Section B: Lessons from the coalface: supporting inclusivity

Confessions of an accidental inclusivist

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Abstract

Patchwork text (PT) is growing in popularity within the higher education sector worldwide and is seen as 'one of the most influential assessment innovations in higher education in recent years' (Dalrymple and Smith 2008: 47). While PT is not new in higher education, little has been written about the inclusivist aspects of this type of assessment. This paper hopes to shed light on PT as an inclusive assessment strategy. The paper provides a number of confessions written as patches exploring not only the inclusive aspects of PT, but also how it relates to assessment for learning as well as providing an overview of what PT is. The final reflective patch will discuss the learning journey relating to the implementation of PT into modules and provide recommendations for practice.

Introduction

'The assessment of students is a serious and often tragic enterprise.'
Ramsden 1992: 181

Much has been written in relation to poor assessment practice in higher education. Traditional forms of theoretical academic assessment within HEIs tend to focus around essays or examinations, for which students can be found to focus on passing the module (learning for assessment) and perhaps 'playing the system'. Such an approach uses surface learning rather than deep, meaningful and active learning, the latter of which is described rather as assessment for learning (Biggs 1999; Winter 2003). I stumbled across patchwork text (PT) on a colleague's module and thought it was worth reviewing as an alternative method of assessment, especially as I wanted to encourage assessment for learning. Winter, the early advocate of PT states:

'The essence of a patchwork is that it consists of a variety of small sections, each of which is complete in itself, and that the overall unity of these component sections, although planned in advance, is finalized retrospectively, when they are 'stitched together'.'

Winter 2003: 112

I thought it would be relatively easy to change the assessment strategy; after all, it involved moving from a 3000-word essay to four short pieces of work totalling 3000 words. Little did I know that it would change the way I look at my role as an educator in higher education. While not exactly new in higher education, PT is now an integral part of a number of modules within the University of Central Lancashire's school of health sciences. This paper discusses one academic's journey on the implementation of the introduction of PT through a number of confessions written as patches.

Patch/confession one: I wasn't specifically looking for inclusive assessment when I first introduced PT into the modules

My biggest confession is that the introduction of PT had nothing to do with implementing inclusive assessment, but rather stemmed from a desire to improve student engagement with my modules. While, as a 'professional academic', one who is attentive to the scholarship of teaching and learning, I pay attention to teaching, to learning styles, to student support as well as assessment and feedback including formative feedback, I felt something was missing from the student involvement/experience on these modules. These have a diverse range of content, yet when a student would select a specific topic for their essay, the breadth of the student's application and management of knowledge could not be fully demonstrated. This was because the student focused their 3000-word essay on a very specific topic area while attempting to achieve the module learning outcomes. Depth of knowledge was achievable; however, breadth of knowledge was less evident. Students often appeared to disengage with other equally relevant module content so that they could concentrate on the topic they had selected for the assessment (learning for assessment), which was often something within their familiarity or comfort zone. The assessment strategy was amended to PT since, this way, the students were required to engage with modules in a different manner, and to demonstrate the application of the breadth of their theoretical knowledge as well as critically examine their clinical practice both in and out of their comfort zone.

PT embraces assessment for learning. Its introduction led to an increasing awareness that the way we assess our students makes a difference to how they learn and engage with their modules/programmes of study. Nicol and Macfarlane-Dick (2006) suggest that the more the students see what they are accomplishing through formative feedback, the more they actively engage in their learning; consequently, there is increased self-regulation of their own performance. Trevelyan and Wilson (2012: 488) reiterate the importance of assessment for learning by identifying assessment as 'becoming more central in the learning process'.

You may be wondering what makes PT an inclusive assessment strategy. When taking an inclusive approach, there should be no distinction between students – disabled or non-disabled (here we use inclusive with regard to disability; we recognise its applicability to all protected characteristics and, indeed, all students). Rather, a flexible method to teaching and learning should be undertaken (Waterfield and West 2006). The work of Dalrymple and Smith (2008) discusses the autonomy and flexibility of PT, which links with taking an inclusive approach. Students can choose how they present their patches, described as different 'voices' by Trevelyan and Wilson (2012). This enables students to work with their learning styles. According to Waterfield and West (2006; 2009), an inclusive approach or principles of universal design should consider a flexible range of assessment modes that are made available to all. When comparing PT text with an inclusive approach, we can identify many similarities as outlined in table 1.

Table 1: Inclusive assessment according to Waterfield and West (2009) compared with PT

Inclusive assessment definitions	Patchwork text
Inclusive assessment makes no arbitrary distinction between types of student: disabled and non-disabled, traditional and non-traditional, etc.	✓
In inclusive assessment, the issue of disability dissolves into the broader paradigms of student learning styles and experiences and how best to measure individual achievement.	✓
Inclusive assessment offers flexibility of assessment choice, including = a range of tried and tested methods for assessing competence in a rigorous and reliable way, built into course design and subject to student and staff evaluation	✓
Student preferences for assessment modes, based upon their own perceived strengths and weaknesses, form a key component of making assessment inclusive.	✓

Using the principles of universal design allows for the assessment of the same learning outcomes in different ways through different types of patches. For example, one student may submit an annotated bibliography to address nursing care implications of a disorder, and another may submit a poster with a rationale for the content addressing the same learning outcome for the same condition. Another aspect of the inclusive nature of PT is identified within its continuous learning perspective. Many students with specific learning difficulties (SpLDs) have difficulties with time management; in PT, the patches are regulated over the course of the module allowing students time to digest their learning (Winter 2003).

