

**Are we levelling the playing field?**  
**Exploring if reasonable accommodations provided for**  
**students with disabilities in higher education remove**  
**barriers and impact on the student experience**

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Submitted to the University of Dublin, Trinity College, 2017

## Declaration

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## Summary

This research thesis explores the experiences of students with disabilities in Trinity College Dublin (Trinity) and asks if the provision of reasonable accommodations remove barriers and impact on the student experience. The thesis is divided into ten chapters. Chapter 1 outlines the purpose and rationale for this research and the background and motivation of the researcher. The emergence of Disability Services in Higher Education Institutes (HEIs) in Ireland has coincided with significant increases in the numbers of students with disabilities attending HEIs. From 990 attending in 1993/4, to 9,694 in 2013/14 (Ahead, 2015), the increases have prompted a range of support services to develop in response to the growing demand for reasonable accommodations. The question, are we levelling the playing field, is a qualitative inquiry interested in exploring the experiences of students with disabilities.

Chapters 2, 3 and 4 cover three literature review areas that constitute the background for this mixed methods research project. The concept of disability is explored in Chapter 2 from historical, medical, sociological and political perspectives. This allows for disability to be seen broadly and from many perspectives. The focus in Chapter 3 is on disability legislation, policy and practice in Higher Education (HE). Here definitions of disability are explored, international comparisons on legislation and participation rates are made and specific developments in Ireland are explored, such as the Disability Access Route to Education (DARE). A background and overview of the Disability Service in Trinity is also provided. In Chapter 4 the issue of Student Retention is the focus. An insight into the student retention literature at a national and international level is provided first, before attention turns specifically to students with disabilities. This comparison is necessary in order to understand how students with disabilities enter and move through HE.

Chapter 5 explains the rationale for choosing Actor Network Theory (ANT) as a conceptual framework for this research. A brief history of the origins and development of ANT is provided and the key ideas are explained. The suitability of ANT for research in a range of areas is explored, including education and disability.

Chapter 6 outlines the methodology used. The central focus of this research is a case study of Trinity through a mixture of quantitative and qualitative data sets. Semi-structured interviews (37) with current and former students acted as 'embedded case studies' (Yin, 2003) along with statistics on entry, progression, retention and completion rates. The interview transcripts were coded thematically and a cross case analysis identified secondary themes which were used to address the research question. Chapter 7 looked at a range of quantitative data sets relevant to Trinity, in order to create a meaningful background and context to the qualitative findings.

Chapters 8 and 9 looked at the qualitative findings from 37 interviews with participants who were all students with disabilities in Trinity between 2007 and 2013. As embedded case studies, their experiences were characterised as striders, strugglers or strikers. These terms describe their journey as students and denote the range of experiences and challenges that students spoke about on their journeys into, through and out of Trinity. The striders fair best in terms of more positive experiences, smooth progression and grade attained. Strugglers had mixed or more negative experiences, had delayed progression and tended not to attain high grades. Strikers left before completing their course, some leaving HE altogether others returning to different courses or other HEIs.

In Chapter 10 the findings demonstrate that students with disabilities are not a homogenous group. While the quantitative data demonstrates that more students with disabilities are entering and progressing through Trinity, the qualitative data provides a more fine grained understanding of the factors that shape student experiences. The barriers that face students with disabilities are varied and not always obvious. While disability or impairment issues often feature in relation to barriers, not every challenge is related to disability. The use of ANT as an approach to interpret the findings demonstrates the complexity of factors involved in levelling the playing field. Both material and semiotic actors in the network of Trinity can 'disable' and 'enable' simultaneously.

This research shows that the attempt to level the playing field is ongoing. While it is constantly being levelled, it is also in constant need of levelling because the barriers are constantly being assembled.

## Acknowledgements

I would like to express my gratitude to my supervisor, Dr Andrew Loxley, whose expertise and diligence added considerably to me keeping on track and finding my way over the duration of this research.

To the students registered with the Disability Service in Trinity, their ambition and determination is a constant source of inspiration to me. In particular, I wish to thank the participants for volunteering their time and agreeing to be interviewed. I will be forever grateful for the quality which they brought to this research.

