



Supporting Disability Inclusion in Higher Education: The Disability Inclusion Institutional Framework (DIIF)

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26 01 2023



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Disability Inclusion:

How do we get there?

The extent to which higher education institutions (HEIs) support students and staff with disabilities (SSwD) to have equal access to university and equal opportunities to do well compared to their peers without disabilities (Evans & Zhu, 2022).



Disability: the poor relation of the inclusion agenda

- Access to higher education for **students with disabilities (SwD)** is highly variable (Netherlands 30%, UK 17.3%, Spain 15%, China 3%, Turkey 1%, Zambia < 0.1%). In UK varies from 1.4% to 20% across different providers. Not a priority in Access and Participation Plans in 50% of our sample (21%). 97% of UK HEPS less than 15% SwD.
- SwD success in higher education (-1.1% lower in English HEPs) (OfS, 2021) especially for those with specific disabilities.
- There are examples of SwD doing better than students with no-known disabilities.
- Students with disabilities are less satisfied with course experience and more likely to drop out.
- Lower employment rates compared to no reported disability and especially for certain groups (e.g., multiple impairments; cognitive or learning difficulties).

Disability: the need to explore more deeply

OfS 2020-21 data

SwD-specific performance: Attainment – 1.1% **but in English HEPs:**

- Cognitive/learning difficulties often better on continuation but - 2.3% on attainment.
- Social or communication impairments – 3.3% attainment, and -11.5% progression into high skilled employment or higher level study.
- Retention an issue for hearing impaired students; 43% of visually impaired students in UK not in employment, education, or training compared to 22% of those without disabilities.
- Mental health conditions – worse on continuation (-2.9%) but 0.2% better on attainment levels than students with no known disabilities.

Disability and Intersectionality

Disability in interaction with: social class, first generation, ethnicity, gender, nature of study and cultural context?

- African Americans have the highest disability among any racial or ethnic group in the US.
- Gaps in attainment for part-time students with cognitive or learning difficulties -9.5% and for part-time students with mental health conditions -12.2% continuation gap in English HEPs (2020-1 data, OfS).
- Continuation/attainment issues noted especially for disabled students from ethnic minority backgrounds.
- Gender and disability – nature of disability varies by gender and also cultural, societal and development impacts.
- Subject and discipline effects.

An abstract, colorful profile of a human head, rendered in a style that resembles a liquid or marbled texture. The colors are vibrant, including shades of red, orange, yellow, green, blue, and purple, creating a dynamic and artistic representation of the human form.

Disability Inclusion: the evidence base

- A review of 11,000 peer reviewed academic papers and reports on disability inclusion (DI) revealed:

Approximately 500 articles and reports were identified as relevant, and involved lead authors from 50 countries, plus >100 further papers.....
- Scrutinisation of institutional data on EDI.
- Consultation with expert stakeholders in supporting the development of the Disability Inclusion Institutional Framework.

Perspectives on Disability:

We are disabled by our bodies and by organisational and societal constraints

The Disability Institutional Inclusion Framework (DIIF) is underpinned by **interactionist perspectives** on disability (Gustavsson, 2004; Riddle, 2013; Shakespeare, 2014), and **critical social perspectives**.

The DIIF acknowledges the complex interplay of impairments with individual personal characteristics, the specific contextual and situational features students and staff with disabilities (SSwD) encounter, and their responses to this (Bustamante et al., 2020; Kruse & Oswal, 2018).