PT text also allows for creativity. If a student submits a poster, it is the rationale/evidence base behind the content of the poster that is assessed; the poster would be an appendix to the patch. This academic year, one of the students created a patient information leaflet in graphic novel form for a condition called

subarachnoid haemorrhage. For the actual PT, the student critically reviewed the evidence base underpinning the information found in the graphic novel/leaflet which linked to one of the module learning outcomes. The graphic novel/leaflet was the appendix for the PT and not assessed, although feedback was provided. The student put a great deal of effort into this patch and it was seen to validate most of the big five principles of assessment for learning (table 2), particularly around student motivation/engagement.

Table 2: The big five principles of assessment for learning

1. The provision of effective feedback to students.
2. The active involvement of students in their own learning.
3. Adjusting teaching to take account of the results of assessment.
4. Recognition of the profound influence assessment has on the motivation and self-esteem of students, both of which are critical influences on learning.
5. The need for students to be able to assess themselves and understand how to improve.

(Adapted from: Nuffield Foundation, 1999.)

Orr and Bachmann-Hammig (2009) view inclusive curricula from a different perspective, where students with disabilities are seen as part of a continuum of learners with various strengths and weaknesses; as such, it is the lecturer that needs 'fixing' through pedagogical change. Indeed, the teaching and learning strategy must change for successful implementation of PT. This leads me to confession number two.

Patch/confession two: everyone interprets PT differently and I was unsure about it when I first introduced it

I stumbled upon PT on a colleague's module; I thought it was interesting and perhaps what I needed for teaching. I had some conversations about PT before I took the plunge to change the assessment strategy. I confess I was naive to think that changing the assessment strategy and a little bit of messing with the timetable was all I needed to do. I came a little bit unstuck – especially as my colleague had left their post and I did not have an 'expert' or anyone who was remotely familiar with PT with whom to discuss issues arising from planning and implementation.

It was rather a case of me having a vague vision of what I believed PT to be, and then testing it out on my students. Yes, I had researched PT, and believed it would not be too difficult to implement. After all, it was 'only' a change in assessment with some formative feedback and discussion on the patches throughout the module. On reflection, I would have benefited greatly from a definitive 'how to' paper on PT. Such a paper has now been published by Trevelyan and Wilson (2012). This paper identifies the objectives of PT (adapted in table 3) in what I would define as one of the seminal papers on the assessment approach.

Table 3: Objectives of PTs adapted from Trevelyan and Wilson (2012)

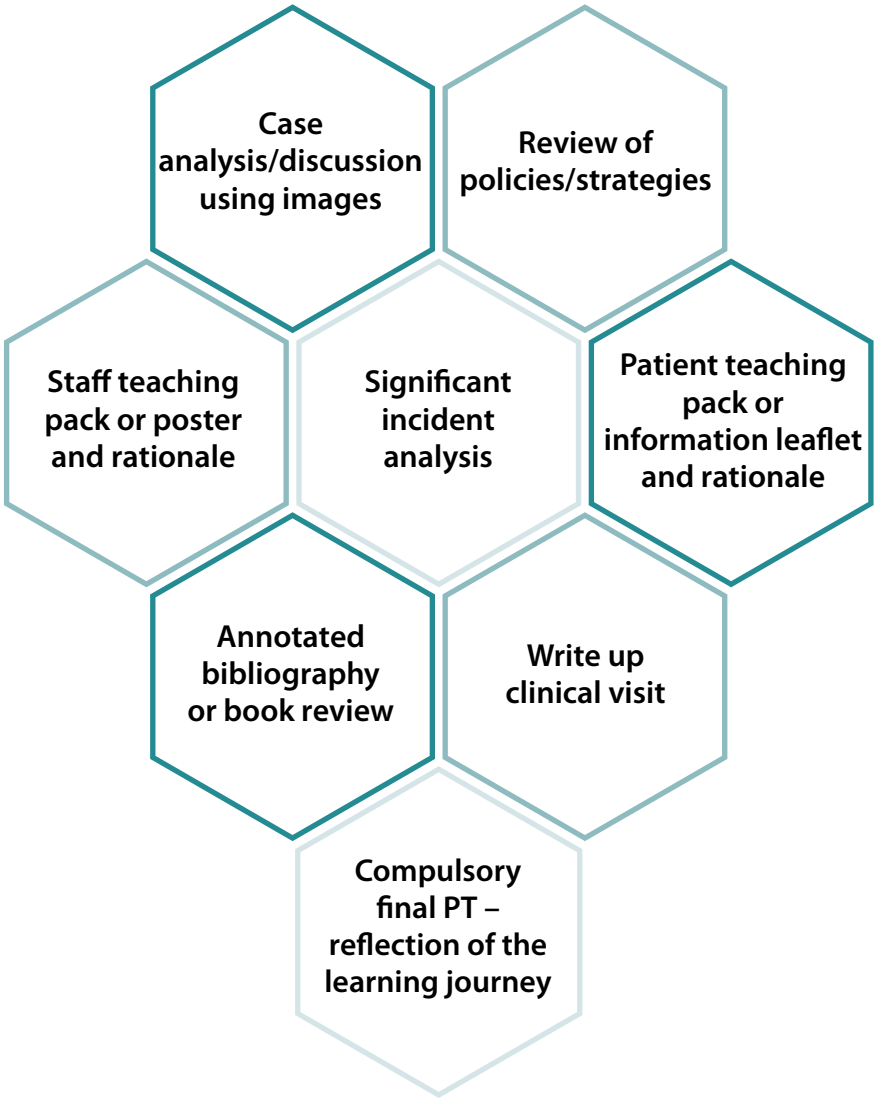
Objectives	What it means in the classroom/ online discussion board activity	What this mean for the student
Continuous learning	Student engagement and learning – the patches are regulated over the course of the module allowing students time to digest their learning (Winter 2003).	= Reduction in pressure at the end of the module. = Allows students to demonstrate the breadth of their knowledge: a comprehensive coverage of the module elements (Trevelyan and Wilson 2012).
Deep learning	Students are prepared to debate and challenge issues in the classroom setting as a result of their deep learning of a topic.	The student's understanding of the topic is increased, particularly through the use of reflection on formative feedback from the lecturer and their peers. They can then reinforce their understanding in their own individual areas of weakness (Boud 2000).
Integrated understanding of a topic	Students develop a better understanding of the structure and content of the module through linking session outcomes to the module outcomes and their PT.	The final patch, where there is 'integration of the whole', also allows for deep learning to take place.
Meta-cognitive self-reflection on the learning journey	Self-assessment and self-reflection are vital aspects of formative assessment: discussion of the formative feedback on the patches with peers helps with self-assessment and self-reflection.	As healthcare practitioners, students on the modules are required to be reflective practitioners and the quality of the reflection improves over the course of the module.

