard virtual learning environment (VLE), especially when they compared it to their Facebook or instant messaging systems. The respondents had a range of strategies and used a range of assistive technologies to cope with the barriers, e.g. they were able to learn from peers and AT specialists. Students were agile in their use of a wide range of on-line communication services (e.g. e-mail, social networking, discussion forums & VOIP) and collaborative software (e.g. Googledocs). However, they were also wary of taking on more than they felt they could manage, due to time constraints, skill requirements, costs and issues of availability. Finally, it was not only about the students: their comments showed that some members of staff still did not realise the impact of inaccessible documentation and layout on students' ability to work online.

Draffan, Nakamura & Burgstahler, (2011) reported on a cross-cultural study of disabled students' mobile phone use, especially the strategies used socially and for learning. Disabled students were shown to make innovative use of their mobile phones and applications for learning activities, time management, organisational strategies and for engaging with teachers and peers, yet the phones were not usually recognised as an AT. The analysis also highlighted academics' lack of awareness and knowledge about how mobiles could be used in a learning environment and the students' own lack of knowledge of how phones could be used.

Even among these three previous studies, very little attention was paid to the human support which students might receive, such as dyslexia support or study skills support, note-taking or communication support. Therefore, the 2012 survey attempted to obtain some data in these areas.

Method

The current research (hereafter referred to as the '2012 survey') was conducted between September 2011 and February 2012, using an on-line survey. There were 841 respondents who completed the full survey; more than 1000 started it, but did not complete all questions. The respondents reported their own impairments, which covered the full range of impairment categories used by the Higher Education Statistics Agency – except that respondents were permitted to indicate more than one form of impairment, the survey did not use the "multiple" category.

The participants were current students and graduates who had claimed the DSAs between 2006 and April 2012; they were recruited opportunistically through encouragement from the National Association Disability Practitioners (NADP) members, from assessment centres and from suppliers of equipment and human support. The disabled students were passed the link to the online survey.

The online survey utilised the iSurvey software developed by the University of Southampton, allowing for accessibility options and the inclusion of Microsoft Word format version. There were four main categories of question covering: general information, technology received, technology training and non-medical helper support. The average time taken to complete the 28 questions, which included the requirement for comments as well as multiple choices questions, was 18 minutes.

The preliminary results, including the students' views on their AT training, were initially reported at the 2012 NADP Annual Conference. This paper provides more in-depth analysis, particularly concerning the human support (non-medical helpers (NMH)), which students had received.

Respondents

There were twice as many women who responded to the survey as men (66% and 32% respectively), reflecting the national population of HE students (approximately 60% of HE students are female (ECU, 2012)).

The majority of those who responded were undergraduates (76.1%), with only 10.8% being post-graduates; the remaining 13.1% did not respond to this question.
Respondents' impairments ranged across the spectrum in broadly similar proportions to the national DSAs population (ECU, 2012) [i]. However, the samples are not like for like and therefore should not be directly compared: they differ in that the survey group were permitted to respond in more than one impairment category, rather than there being a "multiple" impairment category. Students with specific learning differences (SpLDs) were over-represented in the survey population (62.7% compared to 47.7% in the national population), as were most other impairment types, whilst those with "other impairments" were somewhat underrepresented (8.8% compared to 13.3% in the national population). The proportion of respondents with mobility issues was nearly three times higher than would be predicted by the national average (see Figure 1). These differences between the survey population and the national averages are likely to be due to the relatively small proportion of disabled students with "other impairments" and / or "chronic medical conditions" who claim the DSAs, as, relatively speaking, a higher proportion of people in the various impairment categories

