***Is Inclusion still an Illusion in Higher Education? exploring the curriculum through the student voice.***

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**Abstract**

This article reports on research into the discourse and application of ‘inclusion’ policies in higher education. Against the requirements in law ‘to make reasonable adjustments’ required in Section 4A of the Disability Discrimination Act (1995), respond equally under the Equality Act (2010) and ensure a safe environment in the Health and Safety at Work Act (1974), we explored how successful students feel universities’ have been in developing their inclusive curriculum policies in relation to this legislation. Drawing on the critical inquiry model of Denzin (2017), students with physical, non-apparent disabilities and special learning needs were invited to discuss their experience of feeling *included* during their time at university. Through the exploration of the themes of widening participation, skills development and employability, we asked the students how they had experienced mental wellbeing through the practical application of inclusion policies in their programmes of study. Our findings show that while universities have responded very well to the legislation and endeavoured to address anti-discriminatory practice, more could be done to adjust the curriculum to ensure students’ positive mental wellbeing. Developments in curriculum change, even by modest adjustments, could work towards students’ feeling less anxious about their studies and ensure a fully inclusive experience.

**Abstract 200 words – 200 words allowed**

**Article submission limit – total including refs, tables etc. of 7000 words**

**Introduction**

Over the past few decades, national policies and legislation have been instigated to support people with mental and physical disabilities. In terms of physical disability, the Disability Discrimination Act (1995) had a positive, strategic impact and the two most influential policies related to mental health in the UK were the Mental Health Act of (2007) and the Mental Capacity Act of 2005 (Legislation. Gov.UK 2020). These Acts were followed by a raft of legislation that introduced mechanisms to address the issues’ for example the cross government strategy ‘No health without mental health’ stated… ‘mental health is everyone’s business – individuals, families, employers, educators and communities all need to play their part,’ (Dept. of Health & Social Care 2011, page 5). Despite these particularly good intentions, however, unforeseen problems continued to emerge to thwart radical progress. In 2020, the coronavirus (COVID-19) pandemic ambushed the world, with devasting consequences, crippling health services provision around the world (World Health Organisation [WHO], 2020). 3,233,191 cases were reported, resulting in 227,489 deaths by 2 May (WHO, 2020).

In an attempt to halt the virulent spread of COVID-19, governments throughout the world responded with different measures. As the virus spread, the drastic measure of ‘lockdown’ was introduced across the globe. This meant all non-essential businesses and education establishments had to be closed. Governments released advice pages, for example, in the UK the Government produced the document ‘Guidance for the public on the mental health and wellbeing aspects of coronavirus (COVID-19)’. This document offers guidance and links to supportive organisations at the time of the crises (Gov.UK,2020).

Universities were included in the lockdown and education provision moved online. While many students adjusted, levels of anxiety increased and these students were offered support through the universities wellbeing departments and professional organisations, such as Every Mind Matters (2020). The sudden move to online teaching, however, that was necessitated by COVID-19 revealed the ‘cracks in the curriculum’. The two researched institutions, A and B, reacted in a similar way to universities world-wide. For example, emergency regulations were introduced and exams were removed. While there was a change in delivery style, there has not been a corresponding change in content. In order to deliver online learning quickly, IT support for staff was offered in the form of written guidance and digital champions. The staff who are more experienced with digital technology shared their expertise, but the support for students was not made. The sudden change to online teaching did not encompass the variability and breadth of online accessibility. For example, access to the right equipment, internet and broadband capacity. These variables combined to create a toxic mix of barriers to inclusivity, the outcome of which, has been extremely high levels of stress and anxiety, as we discuss below. In a post COVID-19 world in higher education, the shift to online and blended learning can only be inclusive if it considers the way the curriculum is designed and does not focus simply on assessment. To truly inclusive, higher education has to consider how technology, digital and online learning can both enable some but exclude other learners.

The research undertaken and reported in this article, however, was completed before the pandemic. The findings, however, particularly in terms of increased levels of student anxiety, illuminate how the curriculum could be adjusted to minimise stress and support students. The impact of COVID-19 has therefore, shone a very bright light on the barriers to inclusivity in the curriculum design that were there before it, but less visible. The following section thus explains the impact of the Disability Discrimination Act (1995).