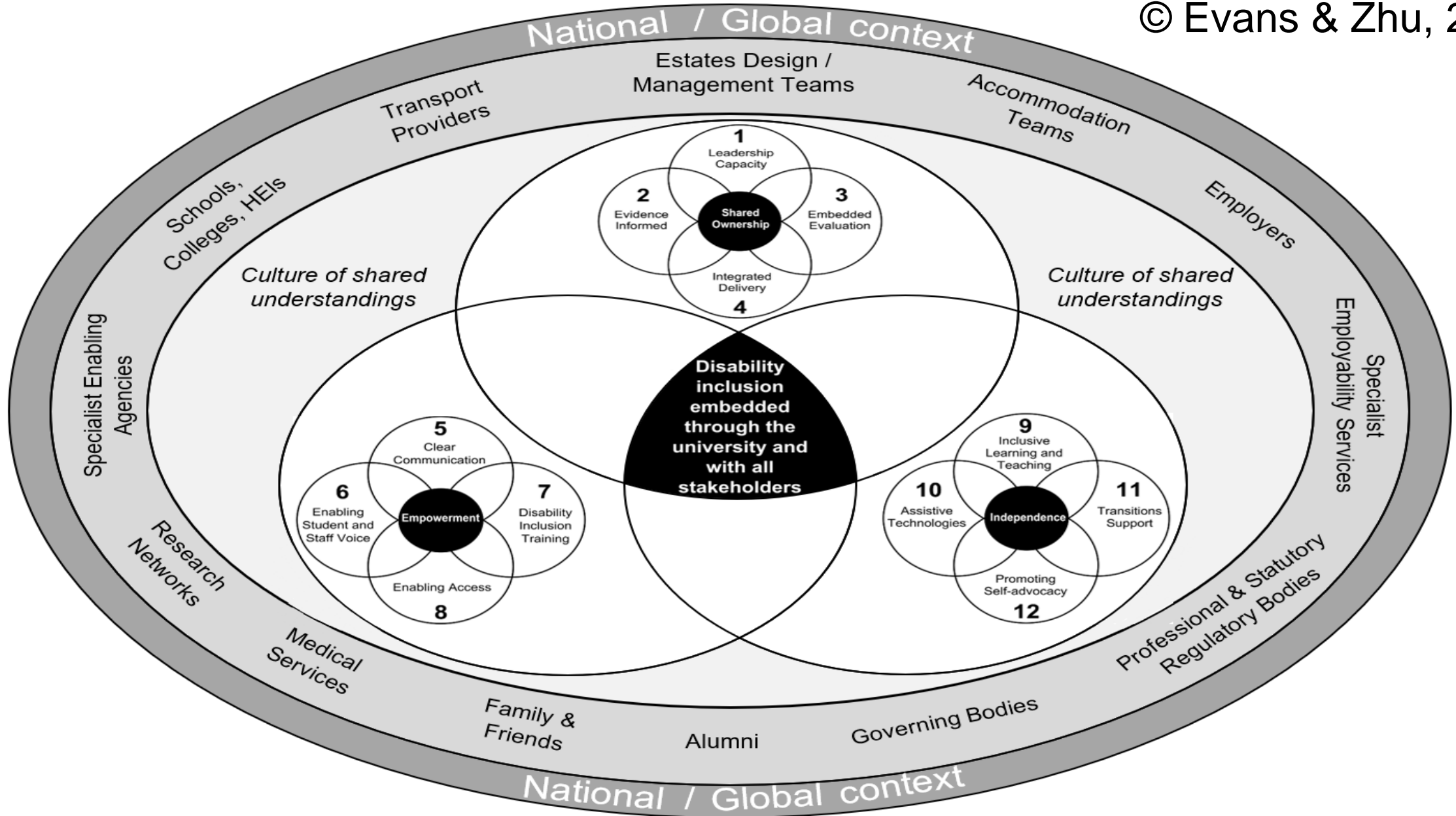


Disability Inclusion Principles

1. **Disability is personal - experiences of disability are not universal.**
2. **Appreciating diversity** and its inherent value in impacting organisational effectiveness.
3. **Disability is multifaceted and fluid**, where disability may or may not frame an individual's identity(ies).
4. **Disability is interactional involving the interaction of a person with their context.**
5. **We need to** examine structures, processes, and agents in ensuring access as part of a **social critical discourse**.
6. **Disability is intersectional**, it intersects with a whole host of individual and contextual variables.
7. **An anticipatory and intentional approach** embeds disability inclusion in all structures and processes.
8. **A research-informed and integrated approach** utilises research on self-regulation, agentic engagement, and neuro/cognitive sciences and individual differences to inform disability inclusion.
9. **A holist approach** considers **social** and relational and academic dimensions.
10. **Partnership** between students and staff with disabilities (SSwD) and organisations to **support mutual accommodations** is important in supporting SSwD to use their skillsets to best effect.