Figure 1. Respondents' impairments, each expressed as a proportion of all respondents (N.B. the data in each chart is described verbally in the end notes).[ii]
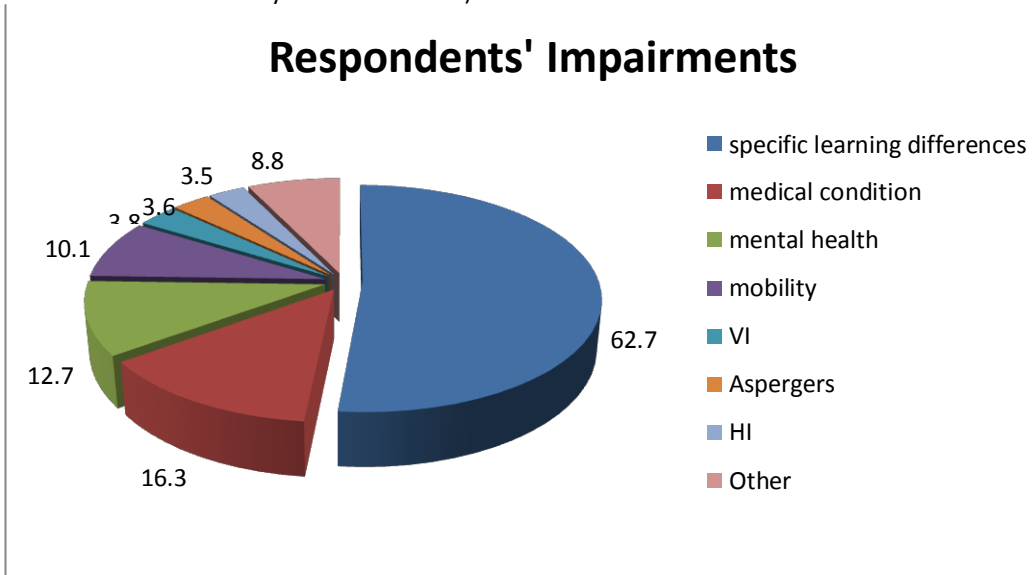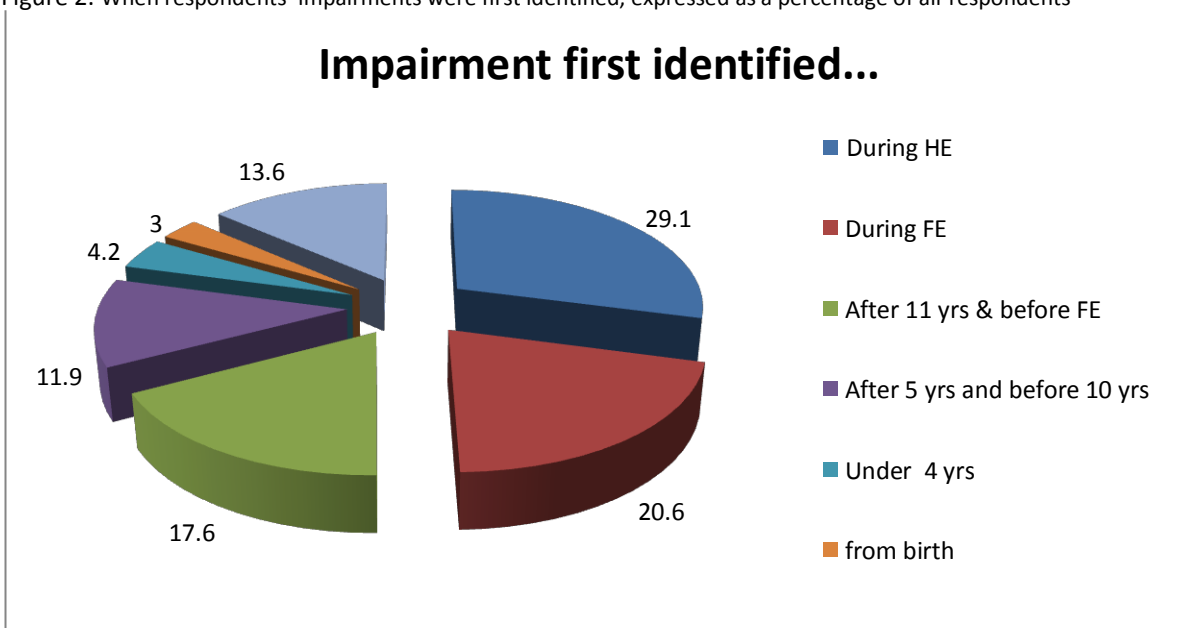

Respondents' Impairments

- specific learning differences — 62.7
- medical condition — 16.3
- mental health — 12.7
- mobility — 10.1
- VI
- Aspergers — 3.6
- HI — 3.5
- Other — 8.8

Figure 2. When respondents' impairments were first identified, expressed as a percentage of all respondents[iii]

Impairment first identified...

- During HE — 29.1
- During FE — 20.6
- After 11 yrs & before FE — 17.6
- After 5 yrs and before 10 yrs — 11.9
- Under 4 yrs — 4.2
- from birth — 3
- 13.6

Impairment first identified[iv]

Figure 2 shows that nearly half of respondents were not diagnosed with their condition until they reached either further education (FE) or higher education (HE): this probably reflects the high proportion of students with SpLDs and chronic medical conditions, which tend not to be diagnosed earlier.