Universities responded well to Section 4A of the Disability Discrimination Act (1995) and invested heavily in buildings and campus adjustments to their premises and systems to ensure disabled staff and students are not in any way disadvantaged during their time at university. They have also endeavoured to adhere to the requirements of both the Disability Discrimination under Equality Act (2010) Section 6 and the Health and Safety at work Act (1974) and continued to respond to subsequent, related legislation. Whether this legislation has gone far enough to ensure fair practice is not so clear; for example, research by Bunbury (2016, 2018) found that while this legislation had helped improve the employment rates and experience of disabled people, there had also been a corresponding rise in disability discrimination cases. Bunbury’s (2018) study, further argued that adjustments, while not always vast, can be made to the higher education curriculum. In our study, we asked students how they felt about their experience of being ‘included’ and whether the responses universities had made to the legal requirements had gone far enough to support mental wellbeing and allow for a full inclusive culture.

Drawing on the critical inquiry model of Denzin (2017) we explored some of the issues surrounding the claim to *inclusion* in higher education, by asking is ‘there an illusion of inclusion within HE?’ The initial findings of our research were reported at the 2017 Inclusive Education Summit, (Barkas, Armstrong and Bishop, 2017). In particular, we wanted to see whether or not the claims to inclusive practice could be verified through the students’ views on the help they had, or had not, received. Our research started with a review of how the word ‘inclusion’ manifests in universities marketing and related literature. Universities are frequently termed Higher Education Institutions (HEIs) in the policy literature, and the word ‘inclusion’ is sprinkled throughout the discourse of higher education. The word *inclusion* appears in many HEIs marketing campaigns, alongside the words *widening participation, skills and employability*. When academic staff, however, in the two researched universities were asked what they mean by ‘inclusion’ the answers were often remarkably similar.` For example, “…well, we offer places to everyone who meet the entry requirements and we have support services if they get a bit stuck” (Business Studies lecturer in University A). The challenges facing, HE is related to the issue of disclosure of unseen neurodiversity conditions which could impacted upon a student’s academic life and journey. Practical wisdom suggests this disclosure is individualised and does not always align with university policy and practice. As experienced Personal Tutors and Programme Leaders we have experienced situations when students do not disclose and only disclose at a point of crisis. The regulations inhibit this disclosure and actually increase the anxiety on the student.

The writers of the article also work as personal tutors/disability coordinators, so are the ‘first line’ of response to students’ requests for help with their studies. The function of a disability co-ordinator is sometimes an aspect within the role of the academic personal tutor, whereby the member of staff would hold responsibility for the academic and pastoral welfare of the students in their group(s). In the two researched universities, the disability coordinator/personal tutor would liaise with the student support units to ensure an appropriate learning support plan could be designed. The support plan would accommodate the student’s physical access and learning needs. In both the universities, the support plan was straightforward for disabled students, it was clearly possible for the necessary physical help to be arranged, but for less visible issues, such as stress or anxiety, the confidential nature of the issue made the claim to ‘successful help’ less plausible.

This situation is played out in the workplace as the following extract from the Trade Union Congress (2018) briefing paper ‘You don’t look disabled’ illustrates – people in the workplace may be equally distressed by the ‘system’:

They may be deterred from asserting their rights, and attempt to conceal the effects of an impairment in order to “fit in”. Sometimes this will cause serious consequences for their own health as failure to act promptly may make a mental health crisis (for example) much worse. Meanwhile, at a national level, government messages reinforced by sections of the popular press that people claiming benefits are defrauding decent hard-working taxpayers reinforce another sadly popular stereotype, that there are two types of disabled people: those who “deserve” to be supported in helpless dependence (through charity, rather than the support that would enable them live independently), or like injured war veterans; but everyone else is a fraud. This accusation is more likely to be thrown at anyone who is disabled but does not show visible evidence of it, leaving them even more exposed to the risk of abuse or worse. Trade unions reject these stereotypes as both false and oppressive.

