

Commissioner for Fair Access

Discussion paper: Disabled Students at University

This is one of a number of discussion papers being published by the [Commissioner for Fair Access](#) on key issues relating to fair access. The aim is to bridge the gap between detailed research (where it exists), which is often only accessible to experts, and the wider public conversation, especially in political circles and the media. The hope is that these papers will contribute to, and stimulate, that conversation by presenting data and evidence as accessibly and objectively as possible. Each paper will also include a commentary section by the Commissioner.

Summary of key points:

- The number of first degree entrants declaring a mental health condition/Autism Spectrum Disorder (ASD) has trebled over the last 5 years, now making up over 3% of first degree entrants;
- Despite recent upward trends in disabled entrants to full-time first degree courses, disabled people are still likely to be underrepresented at university;
- Retention rates are lower for some disability groups, particularly for students in the mental health/ASD or multiple impairment groups;
- Degree outcomes for disabled students are slightly worse, while analysis suggests that socio-economic deprivation has a larger effect on degree outcome than disability status.

Background

The Commission on Widening Access (CoWA) focused its efforts on access to Higher Education for learners from socioeconomically deprived areas or with a care experience but acknowledged regret for not having the time to look further at “additional barriers faced by people with protected characteristics”. The Commission’s [final report](#) made a specific recommendation (33) for the Commissioner for Fair Access to look at such groups of learners. This paper is part of the work being undertaken by the Commissioner to address this recommendation.

Unlike the groups of learners considered by the Commission, there is already considerable legislative provision and policy in place in Scotland to support disabled learners. Information on key developments in this area is available in Annex A. The aim of this paper, therefore, is to explore, from an analytical perspective, whether there is evidence of continuing barriers for disabled students in accessing university and, if so, which particular groups of students may require additional support to access university or succeed in their studies.

Defining disability groups for analysis

Under the Equality Act 2010, a disabled person has “a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on [their] ability to carry out normal day-to-day activities”.

The disability information collected by universities is self-declared, so the terms ‘disabled’¹ and ‘declared disabled’ will be used interchangeably throughout, while students who do not declare a disability will be referred to as ‘non-disabled’.

Due to the small numbers of entrants declaring particular disabilities or impairments in any given year, the following aggregate groups are used throughout (see Annex B) to provide robust analysis:

- a specific learning difficulty (SpLD);
- a mental health condition/Autism Spectrum Disorder (MH/ASD);
- a physical or sensory impairment (Phys/Sens);
- other disability or long-term health condition (Other);
- 2+ impairments and/or disabling medical conditions (2+);
- no known disability (None).

Data for multiple academic years have been aggregated in several cases to allow data to be broken down using these categories.

Analysis of disabled students in university

This paper is comprised of two sections:

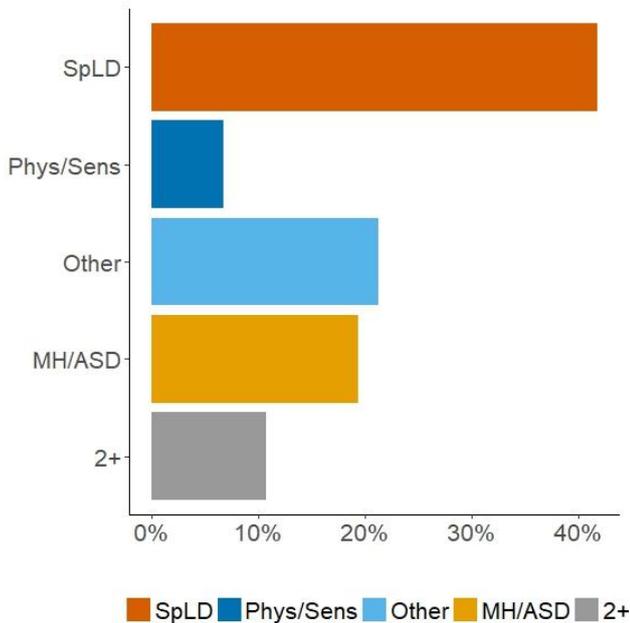
- ‘Representation and entrant trends’ considers the numbers and proportions of Scottish domiciled entrants from the above groups in Scottish HEIs, and looks at representation for disabled students in general;
- ‘Retention and degree outcomes’ provides analysis of retention and degree outcomes for Scottish domiciled students in the groups outlined above and the relationship between disability and deprivation in this context;

Annexes are provided at the end of the paper.