I came to realise that changing the assessment strategy was not enough: there needs to be careful deliberation of pedagogical approaches. I became better prepared in the second year of incorporating PT into my modules, at which time I was at a level of conscious incompetence, moving from unconscious incompetence in the first year and to conscious competence a year later.

For me, PT enables students to write small, complete patches of assessment. These, in themselves, are complete and must focus on different aspects of the module. When PT is introduced to the students on the first day of the module, there is apprehension since this is very often an assessment strategy with which they have little or no experience. Examples of types of patches can be found in figure 1.

The patches can be developed from structured learning activities that are lecturer led. The specific topics or focus, however, are student led to ensure a student centredness to the assessment strategy in order to enhance both patient care and personal learning/personal development planning (PDP). This brings in student empowerment and also allows individual students to personally engage in their learning by linking the specific module learning outcomes to the assessment process. This could be seen as 'learning as making sense or abstracting meaning. Learning involves relating parts of the subject matter to each other and to the real world' (Säljö 1979, cited in Atherton 2013). Many students select topics that we are yet to cover in the module. This means that when we actually review the topic, they are very much engaged in the classroom with the issues, sharing and contributing to the session. The patches are then stitched together with a retrospective reflection and analysis of the student's personal learning journey throughout the module (Scoggins and Winter 1999).

Figure 1: Types or 'voices' of patches



Trevelyan and Wilson (2012) identify a number of key issues that academic staff should be aware of in relation to PT. They call them core and optional elements; I would suggest to those who intend to utilise PT in their courses, the need to be fully cognisant of the core and optional elements. A number of different subject specialisms, from dance to Greek tragedy, social work to community nursing have used PT as a method of assessment by employing the objectives of PT; however, the core and optional elements vary within these and this is where confusion arises (Dalrymple and Smith 2008; Trevelyan and Wilson 2012).

Table 4: Core and optional elements of PTs adapted from Trevelyan and Wilson (2012)

Core elements	Rationale
Multiple assessment tasks	= Permits for continuous assessment. = Multiple formative feedback. = Deep learning. = 'If assessment is to be integral to learning, feedback must be at the heart of the process' (Brown 2004/5).
Pacing of tasks	= Permits for continuous assessment. = Deep learning. = No 'last minute rush' as the 'hard work' has been done gradually throughout the module (Learning and skills improvement service and Anglia Ruskin University 2010). = Reflexivity.
Integration of work into a comprehensive whole	= Deep learning. = Integrated understanding of the topic. = Reflexivity.

Optional elements	Rationale
Flow of patches into each other	= for example, this could be used for project-based modules; = alternatively, the patches may be very different, but then 'stitched together' by the final integrative reflective patch.
Resubmission of prior patches	= feedforward from feedback; = allows for self-regulation of performance (Nicol and Mcfarlane-Dick 2006).
Provision of summative feedback before the final submission	= allows the students to see where they are with the PT.
Extent to which the students collaborate and share learning	= establishes a community of practice within the module; = helps with self-assessment.
Explicitness of self-reflection	= whether a reflexive piece is needed or whether the reflexive piece is implicit in the formation of the final integrative patch.
Meta-cognitive self-reflection on the learning journey	= reflexivity; = self-regulation.
The use of patches of different format or 'voice'	= an inclusive assessment strategy; = variety of patches allows students to develop key transferable and academic writing skills '(Learning and skills improvement service and Anglia Ruskin University 2010; Bevitt 2012).
The extent to which students have choice over the patches to complete and in what order	= To empower the student. For me they need to have choice over patches. This allows for student-centred assessment – once they have self-assessed weaknesses in their knowledge base. Some limits may need to be set so that there is variety in the types of PT. = This relates to the drive towards empowering the learner in assessment designs (Falchikov and Thompson 2008).