As universities, however, have endeavoured to ensure the future employment prospects of their students, several initiatives have been embedded in modules or are offered alongside programmes of study. These range from skills building, team work and leadership exercises, work experience, internships and live company projects outside the programme (Watson and Barkas, 2018; Wilkins and Burke, 2013) Although generally welcomed by staff and students, unintended results of the employability aspects of the curriculum, are often felt by students as increased anxiety, as expressed by a 2nd year Business Studies student:

“I think it’s good to have chance to do these things, but I freak out at them, yet something else I have to do. I don’t feel I can cope with yet another thing I have to do and speak in front of people I do not know, let alone an employer who is judging me before I am ready for that.”

It seemed to us, that the nature of the ‘help’ offered was perhaps not always as ‘fit for purpose’ as it could have been. For example, in the tutorials, students often expressed a desire not to be ‘different’ or needing help:

“…I know I struggle with depression and my doctor is good, but I get even more upset when I have to take time off. As you said, I went to the Student Support and they were very kind, but I had to wait for an appointment, not a problem and normal, of course, but I don’t want to talk about how I feel all the time and I just couldn’t face telling anyone how unhappy I am. I know I should have as now I have to apply for extenuating circumstances and that drags it all up again” (3rd year Business Studies student).

Academic staff stated they believed the university did adhere to their claims to inclusion, for example, “...inclusion? Yes, we do that, or I think we do, yes, of course we do. I can think of several students who have been helped by the disability coordinator. One disabled student got a First last year” (Health practitioner University B). When the member of staff was probed a little further to try to find out what their views on inclusion were, the response was often vague, and once again the views were similar “…its great we have the support networks, so that is good. The help is there.” Other comments were related to “I seem to send more and more students to the disability co-ordinator and the support service these days.”

Before we conducted our research, we undertook a review of the literature on inclusion in higher education and from our own work as disability co-ordinators, we also reviewed the publications on students’ mental health and wellbeing. A key issue surrounding inclusion, is how it is perceived differently throughout the higher education sector, so our literature review starts with an exploration of some of the origins of this diversity.

**A review of the literature**

The term *Inclusion* is defined differently through many different perspectives. Darcy (2014:3) describes inclusion as an “ongoing, transformative process that involves improvements to education systems and practices, so they have the capacity to reach out to all learners and meet their needs.”

Today’s students entering HEIs have experienced different attitudes and approaches to disabilities throughout their school years. Summarising research by Clough and Corbett (2000: 8) it is possible to show the development of five major but inter-related perspectives in inclusive education as follows:

1950s the psycho-medical model and the development of ‘special education’

1960s the sociological response problematising the social construction of Special Educational Needs (SEN) as adding to inequalities

1970s stressed the role of the school curriculum in meeting and creating learning difficulties

1980s school improvement strategies to help develop all-inclusive experience

1990s Disability studies critique creating a political response to exclusionary effects of the psycho-medical model

These developmental changes have therefore, resulted in a complex discourse of opinions. For example, Liasisou (2012) explores inclusion through a critical, sociological lens, examining the contested notions of ideology, power and control across cross-cultural, international institutions. The result of which she defines as a ‘semantic chameleon;’ that has grown from ‘engendered multiple theoretical tensions and vexed dilemmas’ (Lisaisou, 2012:5). The idea of what ‘inclusion’ means is therefore, encapsulated by writers such Armstrong, A. C., Armstrong, D. and Spandagou (2010: 29) as inclusion may end up meaning ‘everything and nothing at the same time’. Regardless of the starting point for definitions, research studies into inclusion in both schools and higher education, have shown that inclusion requires educational systems to be restructured to provide a fair chance at a quality education (see *inter alia* Norwich, 2010; Rizvi and Lingard 1996; Slee 2011).