¹ As per language preferences in ‘[A Fairer Scotland for Disabled People](#)’

Representation and entrant trends of disabled people

**Figure 1: All disabled first degree entrants
By disability group**



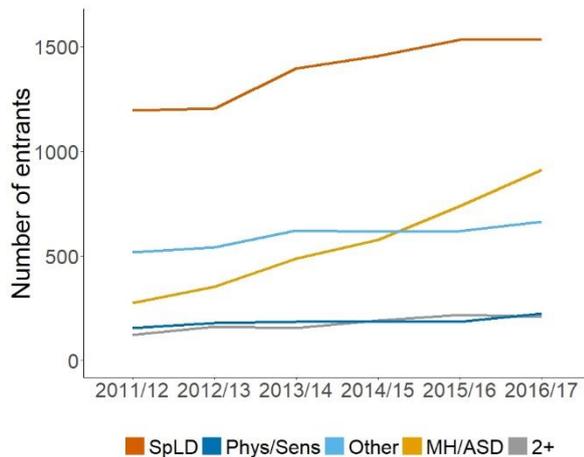
Source: HESA (2011/12 to 2016/17)

Entrant trends

Figure 1 shows the distribution of disabled entrants by disability group between 2011/12 and 2016/17. Two out of five disabled entrants declared a specific learning difficulty.

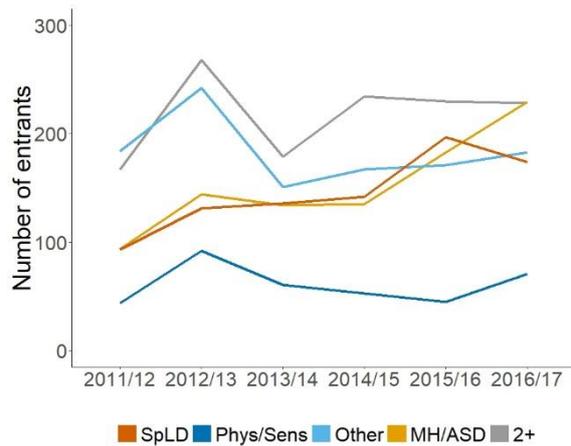
Figure 2 shows the trends in the number of entrants to full-time first degree courses at Scottish HEIs between 2011/12 and 2016/17. The overall rise in disabled entrants was mainly driven by steady and marked incremental increases in both SpLD (rising from 1,195 to 1,535) and MH/ASD (rising from 275 to 910) entrants. The physical/sensory group was relatively small throughout (225 individuals in 2016/17, accounting for less than 1% of Scottish domiciled full-time first degree entrants).

**Figure 2: Full-time first degree entrants
By disability group and academic year**



Source: HESA (2011/12 to 2016/17)

**Figure 3: Part-time first degree entrants
By disability group and academic year**



Source: HESA (2011/12 to 2016/17)

Figure 3 shows the corresponding trends in entrants to part-time first degree courses at Scottish HEIs between 2011/12 and 2016/17. Entrants in the MH/ASD group have shown the largest growth in numbers, particularly over the last two years (growing from 135 in 2014/15 to 230 in 2016/17).

It is important to note, however, that since disability is self-declared, it is not possible to determine whether entrant trends are driven by changes in the number of disabled people entering university or changes in the willingness of disabled entrants to disclose their disability.