I would also add to the optional elements peer review/support via online discussion board activity. This is a method of collaboration and sharing of learning. This also, in itself, establishes a community of practice for the students as well as the lecturer. As Wenger (2007) states:

'Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.'

Students on my modules have complete control over the type and topic of PT as well as in what order they wish to complete them. Other colleagues are more prescriptive. Although a more prescriptive approach does still fulfil the core elements of PT, the level of student empowerment is limited and one must bear in mind that when student empowerment is limited it will impact on engagement with the module (Young 2015).

Patch three/confession: reflection on my journey in implementing PT has made me completely review my teaching and learning strategies – something I hadn't set out to do

This final patch will use Rolfe's reflection model (Rolfe et al 2001) of 'what, so what and now what' to critically reflect on my learning journey of implementing PT assessment.

What?

Patch/confession one identified my concerns relating to the feeling that there was something missing with regard to student involvement/engagement with some of my modules. As a reflective practitioner, I sensed I needed to change an aspect of the module to try and enhance learning. PT was the avenue that I explored and identified as one way of improving student engagement with the modules. There was some naivety on my part, as I believed that it would be a simple transaction – changing the assessment strategy and slight modification of the timetable. You cannot change one aspect of the module: all aspects including teaching, learning, support, assessment and feedback have to be reviewed. As there was no definitive how to guide about PT, I did feel as if I was stepping into the unknown on many occasions.

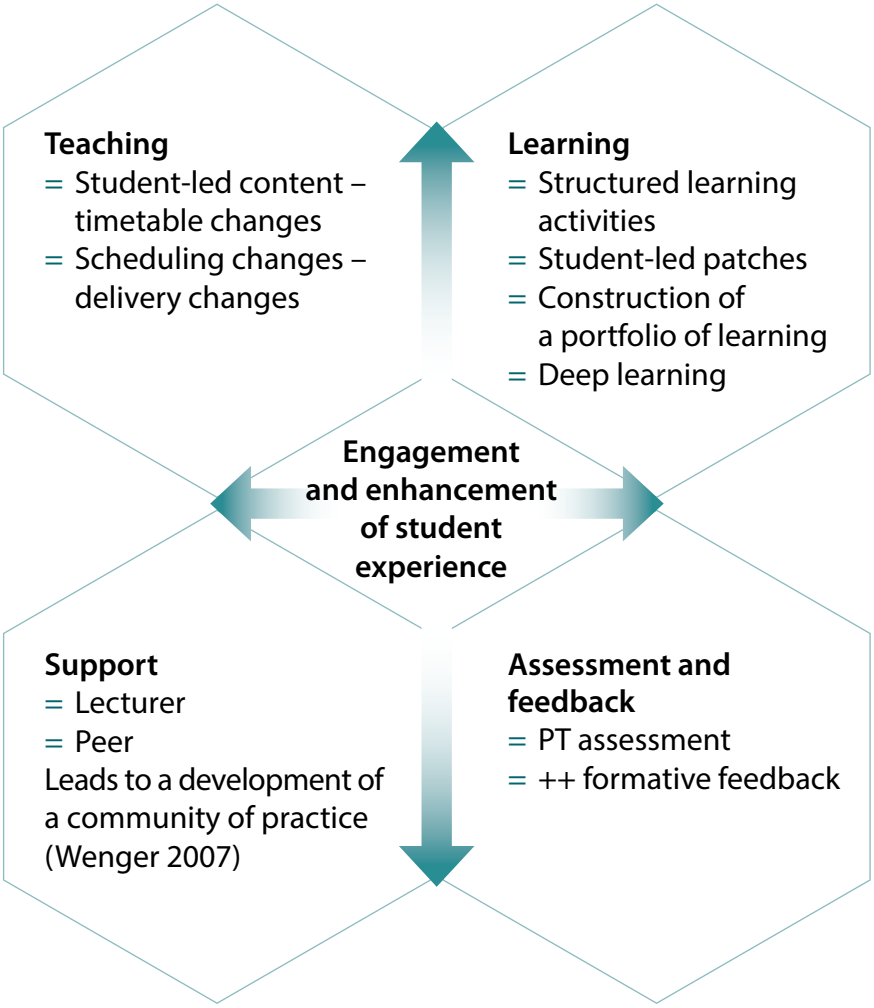
So what?

PT was integrated into a module. After an uneasy first year, where my learning curve was almost vertical, I began to critically examine and evaluate what I was doing and why I was doing it from a pedagogical perspective. I arrived at the awakening that, for me, the learning journey is equally important as the destination or the summative assessment as it should be for students.