To what extent the restructuring of higher education systems has proved possible and resulted in inclusion is not yet well reported. Attention to how staff and students are coping in the current higher education system, however, is well documented. Over the past few years, stress related issues for employees and students has gained increasing attention in the literature and the media. A report On Mental Health at Work showed that work related stress would affect one in four people in the UK (HSE, 2018). Data published by the Higher Education Statistics Agency (2018) found that students disclosing a mental health condition doubled between 2012 and 2015 to almost 45,000 with mental health problems being noted as a reason for dropping out of study by 2050 students. This same report found that the number of suicides among full time students in England and Wales rose from 75 in 2007 to 134 in 2015 (Tobin, 2018). Universities UK has published new guidance to help universities align their support services more clearly to the National Health Service (UUK, 2018). In media reports in 2018, Sam Gyimah, the Minister of state for Universities, Science and Research and Innovation expressed his concern that universities could do more to support the mental well-being of students, a view support by Professor West, Chair of the UUK Mental Health Advisory Group, who said that”…health services aren’t properly designed to help students as they move from home to university…we must not fail a generation by not doing what is required (quoted in Tobin, 2018: 1).

Since introduction of the disability and HSE legislation noted above, universities have attempted to support the pastoral and wellbeing needs of students through the introduction of Disability Coordinators and Wellbeing Centres. Not all universities, however, employ a fully qualified professional counsellor or practitioner and this was seen as a worrying trend by Alan Percy Chair of the Heads of University counselling Services, “…some universities are using the wellbeing agenda to downgrade or remove altogether professional counsellors or psychologists, replacing them with more generic, non-clinically trained ‘wellbeing support”(quoted in Weale, 2018).

As student numbers have increased, and widening participation strategies have been viewed as successful, a corresponding diversity of demographic student profiles has therefore, emerged; but whether or not there is a direct link to the increase in students reported mental health issues is not clear. What is clear, however, is that more students are seeking help to cope with their studies. In our research, we have questioned how students have felt about the changes that have been made. If ‘reasonable adjustments’ under Section 4A of the Disability Discrimination Act (1995), have gone far enough, and whether adherence to the Equality Act (2010) and the Health and Safety at Work Act (1974) is helpful, or if more could be done in terms of universities’ widening access policies to ensure fully inclusive practices.

The Equality Act (2010) defines someone as ‘disabled’ if they have a physical or mental impairment that has ‘substantial’ and a ‘long-term’ negative effect on their ability to undertake normal daily activities. A report by Ross, Scheidner and Walmsley (2014) for the Equality Challenge Unit has demonstrated how vice-chancellors and principals of universities have endeavoured to lead change for equality of practice. While the changes have been positive, the recommendations in this report, however, also suggest that more still needs to be done to ensure fully equality in higher education.

In their annual reports, Universities have noted how they have responded to the legal requirements to ensure fair access to higher education. Legislation over the past few decades has attempted to address inequality issues by ensuring it is unlawful to discriminate as in the Disability Discrimination Act of 1995, followed by the obligations required under the Equality Act of 2010. The Quality Assurance Agencies section on disabled students in its quality code of practice (QAA, 1999, 2010) and HEFCE’s baseline review of support in 1999. In 2017, the Department for Education published the *Inclusive teaching and learning in higher education* as a route to excellence. This report refers to the Equality Act (2010) and stresses the importance of a university’s responsibility under the law, for example:

Lack of anticipatory action in the design and delivery of courses may make the scope of individual adjustments which is required more onerous (both in substance and in time required), and this may be incorrectly interpreted as meaning a requested adjustment is not ‘reasonable’ (extract from section 47).

The findings in our study show that while ‘reasonable adjustments’ to the curriculum have undoubtedly been made, perhaps more can be done to ‘action’ change and our recommendations are noted below. A key issue when addressing students’ wellbeing of course, is who should take responsibility? Whether or not the support role should reside in the National Health Service and General Practitioners, the academic staff in both the researched universities generally seemed to believe that student welfare was the University’s responsibility, but with clearer links to other support services.