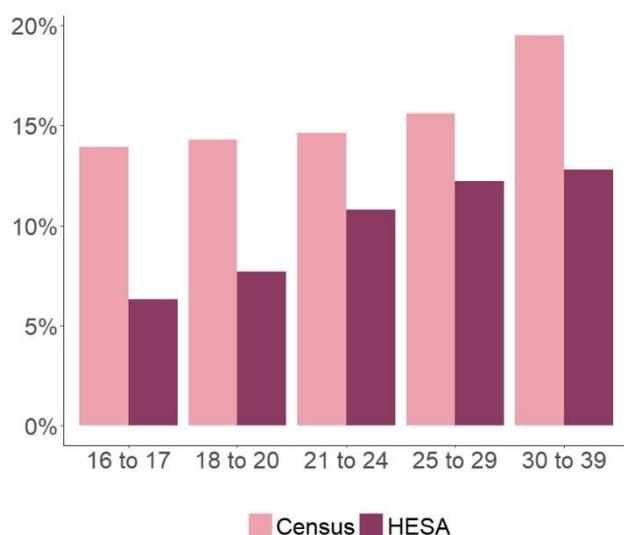
In 2016/17, 885 of the 4,430 disabled first degree entrants studied part-time. Due to these relatively small numbers, it is not always possible to provide robust further analysis of part-time disabled students by disability group. Therefore, throughout the rest of this paper, only full-time first degree students will be considered.

Key points:

- The number of entrants with a mental health condition or ASD has trebled since 2011/12, rising from 370 to 1,140 in 2016/17. These students comprised around 1% of first degree entrants in 2011/12, and over 3% in 2016/17.

Representation

Figure 4: Full-time first degree entrants/Census Percentage disabled, by age



Source: HESA data (2011/12), Scotland’s Census 2011

An increase in the number of disabled entrants does not necessarily mean that disabled people are better represented at university. To understand representation we need to compare the percentage of disabled university entrants against the general population. This section explores the available data, and looks at the overall representation of disabled students. A robust analysis for different disability groups is not possible because different categories are used across the different datasets.

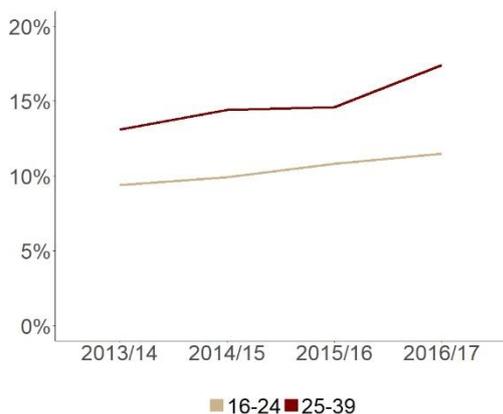
In order to provide a baseline estimate for the level of representation, historic university data can be compared against Scotland’s Census. Long-term health conditions were recorded in the 2011 Census and the categories used were similar to the disability categories used in the Higher Education Statistics Agency

(HESA) data collections (see Annexes B and C). The Census showed that the percentage of the population with a long-term health condition increased with age. Since the vast majority (98%) of Scottish-domiciled full-time first degree entrants are aged 16-39, this age range will be used when considering the representation of disabled people at university, to avoid skewing the analysis.

In Figure 4, 2011/12 HESA data is compared against data on long-term health conditions in Scotland’s 2011 Census. Figure 4 suggests that in 2011 there was a difference between the percentage of disabled people in Scotland, and the percentage of disabled entrants to full-time first degree courses at Scottish HEIs. The largest differences were in the 16 to 20 age group, where 7% of entrants were disabled, compared to 14% of the population. This age group accounted for three quarters of full-time first degree entrants in 2011/12. This historical comparison suggests that disabled people were underrepresented in the 2011/12 university entrant cohort.