I noticed that PT encouraged deep rather than surface learning. This was evidenced by an increase in the grades for the modules and an increased pass rate. The grades have not increased because PT is an easy option; they have increased because the level of engagement and student empowerment within the module has increased.

An area that students initially found problematic was the choice of the type of patch rather than the topic. Students appeared to like the familiarity of the traditional methods of assessment such as the essay, which is traditionally dictated by the lecturer. At first, the choice that PT allows was daunting. For me, it was about a rebalancing of power and authority in the classroom. This also links closely to assessment for learning and the inclusive nature of PT (table 2). Further, while the PT text enhances learning, it should not be seen in isolation: the philosophy behind this assessment strategy also encourages the lecturer to review aspects of their teaching, learning and support. As figure 2 demonstrates, and as my learning journey has recognised, you cannot change the assessment without due consideration to pedagogy.

Figure 2: Changes to the module after implementing the PT



Now what? Recommendations for practice

PT, when fully assimilated into modules, is a 'thing of beauty' that enhances learning and therefore the student experience. I would recommend anyone considering implementing PT to do the following.

= Do your homework about PT: read the literature to give you some background/context.

= See it working in practice and take a colleague.

= Ask the students what they think of it.

= Reflect on what you have seen/heard.

= Decide what you want as optional elements of PT and clarify why you have selected those elements.

- Discuss PT with your colleagues.
- Link with someone who has embedded it into their courses.
- Use them as a sounding board and mentor.
- Identify your aims and objectives.
- Plan the changes – remember it is not only the assessment you will change.
- Consider content, scheduling, learning outcomes, learning activities, formative feedback, student support (and how/what you will implement these).
- Implement PT into your module, providing clear guidance to students.
- Evaluate: have you achieved what you set out to achieve?
- Write it up to support the building of a body of evidence.

As a reflective practitioner who is constantly considering what I can do to improve the student experience, there is always capacity for change. For me, the next step is to incorporate patchwork media (Arnold et al) into patch type. I would be keen for students to use media such as podcasts/vidcasts for patches, though I acknowledge that I would need to actively encourage students to believe in their abilities to make this type of submission less daunting. Such incorporation would, however, enhance the inclusivity of PT.

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Learning from non-medical helpers to develop inclusive practice guides

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Key words: best practice guidelines; disability; inclusivity; non-medical helpers; student anxiety

Abstract

This paper reports on the findings of a qualitative research project examining untapped knowledge that non-medical helpers (NMHs) have developed for supporting students with declared disabilities. Although student voices are represented in the literature (eg Fuller et al 2004), those of NMHs are rarely heard. Their insight provided authentic information; the assumption being that they are more detached than students, and hence more objective.

The aim was to identify challenges and examples of good practice experienced by NMHs and their students. Simple 'good practice' guides were then developed for staff. Making the material palatable and useful rather than too rigorous and demanding was prioritised.

Qualitative data were collected from NMHs via an online survey and two focus groups. Findings highlight the desire for discretion, and anxiety as an over-arching issue irrespective of the condition. Lack of quiet space and difficulties with timetabling, group work and documentation were also revealed.

Introduction

Increasing levels of participation in higher education has been the goal of successive UK governments, and a variety of policies, approaches and practices have been effective in widening access and supporting student success (HEFCE 2010). The term inclusivity is now used to explore ways in which different so-called non-traditional groups can participate in higher education including students whose parents did not attend university, students from lower income households, students identified as BME, mature students, international students and disabled students, including students with SpLDs. Hockings (2010) defines inclusive practice as:

'Inclusive teaching and learning in higher education refers to the ways in which pedagogy, curricula and assessment are designed and delivered to engage students in learning that is meaningful, relevant and accessible to all. It embraces a view of the individual and individual difference as the source of diversity that can enrich the lives and learning of others.'

Hockings 2010: 1

Widening participation initiatives (Moore et al 2013) and equality and diversity legislation in the UK (SENDA 2004, DDA 2005, Equality Act 2010), supported by the Universal Declaration of Human Rights, all mean that inclusive teaching and learning practice is required throughout the higher education sector.

Disabilities or specific learning differences

Widening participation has been described as leading to a moral panic among those concerned with higher education (Watson 2006). Including students with disabilities has led to fears – among some staff in some institutions and subject areas – of an erosion of standards (Riddell et al 2007). However, this is a mistaken perception. Research by Jorgensen et al (2007) at a large Quebec college with students with (*n*=653) and without (*n*=41,357) disabilities found that both groups had virtually identical grades and graduation outcomes, even though students with disabilities (including SpLDs) chose courses with lighter workloads and took around one semester longer to graduate than those without. This conclusion supports earlier findings by Richardson and Roy (2002) on research with students with visual impairments in UK higher education: that there was 'surprisingly' little effect on academic attainment.

The UK Equality Act 2010 defines having a disability as 'if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.' The Disabled Students' Allowance (DSA) is available for all UK higher education students on publicly funded courses who have a long-term health condition, mental health condition or specific learning difficulty. Students with assessed needs can use this funding to, for example, pay for specialist support workers, and/or specialist printing or scanning equipment.