Research conducted on 37,500 students across 140 universities in Scotland, England, and Wales reported ‘…high levels of anxiety with 42.8% often or always worried and 87.7% struggled with feelings of anxiety – an increase of 18.7 percentage points on 2017 figures’. (Weale, March 2019). In the two researched universities, termed A and B here, reported that there had been an overall 400% increase in requests for help over the past few years (noted in the institutional reports for the respective universities, 2019). A third of students drop out of university due to mental health reasons but also state they regret the decision (Johnson, 2020). A report on 510 adults who did not complete their studies, published on 19 March 2020, also revealed that over half chose the wrong course (Johnson quoted in Jenkins, 2020).

Whilst the nature of the help in student support services is confidential, the number of self and academic referrals to the student support services are recorded for quality assurance purposes.

As student numbers have increased, it is not clear whether these numbers are reflective of a greater awareness of disabilities or more students coming forward for help.

As part of their academic role, the authors also have responsibility for pastoral care and disability support in their programmes and it seemed to us that non-apparent/unseen disabilities and/or learning issues were increasing and so the research was started to see whether this was the case. The research questions were: -

1. Is the number of requests for help from non-apparent disabilities increasing?
2. What can be done to address these students’ needs?

**Methodology**

The research adheres to the two universities’ ethical guidelines: students were fully informed about the purpose of the study, and they volunteered for their comments/stories, their personal details were not included, and anonymity was maintained.

The writers employed a qualitative methodology as we face challenges with ‘audit cultures of global neoliberalism’ (Denzin, 2017, p. 8). The complexities and nuances around inclusion can be captured within a critical qualitative inquiry as we strive to make sense of the stories, reflexive accounts and testimonies of our students. To construct an understanding of inclusion, we have embraced students’ voices and ‘multi-voiced-ness’ as a reflexive dialogic approach. In some way our research can be considered to be activist research because we aim to uncover the illusions and rhetoric which surround Universities and their KPI approach to inclusion. These metrics do not capture the humanistic principles which should be at the heart of a liberal university education.

So we are using this opportunity to create a safe space to write (Denzin, 2017, p. 14) to uncover, discover and debate inclusion and how by listening to the voices of those we strive to support through our pedagogy, our regulatory framework and our support structures we are inclusive to all students.

**Methods**

At University A, the empirical data was collected through 2 phases of semi-structured in-depth interviews. Students could choose interviews face-face, by telephone or via email. The first interview was scheduled for week 9 – the formative group work week and the second interview was scheduled for after week 17 – which was an intensive problem solving week.

In terms of humanistic principles and life histories, quantifiable methods and metrics are powerful indicators of the issues they unearth. For example, quantifiable data has demonstrated the sheer disastrous scale and uncontrollable reach of the COVID-19 pandemic (WHO, 2020). Behind each number is a person, whose family have been devastated but the sudden loss of a loved one., as reported by global statistics. Over the coming months and years both quantifiable and qualitative data will help us understand and face the challenges of containment and recovery of this dreadful disease. On an individual level, the reality of coping and dealing with COVID-19 impacts in diverse ways, so therefore, small studies can provide in-depth insight into the issues that are revealed. Perhaps, in terms of generalisability, illuminating an aspect of an issue revealed on small scale can support the strength of arguments possible from large, quantifiable data sets.

In terms of generalisability, a major limitation of our research is clearly that the sample size is small, however, as argued by Lanford, Tierney and Lincoln, (2019, p. 459) individual testimonies/narratives provide ‘multi-dimensional frame that can elucidate many social processes and critically examine others’. The ‘rapid development of algorithmic analytics that can anatomize voluminous datasets’ may offer the assertion that individual testimonies are ‘inconsequential’ (Lanford, Tierney and Lincoln (2019, p.459). Equally, the voices of the life histories of individuals can have a major impact, simply because the ‘narratives are fractured’ and symbolic of modern life (Gergen, 1991).

**Findings**

**University (A)**

The research in institution A was conducted in two stages on first year students and then on the credit stage of the degree.

Stage 1 – First Year

187 students attended Student Support for help with the following non-apparent/unseen disabilities

Figure 1.