The survey variables

A mix of open and closed questions with plenty of opportunities for the respondents to add comments to their answers permitted the collection of both quantitative and qualitative data. Those questions which pertained to the human support related to the type of NMH recommended and whether the respondents had accepted that recommendation. There was a chance to state why they had not taken up support, if such was the case. There were questions as to whether AT training should be included with dyslexia support or mentoring and about the impact of the needs assessment, AT equipment, training and human support had had on their ability to complete their course. Finally the respondents were asked to complete the sentence, *"The DSAs funding enabled me to…"*

Results and Discussion

The data collected through the 2012 survey was analysed using both quantitative and qualitative methods. The results provide evidence of the high value of the NMH support provided through the DSAs to disabled students.

Some 60.6% of respondents did access the one-to-one support they were recommended; only 16.2% were recommended the support but did not access it; the final 23.2% were not recommended one-to-one support. Further questioning revealed that 7.4% of respondents felt that the recommendation for human support was not necessary and they did not need the support. A further 4.3% felt it was not the right recommendation for them and 4.6% stated that the support was not available at the times they needed it.
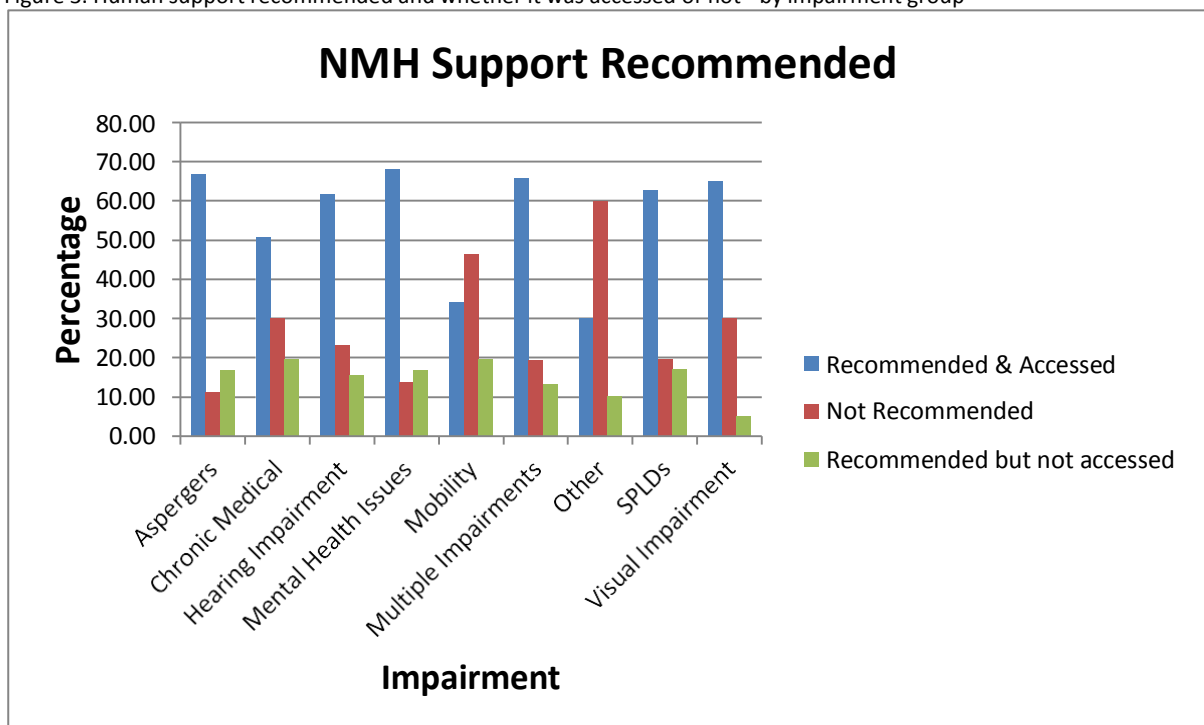
In relation to the use of assistive technology during study skills support sessions, when asked whether students would like their AT training and their 1:1 sessions integrated, 55.2% said yes, 41.1% said no and 3.7% did not respond. In fact, 44% of the students were not offered this option.

Figure 3 shows *"human support recommended or not and whether support was accessed or not"* by impairment category. The highest proportion of an impairment group who did access the support they were recommended were the people with mental health issues (68%). Almost one fifth of those with chronic medical conditions who were recommended support did not access that support. On the other hand, only 5% of respondents with a visual impairment who were recommended NMH did not access that support. From these results it can be concluded that whether support was recommended or not, or accessed or not, bore no relation to type of impairment.