Disability Inclusion Institutional Framework

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**What does the
data tell us?**

Supporting Self-Advocacy: Balance of Load & Associated Costs



‘The ability to assertively state wants, needs and rights, determine and pursue needed supports and to obtain and evaluate the needed support with the ultimate goal of conducting affairs independently’

(Pfeifer et al., 2021, 20)

Links with work on self-regulation: Effective deployment of the right strategies and in the right amounts to realise goals, and

Agentic engagement: Ability to utilise and impact the environment to realise goals

1. Leadership too removed from practice

- Under-representation of staff with disabilities in leadership positions impacts progress in DI (executive, senior research and professional roles, and in research funding).
- Only 3.6% of UK academic senior managers disclosed a disability (Advance HE, 2020).
- Essential role of senior leaders in moving disability inclusion forward and having oversight of all moving parts.
- Mechanisms to embed disability inclusion at all levels.

2. What counts as evidence?

- Appropriateness of methodologies in exploring the lived experiences of students/staff with disabilities (only 12% highest quality).
- Guidance in relation to protocols relating to implementation and evaluation of interventions to support enhancements in disability inclusion.
- Representation of staff and students with disabilities in disability inclusion research.
- Relatively little work exploring the postgraduate student experience (2%), and little reference to international students.

3. How are we interrogating data?

- Limited inferences can be made from aggregated disability data.
- Even when considering 'disability types' intersectionality with individual and contextual variables need consideration.
- The experience of staff and students with disabilities need to be explored within the moment.
- How are we using data to support learning?

4. Undone by a lack of an integrated approach

- Need for collaborative working across services/functions/sectors.
- Holistic - practical, social, and academic needs.
- How physical barriers impact emotions and feelings of self-worth and belonging.
- Repeated and layered damage.
- Ownership of DI at course/unit level and by all staff and students.

5. The language of disability inclusion

- Valuing of diversity - consistency
- How disability is framed
- Gaps between rhetoric and reality: need to align the narrative with what happens in practice
- Cumulative damage

6. An anticipatory approach that values students' and staff with disabilities voice

- Extent to which staff and students with disabilities are engaged in the design of services from the get go.
- Comprehensive approaches to capturing SSwD voice.

7. Quality and reach of training

- Training for all stakeholders.
- Partnerships with disciplines in delivery of training.
- Awareness of resources to support.
- Embedded within all processes and systems.
- Evidence of the impact of training is limited.

8. Essentials of supports and pain of disclosure

- Accommodations implicated in student success.
- Disclosure is a nasty word – multiple layers of disclosure.
- Burden of disclosure.
- SSwD ownership of support process and knowing how to navigate the systems.
- Bias – not all disabilities are treated equally.
- Minimising the needs for additional supports.

9. Going back to basics around inclusive learning and teaching

- Being clear about what inclusive learning and teaching is – focused approach e.g. reducing cognitive load; signposting key skills etc.
- Little evidence of efficacy of Universal Design for Learning (UDL). A design issue!
- Embedding reasonable adjustments from the start.

10. Mainstreaming assistive technologies (ATs)

- Assistive technologies implicated in student success.
- Training in the use of ATs for staff and students.
- Time to learn how to use ATs.
- Scrutiny of the quality of ATs.

11. Maximising transitions support

- **Importance of pre-university support in how to navigate the HE system impacts outcomes** but there is a need to attend to students' perceptions of themselves.
- Importance of the first semester.
- Importance of academic, social, and professional networks.
- Early and sustained access to academic and professional mentoring and internships.