(Source: Bishop and Morahan, 2017)

Students who agreed to participant in the research were invited to 2 interviews, with the option of face-to-face, telephone or email. While the different aspects of studying at degree level caused problems for many students, it was the group tasks that seemed to create the most anxiety for students with non-apparent/unseen disabilities, so this became the focus of the interviews. The first interview was after week 9 of Formative Group Work week on their programme of study and the 2nd interview was post week 17 which as an intensive ‘Problem Solving’ week.

Some examples of responses are as follows:-

**Table 1:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Participant** | **Characteristics** | **Condition** | **Challenges for Weeks 9 and 17** | **Coping Mechanisms** |
| 1 | Female ‘traditional student’  Past group experience-  Retail work (more than 1 year) | Anxiety, palpitations, recurrent panic attacks | Fear of the unknown  Having to participate for 5 days  Fear of presentations | Assessed work, and the need to pass  Efforts to overcome her fear of the unknown  Considering disclosure to the group |
| 2 | Male mature  Past group experience-  Variety of work experience | Week 9 Self diagnosed on Autistic spectrum  Week 17 Formal support for dyslexia  Student not aware of possible support (Week 9)  No formal diagnosis  Student hates group work | Assessed work, needs to pass  Lacks understanding of group work  Wanted to be given relevant task  Finding a voice  Finds it difficult to reflect | Leaves the room when angry/frustrated  Accepts task other group members do not want to do |
| 3 | Female  Traditional student  Past group experience –  Catering work (more than 1 year) | Finds communication challenging | Did not attend week 9  Does not want to be the focus of attention  Participated in 1st interview only | Accepts tasks no-else wants to do  Prefers to use email and work alone |

Participant 2:

‘*one of the people in my group…wanted everyone to have an equal share of the ‘what to say’ in the presentation…and I tried to argue my point where if you want it to be good, then you can’t give me all the words to say…but the more I argued with him the more aware I was of the peer assessment and I was aware of what I was saying and the impact on me.*

Participant 3 was interviewed by ‘chat’ email, where there were long gaps between questions

Interviewer: *I sense you find it difficult talking/writing about yourself. Is that right?*

Student: *Yes (fast response)*

Interviewer: *What support is in place for you for your studies?*

Student: *I don’t get asked questions in class. I do presentations in front of just one person.*

**Summary**

The findings revealed that the students who were most anxious about presentations were deeply intrinsically motivated and it was the effect of this stress that impacted on their learning that affected them most deeply (further discussed below). However, regardless of the underlying mental issues, the students at University A were all worried about issues surrounding disclosure and felt anxious about speaking in class for the assessed presentations. While it is acknowledged that students without anxiety disorders may also be concerned about presentations, it is the depth and resulting physical symptoms that make presentations more of a challenge for students with non-apparent disabilities and learning difficulties. Similar responses were noted at University B.

**University B**

At university B, students’ feelings about inclusion were gathered through vignettes. The following two students agreed to participate in the study. Extracts and examples of their comments are noted below.

**On being diagnosed and their feelings towards their studies, the participants said that:**

**Participant One**

My name is XX. I am a Business and Management graduate currently working his way into a career. I happen to also be someone with what can be defined as invisible disabilities. I was officially diagnosed with both Dyslexia and Dyspraxia by the NERAC team at the University B. My Dyslexia was a surprise diagnosis, but I have realised how it manifests in me since the diagnosis. My Dyspraxia diagnosis was not a surprise, noticed (but not officially diagnosed) in my very first week at Primary School.

The process before, during and following the diagnosis is very thorough and tentative. I first enquired about getting tested officially when I started stage 1 (in 2015). I decided to do this as I was intrigued to find out what sort of support I could receive. This is because I had found myself struggling somewhat in my first year with the concept of writing and listening at the same time in lectures. I was finding myself starting to write notes in my notepad shortly before the lecturer was changing slides. This was not as a result of the lecturer going too quickly, but rather that I was gathering up the information and writing afterwards. The result was that I often rushed myself and had to catch up with the slides. As the lecturer was talking about the mid part of the next slide. As much as I felt that I did not miss any information through this, I did feel that I may have lacked full comprehension.