I would like to acknowledge the support of all the staff of the Disability Service, past and present, for their professionalism, encouragement and cooperation during the process of this research. Thank you for encouraging me to undertake this research and in doing so to provide an evidence base for the impact of supports.

Finally and most importantly, I would like to thank my wife Janice and children Charlie, Ruby and Harry, whose love, patience, support and time, allowed me to see this research through to the end.

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## Abbreviations

ADHD: Attention Deficit Hyperactivity Disorder  
AHEAD: Association for Higher Education Access and Disability  
ANT: Actor Network Theory  
ASD - Autistic Spectrum Disorder  
AT: Assistive Technology  
ATIC - Assistive Technology Information Centre  
BERA - British Educational Research Association  
CAO: Central Applications Office  
CSO: Central Statistics Office  
DA: Disability Allowance  
DARE: Disability Access Route to Education  
DAWN: Disability Advisors Working Network  
DCD: Developmental Coordination Disorder  
DCU: Dublin City University  
DES: Department of Education and Science  
DIG: Disabled Income Group  
DIT: Dublin Institute of Technology  
DS: Disability Service  
DSA: Disabled Student Allowance  
EPSEN: Education for Persons with Special Educational Need Act  
ESF: European Social Fund  
EU: European Union  
FSD: Fund for Students with Disabilities  
HE: Higher Education  
HEA: Higher Education Authority  
HEAR: Higher Education Access Route  
HEFCE: Higher Education Funding Council for England  
HEI: Higher Education Institutions  
HESA: Higher Education Statistical Agency  
IDEA: Individuals with Disabilities Education Improvement Act  
IEP: Individual Education Plan

IOT: Institutes of Technology  
IUA: Irish University Association  
IWA: Irish Wheelchair Association  
IYDP: International Year of Disabled Persons  
LC: Leaving Certificate  
LENS: Learning Education Needs Summary  
NCBI: National Council for the Blind of Ireland  
NCSE: National Council for Special Education  
NDA: National Disability Authority  
NIID: National Institute for Intellectual Disability  
NUIM: National University of Ireland Maynooth  
OECD: Organisation for Economic Cooperation and Development  
OT: Occupational Therapy  
OU: Open University  
PG: Postgraduate  
RA: Reasonable Accommodation  
RACE: Reasonable Accommodation in Certificate Examinations  
ROI: Republic of Ireland  
SEC: State Examination Commission  
SEN: Special Educational Need  
SENDA: Special Educational Need and Disability Act  
SITS: Student Information Tracking System  
SOI: Significant ongoing illness  
SPLD: Specific Learning Difficulty  
SU: Student Union  
SUSI: Student Universal Support  
SWD: Students with disabilities  
TAP: Trinity Access Programme  
UCC: University College Cork  
UCD: University College Dublin  
UG: Undergraduate  
UK: United Kingdom  
UN: United Nations  
UNESCO: United Nations Educational, Scientific and Cultural Organization

UPIAS: Union of Physically Impaired against Segregation

US: United States

WAM: Willing Able Mentoring

WD: Withdrawn

WHO: World Health Organisation

WIT: Waterford Institute of Technology



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# Chapter 1: Introduction

## 1.1 Chapter overview

This research explores if reasonable accommodations provided to students with disabilities (SWD) in HE removes barriers and impacts on the student experience. There has been a dramatic increase in the presence of SWD in HE in Ireland from 990 (0.7%) of the undergraduate population in 1993/4, to 10,773 (5.1) in 2014/15 (Ahead, 2016). In Trinity the number of SWD has increased from 75 in 2000/01 to 1,313 in 2014/15 (Disability Service, 2015). The increases, both nationally and at an institutional level, have come about in parallel with the establishment of disability support services, changes in legislation which prohibit discrimination on grounds of disability (Equal Status Act, 2000; Disability Act, 2005) and the setting up of funds to provide the necessary supports. In turn, these developments (services, legislation and funding) have contributed to encouraging more SWD to participate in HE and seek supports by disclosing their disability.