12. Promoting Self and Shared Advocacy

Key concepts centred around: independence, knowledge of self and context, and capacity to effect change.

- **self-determination:** to make decisions for oneself – also related to notions of competence, connection /relatedness, and autonomy
- **self-awareness**
- **self-efficacy**
- **agentic engagement**
- **self-regulation**

Self- advocacy including a range of self-regulatory learning strategies (metacognitive, cognitive and affective) – **implicated in student success.**

Promoting Self- and Shared Advocacy



Knowledge of Self

- Awareness of strengths and limitations
- View of disability
- Self-esteem
- Perceptions of how others perceive disability
- Perceived agency and autonomy
- Self-efficacy and confidence

Supporting Sense of Self

- Valuing of diversity
- Prioritising activities to enhance understanding of affordances and barriers to access to learning for SSwD
- Shared language of disability inclusion
- Central engagement of SSwD in policy and practice
- Maximising the potential of mentoring

Self-Advocacy Confidence in Managing Context

Knowledge of:

- affordances and limitations of environment
- supports/accommodations
- rights
- disciplinary/professional requirements

Ability to:

- advocate for and obtain supports
- manage emotional labour of advocacy
- collaborate confidently with others
- balance competing needs

Enabling Self-Advocacy

- Clarity around roles and responsibilities as part of an interactional approach to disability
- Making the route map of supports explicit
- Holistic in ensuring academic and social supports
- Integrated and seamless approach across functions
- Ensuring the basics of access (physical & virtual)
- Mainstreaming access e.g., embedding reasonable adjustments in the curriculum
- Consistency in quality of supports across stakeholders
- Investment in training for staff and students and ongoing evaluation of impact on disability inclusion

Agentic Behaviours in Context

Self-regulation

- Knowing where, when, and how to apply efforts (planning, goals, persistence, flexibility etc.)
- Discernment in choice and use of resource including networks of support

Agentic Engagement:

- Ability to leverage resource and modify environment to support needs
- Address gaps in provision

Supporting Student Independence in Learning

Designing learning environments that enable learner autonomy:

- Cognitive: making task requirements explicit-reducing cognitive load; Clear study blueprints available in advance
- Metacognitive- focusing activities on core skills development (modelling, repeated practice etc.)
- Affective – promoting sense of belonging through enabling equal access to academic / social / enterprise opportunities

Self Advocacy Model

Mediators

Societal
Organisation
Discipline
Family
Individual
Time

Simple, Sophisticated & Choreographed

What is the core question?

BIG ticket items to support DI

What is the one thing we can do such that by doing it everything else will become easier or unnecessary?

Keller & Papasan, 2019, 107-8)

What is our one thing right now?

Big ticket items

| | |
|---------------------------------|--|
| Leadership | Embedded in performance review of all |
| Evidence | Centralised resource base that brings all information together |
| Evaluation | Analysis of DI at the unit/course level as expectation of course leads |
| Integrated | Team based design – academic and professional teams |
| Communication | Explicit about how disability is valued – consistent comms strategy |
| Student and Staff Voice | Programmes designed with SSwD from outset and checked for all rate limiting steps, and from a holistic perspective |
| Training | DI training embedded within CPD for all- evaluation of quality of it |
| Enabling access | SSwD ownership of supports process – clear route map of supports available. Time to master supports (e.g., tech assists) |
| Inclusive learning and teaching | Clarity and focus as to what inclusive learning and teaching is. Reasonable adjustments embedded from outset |
| Assistive technologies | Mainstreamed |
| Transitions | Pre access support and early opportunities for internships |
| Self-advocacy | Training in self advocacy embedded within programmes |

Questions to ask moving forwards

How can we work together to effect meaningful change?

Where should we focus our efforts?

The DIIF checklist supporting analysis of disability inclusion



Thank you

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[What works in disability
inclusion report](#)

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Promoting equality of opportunity in higher education