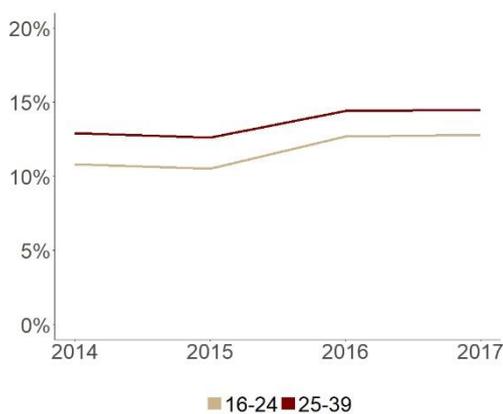
The next Census is in 2021 but we can use other sources to help determine whether more recent trends suggest an increase in the representation of disabled students at university. Figure 5 shows trends in disabled university entrants while Figure 6 shows trends in the disabled population from the Annual Population Survey (APS; see Annex D). Whilst the two sources are not directly comparable, the general upward trend in disabled entrants seen in the university data in recent years is also observed in the disabled population data from the APS. This suggests that the increase in disabled entrants since 2011 does not necessarily denote a substantial increase in representation. Moreover, for 16-24 year olds, the proportion of full-time first degree disabled entrants is still markedly lower than the population proportion was in Census 2011. Since 86% of full-time first degree entrants are aged 16-24, our analysis suggests that disabled people are likely to still be underrepresented at university, albeit not to the extent that they previously were.

Figure 5: Full-time first degree entrants
Percentage disabled, by academic year and age



Source: HESA (2011/12 to 2016/17)

Figure 6: APS respondents
Percentage (Equality Act) disabled, by year and age



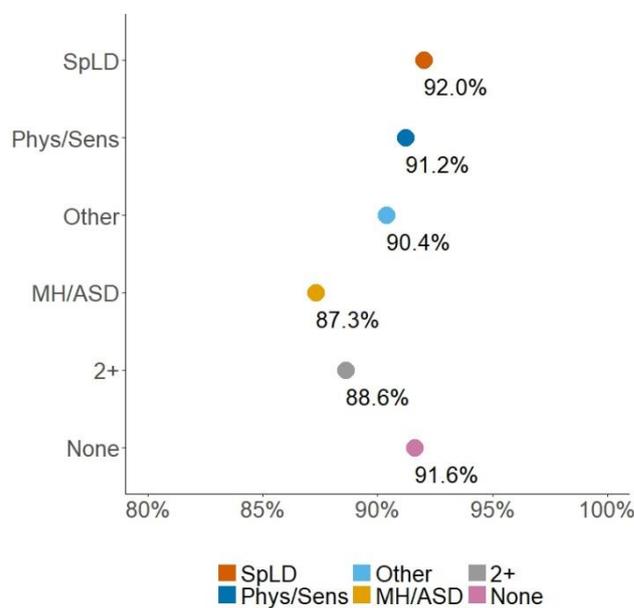
Source: APS (2014 to 2017)

Key points:

- Disabled people were underrepresented in full-time first degree study at the time of the last Census, particularly among younger age groups.
- Analysis suggests that disabled people are still underrepresented at university, despite recent growth in numbers.

Retention and degree outcomes of disabled students

**Figure 7: Full-time first degree retention rates
By disability group**



Source: HESA (2011/12 to 2016/17)

In this section we consider retention rates and degree outcomes for different groups of disabled entrants and by Scottish Index of Multiple Deprivation² (SIMD) quintile. Some disabled groups are excluded from the SIMD analysis due to the resulting numbers being too small.