The purpose of this research is twofold; first, to explore if the provision of reasonable accommodations and support services for SWD play a role in removing barriers and levelling the playing field and second; to explore if reasonable accommodations have impacted on the experience of SWD in HE. Addressing these two aspects in this research will contribute to a much called for exploration of SWD in HE, a group who traditionally had not attended HE in significant numbers.

This chapter begins by briefly describing my personal and professional role and experiences and reflects on how these have influenced and informed my approach to the study. This is followed by an overview of the context of the Irish HE system and the provision of supports for SWD. The rationale for this research is discussed in relation to the increasing numbers of SWD in HE and the call, nationally and internationally for more research in this area. Next the research questions are established and act as the common thread throughout this project. By stating the research questions as clearly as possible and keeping them in mind throughout, they

have acted as the central point and guided my decisions on what to include and what to leave out. I provide a brief biography on my background both as a Disability Officer in Trinity and as a researcher. The next section on reflexivity deals with this process of self-identity as it is crucial to the concept of bias particularly in the context of research carried out as an insider. The final section of this introduction provides an overview of the entire thesis chapter by chapter.

## 1.2 Balancing the personal and professional role to ensure trustworthiness

I began this research as a Ph. D in 2010 because in my role as a Disability Officer I was struck by the complexity of both HE and the issue of disability. The Disability Service had grown considerably since 2005 and I reflected on how changes to policy and practice within the service had a dramatic and immediate effect on students. I was interested in finding out more about the impact of the service on the experience of SWD as they journey into, through and out of Trinity. I wanted a better understanding of the value of reasonable accommodations for SWD. Ultimately, I wanted to know more about what SWD had to say when I asked them, 'are we levelling the playing field?' To that end, my personal experiences and reflective nature (outlined further in section 1.6 below) and my role as a Disability Officer have informed my approach to this study.

As a researcher I sought to identify and avoid or minimise any biases or ethical issues that may emerge in my professional duty, especially to current students, by anticipating problems that may emerge with participants. The participants in this research came from two former student groups, graduates and students who had withdrawn, and one group of current students. The greatest potential for bias existed with me as the researcher compromising the research findings. Therefore, reflexivity, ethical considerations and controls for minimising bias and for ensuring the trustworthiness of the data played a significant role throughout this research. Further details on these considerations are explored in section 1.7 below and in Chapter 6 on methodology.

### 1.3 The Irish Higher Education context

Irish HE is currently experiencing dramatic re-structuring and transformation. The seven universities and twelve Institutes of Technology (IOT) face the twin threats of increasing student numbers and reduced funding. In addition, the Irish Government, who provide most of the funding for HE, has commenced the National Strategy for Higher Education to 2030 (Hunt, 2011). This strategy is a nation-wide re-structuring of HE with an emphasis on greater cooperation and efficiencies between HEIs through regional clustering and rationalization. There is also an increased emphasis on rankings in the university sector. This is largely a funding strategy for universities as HEIs are in competition with each other for academic talent, research grants and attracting more international students who pay higher fees for their education. Closely linked to financial survival is the ongoing debate about student fees. Although student fees were abolished in Ireland in the 1990s the student contribution has risen to a level (3,000 euro in 2015) where HE has become unaffordable to an increasing cohort of potential students. While a government grant system is in operation, the qualifying criteria exclude large numbers of applicants based on income thresholds (SUSI, 2015).

Attendance at school is compulsory in Ireland from the age of six to sixteen or until three years of post-primary education have been completed. The entry system into non-compulsory HE in Ireland is highly competitive. On behalf of the Higher Education Institutes (HEIs), the Central Admissions Office (CAO) process applications from school leavers. Results from the Leaving Certificate examination (equivalent to the A level system in the UK) are converted into CAO points. The race for points has driven demand for private tuition that has grown into a multi-million euro based industry in Ireland known as 'grind schools'. There are several relatively large fee paying schools in Ireland, mostly based in cities which focus exclusively on maximising CAO points for entry into HE. The growth of this industry is based on the fact that 'affluent students dominate admissions to universities' (Flynn, 2006). In an effort to promote equality in the access to HE, the European Union (EU) have issued directives to widen participation and increase diversity. In Ireland, the University Act