In Figure 3, the series which needs closer attention is the 'recommended but not accessed' one, shown in green, as this highlights respondents who have been assessed as needing human support who are not receiving that support. Qualitative methods were employed in an attempt to better understand the reasons why students who were recommended human support did not access it. Thematic analysis was carried out on the comments and the following themes were identified: the support offered was not the right kind of support – some respondents commented that the tutors did not have subject-specific knowledge; others simply preferred a different form of support; some respondents *"forgot"* to access the support; others did not realise that they had been recommended this support;

respondents preferred to be independent; some were embarrassed to take up the support or reported similar "pride" issues; support tutors were very busy; there was a waiting list for appointments.

Figure 3. Human support recommended and whether it was accessed or not - by impairment group [v]

NMH Support Recommended

Two of the themes identified above suggest a potential breakdown in communication: the role of the support tutors is generic, they are not intended to be an academic discipline specialist; the tutor is a study skills generalist. It may be that the role of the support tutors was not sufficiently explained to these respondents during their needs assessment or by their disability advisor, students' expectations may need to be better managed.

Some respondents also commented that they were "not aware" that they had been recommended this type of human support. This highlights the student's responsibility to become familiar with their report and to actively engage with the recommendations. It may be that greater emphasis is needed to ensure that the student is aware of their support recommendations and why they have them.

Figure 4 shows that study skills support was the most frequently recommended form of support for all impairment groups (ranging between 22% – 32% of each of those groups). Mentors and note-takers were the next most popular forms of support recommended across impairment groups, with most impairment groups receiving more mentor recommendations than note-taker recommendations (note-takers were more frequently recommended for the Asperger's and mobility impairment groups).

Figure 5 shows that library helpers were recommended for a small number of respondents in the chronic medical condition, mental health issues, multiple impairments and SpLD impairment groups.

Overall, the survey demonstrated the value of the support provided through DSAs to disabled students. A detailed analysis of students' comments provided some indications as to where there are barriers to engagement (e.g. some support needs to be available outside office hours in order that students can make use of it at evenings and weekends, especially where they are off campus, on placements etc.). It was clear that some students had expectations about the type of human support they wished to receive, in particular relating to study skills and the use of technology, and some of those expectations may be unrealistic. Managing students' expectations is important and there is a need to encourage students to become aware of the purpose of the recommendations in their report and the various strategies intended to help them.

It became clear from some responses that needs assessors should listen more carefully to students' responses to their suggestions regarding human support and to respond appropriately if the student indicates either that they do not need that support, or it is not the right support for them. There were also some issues around the timing of some human support, in particular, study skills support. There needs to be more flexibility in the times available for study skills support to suit students' availability, such as evenings and weekends and possibly outside term time, although this may not always be possible. However, the positive responses outweighed negative comments and two students stated that the DSAs enabled [them] to:

"…develop and apply my own strategies and structures for supporting my study activities - these allowed me to focus my energy on the learning instead of on scrabbling to keep up and keep organised." (Female, part-time PG student, year 2, mental health issue & ADHD).

"…have support from a mentor whilst studying which really helps me cope. I would feel lost without it." (Full-time, female UG student, year 2, mental health issue).