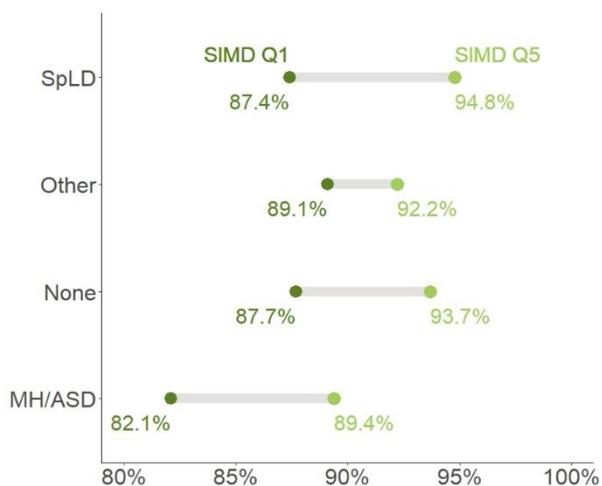
Retention

Figure 7 displays the retention rates³ of full-time first degree students by disability group, between 2012/13 and 2016/17. There was a 4.3 percentage point gap in the retention rate between MH/ASD students and non-disabled students. Students in the 2+ group also had a notably lower retention rate than their non-disabled peers.

² The Scottish Index of Multiple Deprivation is an official tool used to identify the relative deprivation levels of areas in Scotland. CoWA defined entrants from deprived backgrounds as entrants from the bottom 20% of areas according to this measure, i.e. 'SIMD20', 'SIMD quintile 1' or 'SIMD Q1' areas.

³ The percentage of students returning to study in year two:
http://www.sfc.ac.uk/web/FILES/guidance_sfcgd202017/SFCGD202017_Annex_B_technical_guidance.pdf

**Figure 8: Full-time first degree retention rates
By disability group and SIMD (Q1/Q5)**



Source: HESA (2012/13 to 2016/17)

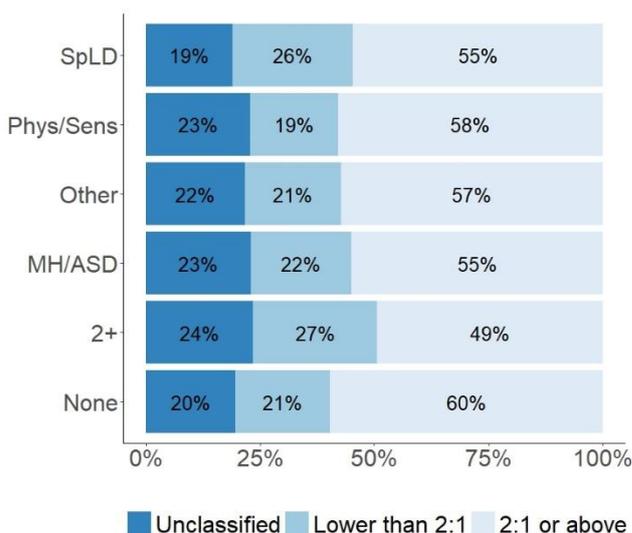
Retention by SIMD

Figure 8 shows the retention rates of full-time first degree students by disability group and whether a student is from SIMD quintile 1 (Q1, SIMD20) or quintile 5. Retention rates for each of the groups shown were lower for students from Q1 areas than students from Q5 areas. MH/ASD entrants from Q5 areas had a retention rate (89.4%) closer to that of non-disabled entrants from Q1 areas (87.7%) than non-disabled entrants from Q5 areas (93.7%).

Key points:

- Retention rates are lowest amongst students with a mental health condition or ASD.
- Within disability groups there was still a SIMD-related gap in retention.

**Figure 9: Full-time first degree qualifiers
Outcomes by disability group**



Source: HESA (2011/12 to 2016/17)