of 1997 mandated universities to promote access to 'non-traditional students' including mature students (over 23 years of age), students from socio-economic disadvantaged areas and SWD. On foot of these requirements and with additional legislation that followed (Employment Equality Act 1998, Education Act 1998, Equal Status Act 2000, Education of People with Special Educational Needs (EPSEN) Act 2004 and Disability Act, 2005), HEIs are under increasing pressure to comply with a range of equality and disability related legal requirements. The impact of these pressures, the increasing numbers of non-traditional students in HE and the need to provide improved supports has resulted in the establishment of specific student services. One such support was the Disability Service established in Trinity in 2000. Further detail on legislation and policy relating to SWD in HE is explored in Chapter 3.

#### 1.4 Rationale for this research

Over several decades it has been recognised internationally that SWD in HE have been consistently under-represented in HE (Ahead, 1995; Fichten et al, 2003; McConnell, 1981; Tudor, 1976). In Ireland the participation of SWD in HE has increased over the past twenty years from 0.7% to 4.7% (Ahead, 2015a). Where data is available, similar increases are evident globally (OECD, 2011). However, considering that the World Health Organisation (WHO) estimates that up to 15% of the world's population have a disability (WHO 2011), the participation rates of SWD in HE, though increasing, are still not fully representative. Therefore, this research has emerged from a context where significant progress has been made but many challenges still remain. In part, over the last thirty years, progress has followed a series of United Nations (UN) declarations and EU directives on the rights of people with disabilities; for example, the UN decade of Disabled Persons 1983 to 1992, focused on the education, training and employment of people with disabilities; the Salamanca Statement of 1994 (UNESCO, 1994) which was a European wide call for 'education for all,' and a commitment to the educational inclusion of children and adults with special needs.

In turn, these top-down influences have prompted the development of legislation and policy that promote access to education for SWD and prohibit discrimination on grounds of disability. Progress has also been made from the bottom-up. HE has had to adapt to a changing student population, from an elite to a mass based market that is increasingly globalised and where universities compete for students by offering them specialised services to meet their needs. Among these services are those related to disability with supports being developed for a growing population of SWD. Research on the experience of SWD in HE is sparse in Ireland and there is a general call for more focused research on how this population experience HE (HEA, 2006; WHO, 2011). The WHO (2011) *World Report on Disability* specifically recommends that academic institutions should remove barriers to the recruitment and participation of students and staff with disabilities and conduct research on the lives of persons with disabilities and on disabling barriers (WHO, 2011). While the access and widening participation agenda has tended to focus on recruitment and admissions, there is a realisation more recently of the importance of retention and progression in HE for non-traditional students (Fleming, 2009: 2).

The legislative changes and the establishment of policies and support services have brought about changes in practice at an institutional level where there is greater access and supports for SWD. Over the past thirty years, the participation of SWD in HE has been transformed from a very low base, to a point now in 2016 where the participation rate of SWD is recorded as a percentage of the general student population. For example, the US, Canada, Australia, France, Germany, UK, and Ireland have all seen rapid increases in the number of SWD participating in HE over the past two decades (OECD, 2011). However, despite the recorded increases that were evident in Ireland from 1993/4 (Ahead, 2015a), by 2004 considerable shortfalls were still evident in the numbers of SWD applying to HE:

10% of the population have some form of disability but of almost 66,000 total applications to the CAO in the year 2002 only 961 applicants stated they had any disability (HEA, 2004: 42)



A second rationale for this research is that SWD are considered to be educationally 'disadvantaged' as well as 'under-represented' in HE. In these contexts the Universities Act 1997 states that:

**18.—** (6) In performing its functions a governing authority, or a committee where appropriate, shall:

(b) have regard to the attainment of gender balance and equality of opportunity among the students and employees of the university and shall, in particular, promote access to the university and to university education by economically or socially disadvantaged people and by people from sections of society significantly under-represented in the student body;

**36.—**(1) A governing authority shall, as soon as practicable but not later than 12 months after it is established under this Act and at such other times as it thinks fit, require the chief officer to prepare a statement of the policies of the university in respect of—