In 2009, it was reported that the proportion of disabled students in the UK had been growing: in 2007, 25,970 students who applied through UCAS declared a disability, 20,452 of whom were accepted – 5.7 per cent and 5.6 per cent of the respective totals of applicants (DIUS 2009).[6] This report also stated that it is difficult to say whether the increasing numbers were due to more students declaring a disability, or to an actual increase in the number of disabled students applying or being accepted to higher education.

Where are the needs located and what should be done?

The range of conditions included under the term disability is wide, and each has specific identifiable effects with implications for teaching and learning. The challenges for each type of condition and for each individual may have some commonality; however, each individual manifests their resulting special educational needs (SEN) in distinctly unique ways: something that is captured in the frequently used phrase, 'once you've met one person with autism, you've met one person with autism'. This individual distinctiveness has implications for the ability to produce generic resources or guidelines for best practice around inclusivity in learning and teaching. According to the Quality Assurance Agency (QAA), HEIs need to be mindful that:

> '(1) The educational disadvantage and exclusion faced by many disabled people is not an inevitable result of their impairments or health conditions, but arises from social, attitudinal and environmental barriers. Institutions ensure that in all their policies, procedures and activities, including strategic planning and resource allocation, consideration is given to the removal of such barriers in order to enable disabled students to participate in all aspects of the academic and social life of the institution.
>
> (2) Senior managers, including those at the highest levels, lead their institution's development of inclusive policy and practice in relation to the enhancement of disabled students' experience across the institution.'
>
> QAA 2010: 13 and 14

The need for support for all students, and even more so for those with diagnosed or identified conditions, exists at all stages of the

6 Cf. ECU 2014: 72 for the consistently increasing percentage of disabled students in UK higher education.

higher education student life cycle: from application and pre-registration, induction, course duration, and on graduation. All domains of the student experience also need to be addressed: in curricula, learning environments and technologies, and the wider campus and extra-curricular activities. Best practice guidelines often consist of detailed handbooks with checklists on issues such as course materials, assignment design, nomination of staff member in each faculty/school etc. (eg Waterfield and West 2002; Cavanagh and Dickinson 2006). We summarise such guidelines in box 1.

For students with assessed needs, several general principles across many conditions can be applied: for example, for inclusive curriculum design as described by Morgan and Houghton (2011), or in providing alternative forms of assessment (see TESTA n.d.). An inclusive curriculum design approach is described as being one that:

> 'takes into account students' educational, cultural and social background and experience as well as the presence of any physical or sensory impairment and their mental well-being. It enables higher education institutions (HEI) to embed quality enhancement processes that ensure an anticipatory response to equality in learning and teaching... [and one] where all students' entitlement to access and participate in a course is anticipated, acknowledged and taken into account.'
>
> Morgan and Houghton 2011: 5

Box 1: Key points for SENDA compliance from Waterfield and West 2002

- Flexible curricula give diversity for disabled students to participate and achieve.
- Disability issues should be a regular focus for staff meetings, faculty/school committees and senior management bodies for resource allocation, cascading good practice, monitoring and review.
- Inclusive practice and anticipatory 'reasonable adjustments' should be based on formal procedures rather than on personal interest and experience.
- The nomination of a staff member is vital in each faculty/school to act as a conduit to the disability service and as a point of reference for colleagues and students.
- Familiarisation with guidelines for positive communication and disability language etiquette is important.
- Early information and course materials need to be available in an accessible format, to allow time for modification into alternative formats, familiarisation by students or personal support workers, and early application for the DSA.
- Students should be given as many opportunities to declare disability as possible. Staff should know procedures for confidentiality and dissemination.
- Establish mechanisms for the exchange of information in a confidential and timely way within and between departments to support 'reasonable adjustments' for students who have declared disability at any stage.
- The support needs of disabled students should be identified and assessed during information interviews or prior to entry where possible.
- Discuss the impact of the disability on student participation. Many disabilities are invisible, newly acquired, newly diagnosed or progressive. The individual is often an expert on the consequences of their disability.
- Students should not encounter additional processes not applied to their non-disabled peers.

- Provide guidance and support prior to, during and after discrete curricula activities such as fieldwork and placement learning.
- Alternative assessment strategies should accommodate the student's disability-related functional differences. Without this opportunity, student performance will reflect the impact of the disability rather than student ability.
- Keep adjustments under review and seek student feedback to inform practice.

However, different issues also arise for different subject areas and for different groups of students. Further, widespread perceptions exist among university staff and students that best practice is inconsistent both between and within HEIs (Gibson 2015).

Current UK practice and the Plymouth University case study

One HEA project (May and Bridger 2010) looked at different strategies in UK HEIs, and found that, although it was impossible to have a 'one-size-fits-all' approach, some common themes and issues in developing inclusive practice could be discerned. For example:

- concerns about reducing academic standards
- challenges of 'reasonable adjustments' given resource restraints
- moving academic culture away from a 'deficit' notion of student need to that of entitlement
- engaging senior staff
- daily demands mean that staff do not have time to digest often in-depth literature on the way forward for inclusivity measures

However, the HEIs in the same study (Thomas and May 2010) had adopted strategies that had enhanced their inclusive practice. For example, through:

- establishing the training needs of academic staff
- delivering dedicated training and development

- embedding management processes to support staff in developing an inclusive approach to teaching through
  - the provision of appraisal criteria related to meeting students' diverse learning needs
  - the refinement of module/pathway validation processes to include questions about inclusiveness in module design delivery and assessment
- creating an inclusive teaching website resource

At Plymouth University, as elsewhere, the numbers of students with a declared disability has been growing in recent years, and in 2011/2012 comprised 12.6 per cent of the undergraduate population, as shown in table 1.