I did not record any lectures as I felt that the access to lectures etc. prior to sessions helped solve the issue of having to make unprepared notes. I did however record my voice to practice for my individual presentation when I applied for the role of Student Ambassador to avoid any loss of short-term memory, a symptom of the dyspraxia. I was successful in getting the role, helped by the aforementioned recording. I was also advised in a meeting with the disability advisor that I may be entitled to receive support from Student Finance to get some software to aid my learning. I received software including Audio Notetaker (Where recorded lectures can be broken down into sections with typed notes), Lexable (Grammar Support/Audio text reader), Mindview (Digital Mind Maps) etc. I was taught how to use these software but used them very sparingly, as I knew I would need to use my home laptop for this software and found that I learned and worked better in the University environment, as I was more able to keep my focus and not be distracted by leisure activities. I also found that I took more reward from work that I had done on paper than I did from the software, so was more inclined to put more effort in with physical resources.

I do feel that the University went out of their way at times to help me to be fully inclusive at University, both inside my classes and also whilst conducting individual study. Disability Support and academic staff were very influential in being able to shape the way that I was able to manage my Dyspraxia and Dyslexia, through the processes mentioned, to the point in which I no longer relied on their support as I was independently able to apply myself to my work better than I could before I received the support. I felt that I was inclusive as the University implemented the support, they did to ensure that I would never be lagging behind my peers in my learning.

**On being diagnosed and their feelings towards their studies:**

**Participant Two**

In terms of academic support and procedures, I believe that the lecture and workshop process was beneficial (when used properly) so that we could take the information learned in the lecture and apply it in practise in the workshops. Most members of staff that I encountered were extremely helpful and challenged us to think on our own and expand on our ideas with the right guidance.

Additionally, I would like to identify the positive experience that I had with the university’s Health and Wellbeing service. In an exceedingly difficult time of my life, the team of counsellors and advisors helped calm me down and provided the tools and mechanisms I needed to move on and grow stronger. This service was recommended by two superb members of staff who were also of a big help in this area.

Overall, I have had an extremely positive experience with the University’s support programmes and the procedures in place. I would highly recommend that current and future students make good use of the services provided as they really do make the journey that little bit easier.

Both the students made good use of the support services, and therefore felt ‘included’ once they were connected to the support services in place. The difficulty the authors had with the students who did not want to participate in the study was related to their anxiousness starting to dominate their studies before the support services could help them. The aim of the next stage of the research, therefore, is to find ways within the universities existing processes to try to address these issues *before* them become a problem for the student.

**Discussion**

The findings of the study were presented at both universities. At University A, the research was discussed at the Learning and Teaching Conference (2017) and at University B, the findings were presented at the Research Conference (2018 and 2019). The participants at the conferences were invited to share their views of what could be done to improve students’ anxiety about their studies. The participants agreed that the universities had attempted to improve learning support help but that academic staff needed more staff development on how to adjust the curriculum to enable all students to feel ‘included’. This feedback was included in the authors’ application for funding from the National Health Service and associated bodies, to explore further how to ensure fully inclusive practice in HE.

The National Health Service (NHS) and the social care systems in the United Kingdom are heavily used but are under increasing pressure to support people with mental health issues. During the past two years, some universities’ Vice Chancellors have been meeting to explore how to work more closely in partnership with the NHS and charities such as Student Minds UK to find new ways to support students experiencing mental health challenges (West, 2018). From these meetings a ‘Stepchange’ project with the University of the West of England (UWE Bristol), York and Cardiff have started to see how specialist health groups and universities can work together to address shortfalls in the current systems that are set up to support students’ mental health (West, 2018). As we continue to squeeze space for the absorbing of knowledge and the space for making sense, we are in real danger of reacting to the constraints the regulations present within HE. The drivers for student expectations should not be underestimated in an overly commodified and employability driven learning environment.

The increase in the reports of students using wellbeing services is worthy of deeper investigation. So, in response to our question ‘is there an illusion of inclusion in HE?’ we would answer by stating that from the findings of our research, perhaps. Perhaps, because it is partial. Once students decide to take up the support offered, policies and practices are instigated and do provide the support to ensure the student can be fully included. We would suggest that further research needs to be undertaken to instigate responses for help to encourage students to seek help.