(a) access to the university and to university education by economically or socially disadvantaged people, by people who have a disability and by people from sections of society significantly under-represented in the student body, (University Act, 1997)

The belief that SWD have been significantly under-represented in HE compared to the percentage of the general population that have a disability is based on the self-declared rate of disability reported by the Central Statistics Office (CSO) since disability has been included in the national census (CSO, 1996 & 2001). Data on student populations with a disability in Ireland also support the view that SWD have been under-represented. SWD were not seen as a distinct student group until late in the 20<sup>th</sup> century (Ahead, 1995) and only emerged as an official student group in HE in the 1990s with the development of a range of non-standard entry routes and equality of opportunity as formalised by legislation (Universities Act 1997).

The supports provided in HE by Disability Services, acknowledge that SWD can be significantly disadvantaged if reasonable accommodations are not provided (NCSE, 2009a, 2009b). Disability Services also function as a form of legal compliance. Under the Disability Act (2005) and the Equal Status Act (2000), the failure of a public body, such as a HEI, to provide reasonable accommodations to SWD constitutes discrimination. Therefore Disability Services also protect HEIs from the risk of litigation.

The questions posed in this research acknowledge the rapid pace of service development and consequently the need to stand back, reflect and take stock of the impact of such development. The central rationale for carrying out this research is an expansion of a question 'are we levelling the playing field?' borrowed from Dr Ruth Harrison of the University of Birmingham (personal communication, 21<sup>st</sup> May 2014). This question is important because it seeks to go beyond the headlines of rapid increases in SWD entering HE and explore in much greater depth if reasonable accommodations for SWD in HE succeed in removing barriers and impact on the student experience. In doing so, this research seeks to contribute to an evidence base for the impact of supports and services provided to SWD. The findings and recommendations of this research have the potential to benefit both HE and SWD and inform future service development.

## 1.5 The research questions

The title of this research is constructed so that the opening part, 'are we levelling the playing field?' functions as a metaphor for three much more specific questions:

- What are the barriers facing SWD in Trinity?
- How are these barriers constructed, conceptualised and experienced?
- What is the impact of reasonable accommodations on the overall experience of SWD in Trinity?

In unpacking these questions in more detail, I am interested in identifying the barriers facing SWD in HE. What barriers exist at the physical, service provision or informational level and what are the attitudinal and systemic barriers?

Where barriers do exist, is this reflected in the entry, progression and completion rates of SWD into, through and from HE? These questions address the quantitative background to the research. Answering these questions will provide quantitative data that will create a clearer picture of the barriers facing SWD and establish a context to ask deeper qualitative questions of how and why.

What is the experience of SWD in Trinity? This question addresses the qualitative aspect of 'levelling the playing field.' How do SWD encounter barriers and do they experience disadvantage as a result? Do reasonable accommodations enhance or diminish the experience of HE for SWD? These questions are of crucial importance. They are not only the ultimate measure of the quality of a dedicated service but they are also a strong communication of how a HEI can achieve equity and - level the playing field - for all its students.

To 'level the playing field' can be interpreted in several ways. Firstly it presumes the existence of uneven surfaces whereby participation in HE is the 'playing field,' and the 'levelling' suggests a measure of equity is applied to remove or minimise unevenness or disadvantage. Questions about the significance of a disadvantage on an individual or group and the extent of the adjustment required to 'level the playing field' cannot be adequately addressed with quantitative or qualitative methods alone. The nature of my research question, which seeks to explore an assessment of supports and disability in HE, is a complex one and requires me to use mixed methods in order to explore the relevant issues and attempt to answer several related questions. The phrase 'levelling the playing field' has been used by others to address the idea of equal opportunity (Devine, 2015; Mason, 2006) and to explore the impact of reasonable accommodations for dyslexic students in the University of Birmingham (personal communication, 21<sup>st</sup> May 2014). For Mason, looking at the concept from a legal perspective,

'Equality of opportunity for all' is a fine piece of political rhetoric but the ideal that lies behind it is slippery. Some see it as an alternative to a more robust form of egalitarianism, whilst others think that when it is properly understood it provides us with a real radical vision of what it is to level the playing field (Mason, 2006: abstract).