Although these numbers are not directly comparable since ECU data includes postgraduate students, it can be seen that numbers at Plymouth are relatively high compared to the national picture. To summarise the situation:

- in total, 12.6 per cent of students at Plymouth declared a disability in 2011/2012, compared with 12.3 per cent in 2010/2011
- in 2011/2012, the number of disabled students had risen by 91.4 per cent on 2001/2002
- in comparison with south west HEIs and all UK HEIs in 2010/2011, Plymouth University maintained the highest proportion of students in receipt of DSA (9.3 per cent)

As can be seen from table 1, by far the greatest numbers of students classified as having a disability are those with SpLDs, such as dyslexia or dyspraxia. Besides those who formally declare a specific learning difference, many others also experience anxieties ranging from mild anxiety to panic attacks. These affect their ability to study, as evidenced by research elsewhere (NUS Scotland 2010; Andrews and Wilding 2004).

Table 1: Declared disabilities at Plymouth University (benchmarked against ECU 2013/2014)

	Plymouth University		UK (ECU data)		
	2013/2014		2013/2014		
Disability description	**Number**	**% of all students**	**Number**	**% of all HE students**	**% of disabled students**
A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	296	1.10	23,690	1.03	10.34
A mental health condition, such as depression, schizophrenia or anxiety disorder	509	1.89	29,375	1.28	12.82
A physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches	120	0.45	7,930	0.34	3.46
A social/communication impairment such as Asperger's syndrome/other autistic spectrum disorder	95	0.35	5,940	0.26	2.59
A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	1838	6.83	110,095	4.79	48.03
Blind or a serious visual impairment uncorrected by glasses	39	0.14	3,225	0.14	1.41
Deaf or a serious hearing impairment	67	0.25	5,555	0.24	2.42
Two or more impairments and/or disabling medical conditions	282	1.05	19,820	0.86	8.65
A difficulty not listed above (also includes 'personal care support')	370	1.37	23,590	1.03	10.29
Total Disabled Students HE	**3616**	**13.43**	**229,220**	**9.97**	**100.00**
No known disability	23293	86.54	2,070,140	90.03	
Not known	8	0.03	–		
Total students	26917	100.00	2,299,360	100.00	

Building on previous research findings, a programme of research projects was developed with the aim of improving inclusive practice at Plymouth University more widely. Many of the resources from this programme are now available on a 'one-stop' section of the university website (https://www.plymouth.ac.uk/your-university/teaching-and-learning/inclusivity).

Our work was part of this programme. It comprised a qualitative research project examining the untapped knowledge that NMHs have developed in meeting the needs of students. The rationale underlying the project was largely two-fold:

- although student voices are represented in the literature (eg Fuller et al 2004), those of NMHs are rarely heard
- the insights of NMHs could provide authentic information; the assumption being that they are more detached than students, and hence more objective

The project objectives were to identify examples of good practice and remaining challenges experienced by NMHs and their students. As current literature often requires in-depth study, and daily demands may obstruct staff from engagement in identifying inclusivity measures for educational purposes, the intended outcome of the project was to develop brief good practice guides for staff, with the prioritised aim of making the material palatable and useful rather than too rigorous and demanding.

The project team consisted of members from the Pedagogic Research Institute and Observatory (PedRIO), the Disability Assist Service at Plymouth and the manager from the company that provided support workers. The project used a mixed-method approach with data collected from NMHs via an online survey. The responses were then analysed with Excel and NVivo, and two focus groups held with NMHs to explore the identified themes in further depth. The transcripts from these were also analysed with NVivo, and draft *'Quick inclusivity guides'* were produced on two sample themes. Two content development workshops were then held with NMHs and academics to help develop the content and format of the final guides.

Project findings

Findings from survey and focus groups highlighted key themes:

- the desire for discretion
- anxiety as an over-arching issue irrespective of the condition
- lack of quiet space
- difficulties with timetabling, group work, communication and documentation

There were many examples of good practice identified by the NMHs, ranging from practical behaviour management to provision of course materials. For example:

'During a period of conflict between one of my students and another member of the cohort, the lecturer heard both sides of the story privately but then brought the issue to the whole group so the two arguing students could see how their behaviour was impacting on the group and to enable the group to plan a way of moving forward together.'

'One particular tutor handed out yellow workbooks for a series of practicals, which he had thought would benefit those with dyslexia. However, my student can only read white and black. The lecturer was very swift in his response, and we were given a black and white notebook before the end of the same session.'

However, there were also examples in which the following of simple guidelines would have made a big difference:

'The variation between module outlines from different schools and from different lecturers is huge, some will be 20-, 30-page documents and others will be one A4 sheet and that's the difference – but sometimes the 30-page one can be worse.'