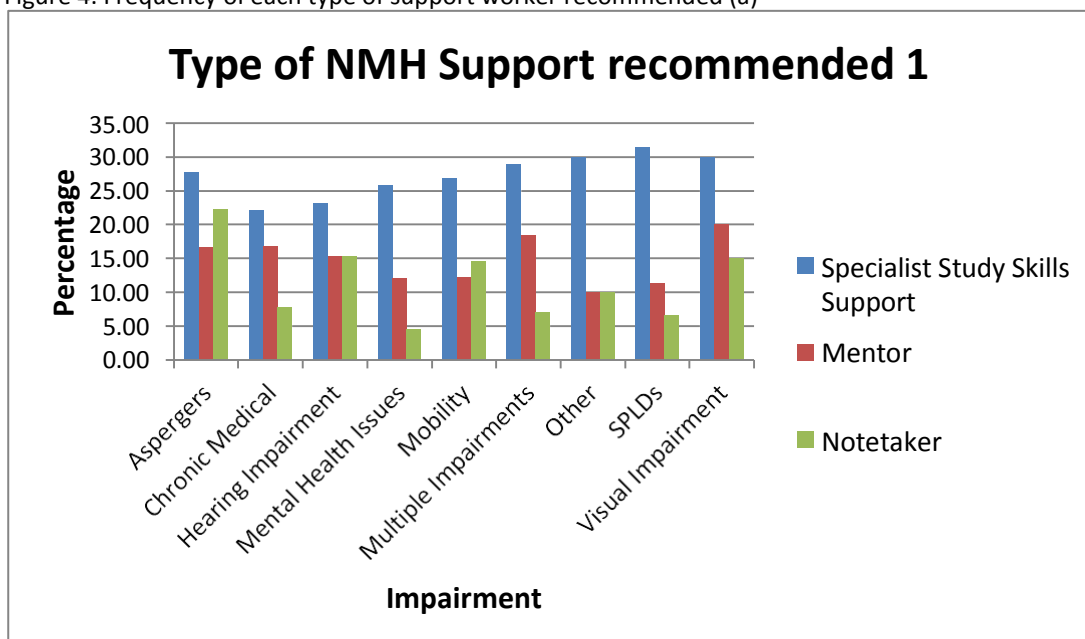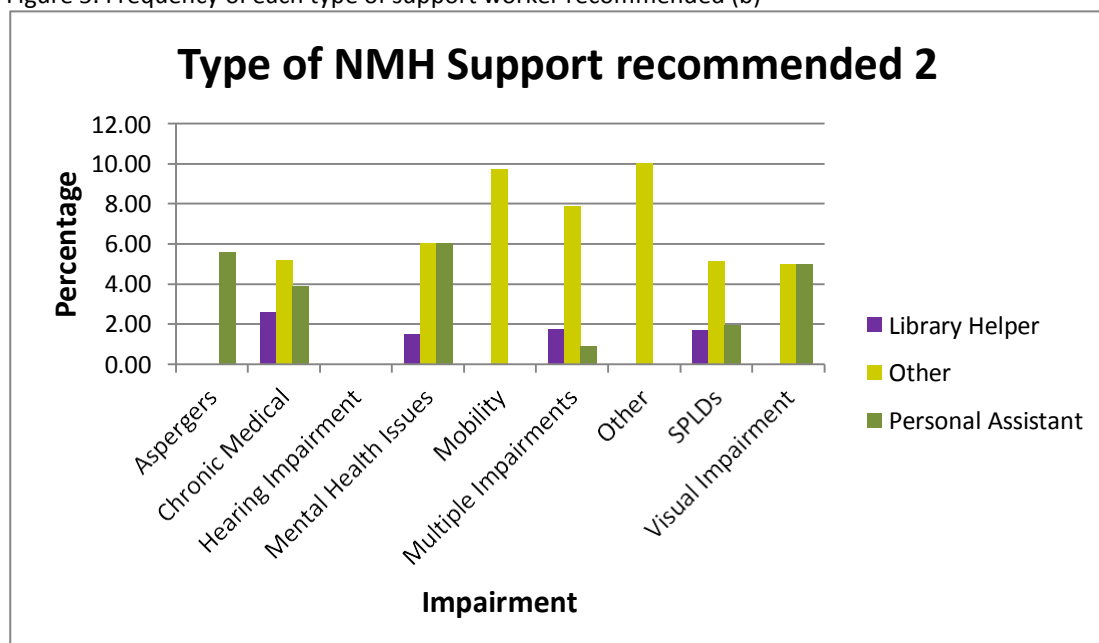Figure 4. Frequency of each type of support worker recommended (a)[vi]

Figure 5. Frequency of each type of support worker recommended (b)[vii]

Type of NMH Support recommended 2

Conclusion

The majority of students valued their human (NMH) support, but the missing piece that remains includes concerns about the number of students who do not take up the support offered. There sometimes appears to be a mismatch between student expectations and what has been recommended by assessors and what is on offer from tutors. There remains the need for a more flexible approach to the timing of support sessions and perhaps the inclusion of assistive technology study skills within those sessions for some students.

References

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End notes

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[i] The ECU data includes a "two or more impairments" (multiple) category and therefore is not precisely comparable with the 2012 survey dataset where such multiple cases were counted a second time if necessary.