Asking the question, 'are we levelling the playing field?' leads necessarily to the question of 'who' the 'we' is? By referring to 'we' I mean, primarily, the university as a whole because the legal responsibility to provide reasonable accommodations rests with the university as a public body (Disability Act, 2005). The university is not only the 'we' in question. It is also the central case study of this research and the place where the research is focused. However, as the researcher, I am not putting the research question to the university as a whole. That would be a different study involving staff and student representatives of the whole university. Instead, I am only interested in hearing about what SWD have to say in response to questions about 'levelling the playing field.' I am interested in finding out about the ways in which they experience disadvantage and encounter barriers and in what ways, if any, do reasonable accommodations impact on that experience. It is only by exploring the experiences of SWD in HE can I hope to gain a better understanding of whether or not 'we are levelling the playing field.'

In proportion to the growing numbers of SWD in HE, there is a shortage of research carried out in these areas (HEA, 2006; WHO, 2011). Essentially, the questions raised above are currently unanswered and the research field is unexplored territory. The proposal of this research is to answer these questions and explore the field.

## 1.6 Who is the researcher?

In relation to this research my role as the researcher needs to be clarified. To do this with reflexivity requires me to be self-aware; to see the impact of my actions in the area I work and to see how where I work influences me as a researcher and the work produced. Importantly I would argue that my role as a researcher is very much linked to my own educational and personal journey.

I was born and grew up in Dublin. Neither of my parents attended HE. At the age of 17 my main interests were sports related and my academic interests were minimal. I had a reflective nature but no clear idea of what I wanted to do after leaving school. After my Leaving Certificate in 1990 I got a place on a business studies and sport management course in Waterford Regional Technical College (WRTC). I was the youngest of three children, the first in my family to attend HE.

My three years in Waterford culminated in 1993 with a National Diploma in Business Studies. Towards the end of my 3<sup>rd</sup> year I wrote my dissertation on the proposed Interpretative Centre at Luggala, Co. Wicklow - a controversial development by the Office of Public Works that was halted due to objections shortly after the foundations were laid. I found the research process and the writing up of this work very enjoyable. It was the first time that I realised I could be highly motivated academically, once the subject area, a controversy about interpretation, was of interest to me.

Over the next 4 years I worked in a number of areas; initially in leisure management and sports coaching and later as a driving instructor. However, I did not find this type of work interesting or challenging enough and I soon realised that I wanted to return to HE to study more formally and in depth. I got accepted at LSB College Dublin, where I studied psychology, philosophy and psychoanalysis. I found this highly rewarding and I really enjoyed studying and writing essays. In particular, I found the insights of psychoanalysis both stimulating and challenging. Since reading Freud's *Interpretation of Dreams* and *The Psychopathologies of Everyday Life* I've become more accepting of personal contradiction, ambiguity and layers of meaning, in myself and others.

In 2000 I received a bachelor of arts in psychoanalytic studies. I wrote my dissertation on language acquisition and psychoanalysis. The following year I began a two-year MA in psychotherapy with a clinical specialisation. This included placements in a psychiatric hospital, a drug treatment centre and a hospital based

pre-school for children with emotional and behavioural difficulties. I also visited a family home weekly and carried out an infant observation over 18 months. I wrote my dissertation on the issue of confidentiality in psychotherapy - essentially an ethical exploration of the merits and paradoxes of the absolutists and the relativists. During the degree and the masters I worked in a variety of part time jobs, one of them was recruiting students for summer work in the US. This role followed on from my first work experience with people with disabilities in June 1998.

That summer I worked for 9 weeks as an assistant at a summer camp for adults with a variety of disabilities; physical, emotional, behavioural and autistic. The camp provided short-term respite care throughout the year and during the summer it ran a series of 8 day vacations. I worked for 80 hours a week for 9 weeks in what was simultaneously one of the most difficult and the most rewarding experiences of my life. It was the first step on a career path that would eventually lead me to my current role and to this research.

After completing the MA in 2002 I worked as a facilitator on an early intervention mental health programme. This was a four month rehabilitative training course for people who had experienced the onset of a mental health difficulty within the past three years. After two and half years in this area I then worked for six months in the area of occupational guidance for people with a range of disabilities before taking up the position of Disability Officer in Trinity in 2005.