Note: percentages may not sum to 100% due to rounding

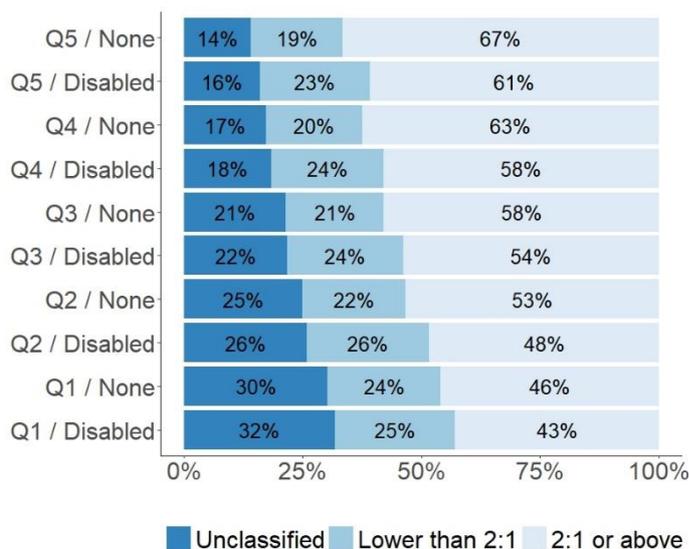
Degree outcomes

Undergraduate degrees which are unclassified generally fall into one of two categories. They are either degrees in subject areas such as Medicine and Dentistry, which are generally not given an honours classification, or they are ordinary degrees. Qualifiers from Medicine and Dentistry, Subjects Allied to Medicine, and Veterinary Science have been excluded from the degree outcomes analysis since the majority of first degrees in these subjects are unclassified and these subject areas account for a large proportion of all unclassified degrees.

Figure 9 shows the proportion of students receiving a 2:1 or above (First,

2:1), lower than 2:1 (2:2, Third, Pass) and unclassified degree outcome, grouped by disability group. Non-disabled students had a slightly higher rate (60%) of qualifying with a 2:1 or above, while less than half (49%) of qualifiers in the 2+ group achieved this outcome. Overall, outcomes for each of the disability groups were worse than for non-disabled students, but the difference was small for most groups, particularly if subject and institution were accounted for.

**Figure 10: Full-time first degree qualifiers
Outcomes by disability and SIMD quintile**



Source: HESA (2011/12 to 2016/17)

Note: percentages may not sum to 100% due to rounding

Degree outcomes by SIMD

Figure 10 shows the degree outcomes of full-time first degree qualifiers by SIMD quintile and disability status. Disabled qualifiers were less likely to obtain a 2:1 or above than non-disabled qualifiers from the same SIMD quintile, and more likely to obtain a lower/no classification. The difference between the percentage of disabled and non-disabled qualifiers that obtained a 2:1 or above is relatively similar across SIMD quintiles (between 3 and 7 percentage points). There is a larger disparity, however, between students from Q1 and Q5 areas, even amongst non-disabled qualifiers (around 20 percentage points).

Key points:

- Degree outcomes are slightly worse for disabled students, particularly those in 2+, MH/ASD or SpLD groups, than for non-disabled students.
- These differences in degree outcomes remain when SIMD is accounted for; however, analysis shows that differences between SIMD quintiles are substantially larger and suggests that socio-economic deprivation has a greater effect on degree outcome than disability.

Commissioner's Commentary

In debates about fair access to higher education, most attention is focused on socio-economic deprivation - social class, to be blunt. Rightly so, because it is the main determinant of disadvantage and discrimination. But there are other important factors - gender, despite the great advances made in female participation; age, which is why part-time higher education is so important; and disability, the subject of this discussion paper.

The definition of a disabled person in the Equality Act 2010 is broad - a physical or mental impairment that has a substantial and long-term adverse effect. As a result, disability among potential students takes many forms, including specific learning difficulties and mental health conditions as well as blindness, deafness, physical impairments and other more 'visible' disabilities. As this paper shows, students with learning difficulties are the single largest group - 39 per cent of all disabled first-degree entrants in 2016/17 - while the number with mental health conditions has trebled over the past five years.

This will not surprise academic or counselling staff in higher education, although it may not fit in with the standard image of disability. The adverse impact of learning difficulties and mental health conditions is apparent throughout students' courses as well as at the point of entry. For example, within the larger group of students with learning difficulties most universities have seen an increase in the number of dyslexic students, which has required institutions to modify their teaching methods, and assessment and examination practices. There is also much greater awareness of mental health issues among students, although not all necessarily satisfy the definition of disability. Well publicised suicides among students have even led some in the media to talk of a mental health crisis in universities. Various interpretations, more or less credible, have been offered. These range from claims that contemporary students belong to a 'snowflake' generation to more compelling evidence of increased stress produced by a 'performance' culture and anxiety about future jobs in a more uncertain and competitive labour market.