**Recommendations**

Staff working on projects in the UK, such as ‘Step-change’ noted above, could also work with colleagues researching students’ learning as research into how students approach their studies may help modify the curriculum to help address anxiety. This would also further the moves to equality as suggested in the report by Ross et al (2014). In our research, we found that the students who suffered the highest levels of anxiety were fundamentally intrinsically motivated and became stressed when they were unable to master the knowledge of their subject area. Research into the concepts of motivation in education is termed *achievement goal theory* and has been pursued across age ranges since the early 1960s (see inter alia Atkinson, 1964, Dwek and Elliot 1983; Stewart and Darwent, 2015). Achievement goal theory differentiates between two basic approaches students take in their studies. One approach is learning motivation, frequently termed ‘mastery goal orientation’ and the other is termed ‘performance goal motivation’. Stewart and Darwent (2015:40) explain the difference as ‘students motivated to achieve mastery in their subject are driven mostly by the desire to learn and overcome challenges.’ These students tend to be ‘intrinsically motivated.’ Intrinsically motivated students tend to benefit from more competence based approaches in the curriculum, whereby they can control how they present their knowledge through more flexible forms of assessment (Barkas, Armstrong and Bishop 2017, 2018, 2019). Students who gravitate to performance goal motivation, however, are generally more extrinsically motivated, aiming for public approval through high grades, with less of a desire for learning for its intrinsic value. Research into successful learning outcomes via deep and surface learning approaches has identified both positive and negative links to the nature of students’ motivational approaches to their studies (Pintrich, 2000; Ranellucci, Muis, Duffy, Wang, Sampasivam and Franco 2013; Trigwell, Ashwin and Millan, 2013). Students who are mastery goal orientated are shown to be develop a deeper approach to their learning and this is frequently seen in the first year of study but often drops off in the second year (Stewart and Darwent, 2015).

While academic staff at both universities said they were familiar with motivation theories from their teaching qualifications, they stated that how learning style and approach impacted on students with non-apparent disabilities and special learning needs, was less understood.

The authors have subsequently applied for funding to examine more deeply what small and/or large changes to the curriculum universities can make to address unfairness in learning and teaching practice. In the meantime, the following recommendations were made:

1. Academic staff could work within the existing curriculum to see how it may be amended to allow some flexibility in assessment
2. Programme Leaders could create more options in terms of how students engage with the employability and skills development initiatives
3. Universities should provide more academic and support staff training to help staff in how to recognise serious anxiety levels
4. Further research into how the curriculum can be adjusted to suit more diversity in assessment (this forms part of a follow-up study by the authors awarded funding in 2020).

**Conclusion**

In the workplace, the research by the TUC (2018) has shown that:

Twenty years after the Disability Discrimination Act and five years after the Equality Act widespread ignorance of the law is a cause of much continued discrimination against disabled people at work. When this is combined with popular stereotypes of disability which routinely take the form of not accepting that someone whose impairment cannot be seen can be disabled, the task confronting trade unionists in educating both employers and fellow workers is challenging.

Our research findings would support the TUC’s claims that while there has been some progress there is much more that needs to be done. The research into the two universities has shown that considerable progress has been made to support claims to inclusive policies. Both researched universities have ensured physical alterations have been made to buildings and procedures. Professionally trained staff in Student-support and Wellbeing services have developed and become an integral part of university services to help all learners, but our study’s findings showed that for some students, the procedures for these same support systems themselves could be envisaged as an unintended further barrier. This small-scale research has also revealed that widening participation and employability agendas have been successful in many ways. Part of the difficulties is that the well-intended employment skills development in the curriculum adds another barrier to learning for students with non-apparent disabilities and special learning needs. The impact of the COVID-19 pandemic will affect employment patterns for many years to come and recovery may result in a deepening, not a lessening of inequalities. Further research is needed to examine how best to address these inequalities in an otherwise ‘equal access’ higher education system. In the meantime, fully inclusive practice in HE remains an illusion, still in the form of a dream of equality of opportunity.

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