My role as a Disability Officer in Trinity involves providing reasonable accommodations for SWD and mainstreaming inclusion in Trinity. My first case load of SWD (approximately 180), included students across a range of five disability types; physical, sensory, medical, mental health and specific learning difficulties. I was responsible for assisting students through the admissions process, applying for accommodation and carrying out needs assessments. I have liaised with schools and disability organisations locally and nationally to promote HE and Trinity for school leavers with disabilities by raising awareness and expectations. I wrote a 3<sup>rd</sup> level guide for students with ADHD transitioning into HE on behalf of HADD (Family

Support group for children with ADHD). In 2007/08 I completed a Post Graduate Diploma in Disability Needs Assessment at Trinity. In 2010 I completed a Certificate in Competence in Educational Testing from the British Psychological Society. I have also written guidelines for SWD on placement in professional courses.

## 1.7 Reflexivity

Long before I had ever heard of 'reflexivity' I was more familiar with the psychoanalytic concepts of transference and counter transference where the desires of the therapist and the person in therapy are, at least in part, engaged with figuring out what the other wants and reconciling this with one's own position. Therefore, my initial sense of encountering the concept of reflexivity in the early methodology seminars of my PhD journey was one of *déjà vu*. Giddens (2001: 700) argues that reflexivity and its counterpart, *structuration* are a 'two way process by which we shape our social world through our individual actions and are ourselves reshaped by society.' Giddens (2001) believes that reflexivity occurs more often in modern society but this causes a problem for the social sciences where the researcher is obliged to be ever more self-aware of his or her previously unobserved biases.

Living in an information age, in my view, means an increase in social reflexivity. Social reflexivity refers to the fact that we have constantly to think about, or reflect upon, the circumstances in which we live our lives (Giddens, 2001: 680).

For Giddens (1987) the social sciences create a 'double hermeneutic' whereby people who are the subject of sociological research are simultaneously engaged in a process of reflexivity and actively seeking the most up to date theories to understand their own behaviours and attitudes. For May and Perry (2011), reflexivity has a more critical dimension which is about questioning the relationship between the university and the knowledge economy. They criticise the production of knowledge as a commodity and the way universities are managed in terms of key performance indicators. In relation to my role as a Disability Officer in Trinity I share their view that a university is a place for greater intermediation with society, where creativity,

questioning and criticality can challenge the assumptions of the knowledge economy. This view informs the approach taken in this research whereby SWD are an emerging group within HE and the provision of reasonable accommodations, while a legal requirement, is still an imperfect and complex process that requires constant reflection and sensitivity to changing needs.

## 1.8 Layout of the research

The plan for this research and its layout follow the origins and interweaving pathways of three literature review areas as they relate to the research questions covered above. These areas cover vast topics in themselves and consequently required a separate chapter each.

Chapter 2 covers the concept of disability which is central to the nature of this research, my area of work and to the approach taken in this research. The concept of disability is also the common factor in chapters 3 and 4.

Chapter 3 focuses on disability legislation, policy and practice in HE. This is a new and rapidly expanding area of HE and sets the context of where Trinity and its Disability Service is positioned both nationally and internationally.

Chapter 4 deals with the issue of student retention in HE. This area was chosen as it deals, in the broadest sense, with attempts to measure rates of progression and completion among sub-groups of students. A particular emphasis in this chapter is on the retention of SWD.

Actor Network Theory (ANT) is the conceptual framework chosen for this research and an overview of this approach is covered in Chapter 5.



Chapter 6 focuses on the methodology used in this research. Although the primary research method is qualitative and takes the form of a case study, the analysis of secondary quantitative data will be required in order to build a meaningful context.

The focus of Chapter 7 is on data analysis and findings. While the quantitative data collection may yield unexpected results and spark new questions which are unforeseen at the outset, my purpose is to use the quantitative data as a context and a background for the qualitative data.

Chapters 8 and 9 focus on the responses to the interview questions. These are organised under headings that follow the educational journey of the participants into, through and from their experience of Trinity as a SWD. Student journeys are categorised as strider, struggler or striker and correspond to ideal, marginal or critical case studies.