The basic question of whether, and to what extent, disabled people as a whole are underrepresented in higher education is not as easy to answer as it should be. In 2016/17, just over 12 per cent of first-degree entrants were registered as disabled, and that proportion has increased significantly if not dramatically. This suggests that universities have become more open to disabled students. However, there are a number of complicating factors.

- First, disability is self-declared, so the increase may be partly explained by a greater willingness on the part of applicants to declare their disability. Of course, a greater willingness to acknowledge disability is a positive development, and reflects a greater openness on the part of both individuals and society;
- Second, students can develop disabilities while they are on their courses, especially mental health conditions which are already the fastest growing category of disability;
- Finally, the proportion of first year students declaring a disability in 2011/12 was only half that of the total population aged 16 to 20, according to the census. This suggests that, although progress has been made since, young disabled people are still likely to be significantly underrepresented in universities.

Retention rates for most disabled students are also lower, especially (as might be expected) among those with mental health conditions. This is cause for serious concern, even if media reports of a gathering mental health crisis in universities are exaggerated. Retention is worst for the group of disabled students that has been growing most rapidly. Also, accommodating the needs of students with mental health conditions may be more difficult than the adjustments needed in the case of other disabled students, and pose more of a challenge to existing academic practices.

Disability status has a more limited effect on degree outcomes than socio-economic deprivation. But that is a small consolation. All that means is that the disparities between SIMD quintiles are greater than disability related disparities. There is still a disability related gap: 46 per cent of students from SIMD 20 without declared disabilities get 2:1 degrees or above compared with only 43 per cent of those who are disabled, and for those from the least deprived areas the figures are 67 and 61 per cent respectively. So disabled students pay a penalty at every stage of their journey - in terms of admission, retention and outcomes. Hardly consistent with fair access.

What is to be done? It would be nice to identify a magic bullet that would eliminate all the disadvantage disabled students face. But there isn't one.

- There must be no let-up in the public focus on the disadvantage experienced by disabled students. NUS Scotland has identified mental health as a key concern among students, and deserves more support. The Parliament's Equalities and Human Rights Committee also produced a report on disabilities and universities in 2017.
- Institutions should get ahead of the curve on mental health in particular. There is some excellent practice already – for example 25 per cent of staff at Queen Margaret University have been given mental health first aid training. But strategies for counselling and other forms of direct support for disabled students need to be joined up with wider learning and teaching strategies. Courses and the curriculum should be made as disability-proof as possible. It would also help to be able to track the incidence of disability, especially mental health conditions, across the student life cycle;
- The various strategies and initiatives on disability, and mental health in particular - by Government, the Funding Council, colleges and universities, schools and, crucially, the NHS – need to be properly coordinated. Services should be easily accessible and seamless;
- Finally, efforts to help disabled students, and applicants, should be linked to the wider efforts being made to promote fair access in general, at the level of individual institutions and through the work of the Scottish Community of Access and Participation Practitioners as well as that of the Funding Council.



Professor Sir Peter Scott
Commissioner for Fair Access

Annexes

Annex A - Key legislation and guidance on disabled students

Legislation

HEIs are required to avoid discrimination in relation to a person's right to education (including access to education) under the [Human Rights Act 1998](#).

Disability is listed as a protected characteristic in the [Equality Act 2010](#). Scottish HEIs are listed as public authorities in the Act and are thus required to fulfil the requirements of the [Public Sector Equality Duty \(PSED\)](#). The PSED consists of general and specific duties. The general duties require HEIs to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The specific duties of the PSED aim to help HEIs better meet the general duty. The general duty and the specific duties must be met. Scottish HEIs are subject to Scottish specific duties, including, but not limited to:

- report on progress on mainstreaming the general duty into all functions every two years;
- publish and deliver a set of equality outcomes that cover all protected characteristics every four years;
- assess the impact of new and revised policies and practices against the needs of the general duty on an ongoing basis.