[ii] Figure 1: Percentages of respondents' impairments. The pie chart shows that:
62.7% of respondents had specific learning differences (SpLDs, e.g. dyslexia, dyspraxia) Also note that HESA data uses the phrase specific learning difficulties (SpLDs)
(compares with 47.7% in the national population, over-represented in the survey population).
16.3% of respondents had a chronic medical condition (e.g. asthma, epilepsy, diabetes)
(compares with 11.9%, over-represented in the survey population).
12.7% of respondents had mental health issues
(compares with 8.3%, over-represented in the survey population).
10.1% of respondents had mobility issues
(compares with 3.4%, so over-represented in the survey population).
3.8% of respondents had visual impairments
(compares with 1.8%, so over-represented in the survey population).
3.6% of respondents had Asperger's Syndrome
(compares with 1.7 %, so over-represented in the survey population).
3.5% of respondents had hearing impairments
(compares with 3.3%).
8.8% of respondents had some other impairment / condition
(compares with 13.3%, so under-represented in the survey population).

[iii] Figure 2: when respondents' impairments were first identified, expressed as a percentage of all respondents, the pie chart shows that:
29.1% of respondents had their impairment first identified during HE;
20.6% of respondents had their impairment first identified during FE;
17.6% of respondents had their impairment first identified after 11 years and before FE;
11.9% of respondents had their impairment first identified after 5 years and before 10 years;
4.2% of respondents had their impairment first identified under 4 years;
3% of respondents had their impairment identified from birth;
13.6% of respondents did not answer the question.

[iv] The survey design failed to allow for an answer about impairments diagnosed during paid employment rather than education.
[v] Figure 3: human support recommended and whether it was accessed or not - by impairment group.
The bar chart shows three series of results, "Respondents who were recommended and accessed support"; "Respondents who were not recommended support"; "Respondents who were recommended support but did not access it" and for each series there is a percentage for each impairment type, as follows:

Respondents who were recommended and accessed support:

Asperger's	66.67%
Chronic medical	50.65%
Hearing impairment	61.54%
Mental health issues	68.18%
Mobility	34.15%
Multiple impairments	65.79%
Other	30.00%
SpLDs	62.61%
Visual impairment	65.00%.

Respondents who were not recommended support:

Asperger's	11.11%
Chronic medical	29.87%
Hearing impairment	23.08%
Mental health issues	13.64%
Mobility	46.34%
Multiple impairments	19.30%
Other	60.00%
SpLDs	19.44%
Visual impairment	30.00%.

Respondents who were recommended support but did not access it:

Asperger's	16.67%
Chronic medical	19.48%
Hearing impairment	15.38%
Mental health issues	16.67%
Mobility	19.51%
Multiple impairments	13.16%
Other	10.00%
SpLDs	17.09%
Visual impairment	5.00%.

[vi] Figure 4: frequency of each type of support worker recommended 1 (percentages).
The bar chart shows three series of results covering each of the impairment types. The first series is results from study skills specialists; the second series is results from mentors; the third series is results from note-takers.

Study Skills Specialists:

Asperger's	27.78%
Chronic medical	22.08%
Hearing impairment	23.08%
Mental health	25.76%
Mobility	26.83%
Multiple impairments	28.95%
Other	30%
SpLDs	31.41%
Visual impairment	30%.

Mentor:

Asperger's	16.67%
Chronic medical	16.88%
Hearing impairment	15.38%
Mental health	12.12%
Mobility	12.20%
Multiple impairments	18.42%
Other	10%
SpLDs	11.32%
Visual impairment	20%.

Note Taker:

Asperger's	22.22%
Chronic medical	7.79%
Hearing impairment	15.38%
Mental health	4.55%

Mobility   14.63%
Multiple impairments   7.03%
Other   10%
SpLDs   6.62%
Visual impairment   15%.

Figure 5: frequency of each type of support worker recommended 2 (percentages).

The bar chart shows three series of results covering each of the impairment types. The first series is results from library helpers; the second series is results from other helpers; the third series is results from personal assistants.

Library Helper:
Asperger's   0%
Chronic medical   2.60%
Hearing impairment   0%
Mental health   1.52%
Mobility   0%
Multiple impairments   1.75%
Other   0%
SpLDs   1.71%
Visual impairment   0%

Other:
Asperger's   0%
Chronic medical   5.19%
Hearing impairment   0%
Mental health   6.06%
Mobility   9.76%
Multiple impairments   7.89%
Other   10%
SpLDs   5.13%
Visual impairment   5%.

Personal Assistant:
Asperger's   5.56%
Chronic medical   3.90%
Hearing impairment   0%
Mental health   6.06%
Mobility   0%
Multiple impairments   0.88%
Other   0%
SpLDs   1.92%
Visual impairment   5%.