'I would like them to say "that's what you've got, that's the end date. On this date here I want you to have done that and hand that in and on this date here I want you to do that [...]" you've got small achievable chunks to the end point. Let's actually bring it up every couple of weeks and show it to them, how they're building up and what they've done... and actually that's just sensible project management, preparing them for the workplace.'

'Not all lecturers enforce "no talking" in lectures and it can be very distracting and make it very difficult to concentrate. This can also be difficult for me when taking notes on the student's behalf.'

Issues of communication and of group work were noted to be a major cause of anxiety for some students, with practice varying widely across the university:

'Module timetable given in the handbooks differs from the actual timetable. Changes are poorly communicated and cause a lot of anxiety and stress.'

'You have some tutors who'll be on top of what they have to do and have separate tutorials, like arrange them on a two-weekly basis... and you get others where you're sort of nagging to get an email reply back, because it's been three or four weeks and you've not even had a basic answer.'

'If as part of the module outline it says you will be allocated randomly based on student number, that's what the student is dealing with, that's what they do and then we make a plan to overcome that. If that's not known and on the day it says there's group work and they've put all this prep in and then on the day, "Right, you, you and you; you, you and you." Panic!'

'I think one of the most difficult things that all of my students have found with group work is where they'll do a lot of the work and you get the people who don't. And they haven't got the social skills or the confidence to be able to voice that injustice or to process that injustice, so they retreat and then it affects their grades as well.'

Through their experience of working across different programmes, the NMHs were able to point to good practice that could be applied more widely:

'Even if part of the assessment is something that is timed, there are always ways that you can get round it. Some of the faculties will keep the [assignment] document they've [students] got to work on with the faculty staff and the student turns up and it's clocked in and it's clocked out and then if they're having an episode [...], they go away and it's locked. They don't take it, then they come back and they start again when they're more comfortable. So they still have the time aspect.'

'Though students with anxiety issues typically find this difficult to do [contact staff], staff are friendly and approachable. Two lecturers have approached me as an enabler to ask for advice about how to best approach a student with ASD about specific issues to ensure effective communication.'

Drawing both on positive and negative examples of practice and suggestions given by the NMHs and academic staff involved in this research, and from the existing guidelines found in the literature and on websites, a series of six *'Quick inclusivity guides'* were developed within the rubric of 'What, How, Why'.

You can access these guides online: www.plymouth.ac.uk/your-university/teaching-and-learning/inclusivity/how-can-i-be-more-inclusive.

The outcomes and deliverables from this project and from the other projects in the research programme included an updated university teaching and learning policy as well as the aforementioned 'one-stop' web resource, which also contains video-clips of examples of embedding inclusive practice from staff and students.

Discussion and conclusions

Researchers (eg Jacklin et al 2007) suggest that best practice in learning and teaching is by its nature inclusive, as well as accessible to those with otherwise disabling conditions. Increasingly, the trend has been to move away from categorising specific conditions experienced by individuals to talking about 'diverse learning needs' which encompasses all students. This research confirmed findings in the literature that the challenges for inclusive higher (and other) education are wide ranging. They include stigmatisation, certain attitudes, a perception among some university staff and students that best practice is inconsistent (May and Bridger 2010), as well as a fear among some staff that inclusivity will lead to an erosion of standards (Riddell et al 2007). It underlined the feelings of intense pressure that academic staff feel when requested to make changes to their already heavy workloads, and highlighted the extent of anxiety among students. However, as the QAA states:

'While the need for specific adjustments for individual students will continue to exist, institutions should also be capable of anticipating

> the range of possible requirements in their strategic planning. Where such anticipation is effective, the pressure on staff that arises from making ad hoc arrangements for individual students should be reduced further... there should be a recognition that responsibility for meeting the entitlements of disabled students applies to all staff in an institution.'
>
> QAA 2013: B4, 17-18

The term disabled is the label which students must adopt to qualify for the DSA. However, it does not always sit easily with many students' own self-identities (Riddell et al 2007). As Hockings states:

> 'The 'administratively useful' catch-all term 'disabled' can be powerful and empowering in some circumstances, yet negative and stigmatising in others. ...However, in their report on improving experiences of disabled students in higher education, Jacklin et al (2007: 6) found that the category 'disabled student' had 'focused minds of policy makers and brought legislative changes which had opened doors to HE and brought 'reasonable adjustments' which could be enabling.' ...[Yet] A disability or an impairment may be just one factor contributing to the student's identity and it may not be the overriding factor.'
>
> Hockings 2010: 3

Thinking has changed significantly over the past few years, whereby it is acknowledged that individuals do not want to be perceived as different, but rather as individuals (Jacklin et al 2007: 27). Earlier approaches that aimed to integrate individuals into an existing context, and thus located the so-called problem with the individual, have been reframed towards addressing barriers, attitudes and other forms of discrimination towards individuals with different characteristics. This research has demonstrated how this is the case. It has also highlighted how both academics and students experience a range of anxieties. The simple guidelines produced outline small modifications that can make a big difference, brought to life through the experienced voices of NMHs, adoption of which can help alleviate anxieties for students and staff as well as help the university move towards more inclusive practice for all groups of learners.

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