HEIs are also required to meet reasonable adjustments for disabled persons under the Equality Act 2010. The three requirements of the duty are in relation to: provision, criteria or practice; physical features; auxiliary aids. In relation to each requirement, the relevant matters are: deciding who is offered admission as a student; provision of education; access to a benefit, facility or service; deciding on whom a qualification is conferred; a qualification that [the institution] confers. Moreover, all universities in Scotland are required to publish a British Sign Language (BSL) plan for the purposes of the [BSL Scotland Act 2015](#).

Guidance

In addition to the legislative context, universities must demonstrate what they aim to deliver in return for public investment each year from the Scottish Funding Council (SFC). Each university is required to set a target in their [Outcome Agreements](#) relating to both the intake and the retention of disabled students. Moreover, the 2018-19 to 2020-21 guidance required institutions to "include an increased and enhanced commitment to focus on the intake and

retention of learners across all the protected characteristics including disability”. The 2019-20 to 2021-22 guidance will also require an institution-wide mental health strategy and a commitment to develop a Student Mental Health Agreement with Think Positive, NUS Scotland’s student mental health project.

Annex B - Disability classifications

Official statistics on disabled students tend to consider this group without further breakdown by specific disabilities, impairments or medical conditions. Since disabled students have a variety of conditions, and thus a wide range of support needs, it is helpful to look at the group in more depth. For this reason, the analysis in this paper considers a self-declared disability variable which distinguishes between specific impairments or conditions, rather than the marker for receipt of Disabled Students’ Allowance (DSA).

There are nine different categories of disability collected on HESA records, excluding the category for no known disability. Partitioning the data into the nine HESA disability categories may lead to figures which are very small, vulnerable to relatively large fluctuations and unsuitable for trend analysis. Therefore, aggregate groups were created for the purpose of this paper, using the HESA categories as building blocks.

The aggregate groups were formed according to perceived types and levels of support and intervention. For example, students in the physical or sensory impairment group may need early intervention from their institution to attend or follow lectures. These aggregate groups are not intended to suggest a hierarchy of conditions, or that any group of disabilities is more “severe” than another. It is also important to note that the aggregate groups, and the underlying HESA categories, are not homogeneous.

A list of the conditions included within each disability group is provided below:

- **A specific learning difficulty (SpLD)**
a specific learning difficulty such as dyslexia, dyspraxia, or AD(H)D
- **A mental health condition/Autism Spectrum Disorder (MH/ASD)**
a mental health condition, such as depression, schizophrenia or anxiety disorder; a social/communication impairment such as Asperger’s syndrome/other autistic spectrum disorder
- **A physical or sensory impairment (Phys/Sens)**
deaf or a serious hearing impairment; blind or a serious visual impairment uncorrected by glasses; a physical impairment or mobility issues, such as difficulty using arms or using a wheelchair or crutches
- **Other disability or health condition (Other)**
a long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy; a disability, impairment or medical condition that is not listed above

- **2+ impairments and/or disabling medical conditions (2+)**
two or more impairments and/or disabling medical conditions

Annex C - Census data - Long term health conditions

Information on 'Long term health conditions' from Scotland's 2011 Census was used to compare to the corresponding disability variable in the HESA data set. The conditions listed within this self-declared variable were:

- Blindness or partial sight
- Deafness or partial hearing loss
- Developmental disorder
- Physical disability
- Mental health condition
- Learning difficulty
- Learning disability
- Other condition
- Two or more conditions

Annex D - Labor Force Survey - (Equality Act) Disabled variable

Disability is recorded within the Annual Population Survey (APS) and is based on the Equality Act 2010 definition. Respondents are asked to indicate whether they have a health condition/illness lasting at least 12 months and which reduces their ability to carry out day-to-day activities. Annual data collated from July-June was used to adhere as closely as possible to the academic years in the HESA data. The figures, however, are not directly comparable since the question used to determine whether a respondent is disabled differs in the two data collections.



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