Chapter 10, the final chapter, applies the findings to the conceptual framework of ANT. As themes and patterns emerged from the data these are evaluated and discussed in the context of ANT and the research questions. The main findings are summarised in the concluding section and provide clear and concise statements relating to how the research questions were answered and what new questions have emerged, if any. Scope is provided for identifying and justifying the limitations of the research and methodologies employed. The recommendations of the participants and researcher are summarised and concluding comments made.

## Chapter 2: The Concept of Disability

*Limitations only go so far – Robert M. Hensel*

### 2.1 Introduction

The purpose of this chapter is to describe and critique the various origins of the concept of disability. Broadly speaking, historical, cultural, social and international perspectives on disability need to be considered as these inform an understanding of the backgrounds and contexts for this research. The first three sections of this chapter review the literature on disability from historical and comparative perspectives. Within the Disability Service of a large HEI in 21<sup>st</sup> century Ireland, contested ideologies of the causes and construction of disability are played out. Therefore, in the next three sections of this chapter I examine medical sociology and the medical model of disability before reviewing the social model of disability and its criticisms.

Throughout this chapter I explore the ideas of uncertainty and ambivalence in relation to disability, not just towards the disabled, but also about the concept of disability itself. The source of this uncertainty and ambivalence is twofold. Initially it is evident in the historical, comparative, sociological and medical readings of disability that I have undertaken. That is, ontologically, I explore the idea that the nature of disability is based on uncertainty and ambivalence. Secondly, social constructivism (Berger & Luckman, 1966) and postmodernism (for example, Baudrillard, 1981) has revealed uncertainty and ambivalence at a much deeper level. That is, at the level of identity formation, self and other. Through social constructivism and postmodernism, everyone is at the same time an object of structure and a subject of agency, determined yet free, integrated but deconstructed, complete and fragmented. These dualisms and contradictions define us all. In exploring the concept of disability therefore, it is not only important to look at what happens to disabled people in different parts of the world, or what happened to disabled people in the past; it is more fundamentally about how individuals and

groups in society, create, structure and exploit the concept of disability for their own interests and purposes.

## 2.2 Historical contexts: Disability as otherness

It is beyond the scope of this research to attempt a comprehensive history of disability. Other writers have covered various histories of disability from a number of perspectives, (for example: Braddock & Parish, 2001; Ellenberger, 1970; Finkelstein, 1980; Foucault, 2006; Gleeson, 1999; Griffin & Shevlin, 2007; McDonnell, 2007; Oliver, 1990; Stiker, 1999). Nevertheless, to understand disability as a concept it is vital to have a clear view of the historical context from which it emerged. For the purposes of this literature review I focus on the central historical contexts to ideas and practices about disability going back to the 1800s and mainly in the western world. Since that time the development of the modern world is within conceptual reach and the fields most relevant to this study; medicine, sociology, law and education, were firmly established. These fields form the foundational traditions which are essential to a historical understanding of how the concept of disability was constructed. Historically, personal or private records of the experiences of disability outside of institutions such as mental hospitals and residential schools are scarce and by their nature, not representative. With a few exceptions, the only reliable data on how the disabled were treated in the past and how disability was viewed can be found in the records and literature that survives from such institutions. However, the historical records were written almost exclusively by those in positions of relative power; by doctors, officials and managers working in or close to institutions set up in response to the perceived needs of people with various disabilities at the time. The views and opinions of the disabled are absent. The purpose of what was written was often to back up the rationale for the existence of institutions and practices which perpetuated the perceived problems of disability and their solutions (Foucault, 2006). As Borsay (2002: 98) argues:

History is a missing piece of the jigsaw in disability studies. Whereas the field has expanded from its origins in social theory and social policy to include

politics, culture, leisure and the media, historical perspectives across the entire range of disabled people's experiences are virtually non-existent.

In *Geographies of Disability*, Gleeson (1999) argues that the relationship between disability and social space is hugely significant to people with physical disabilities and that this relationship is largely overlooked by people who should know better, namely, social scientists, urban planners and architects. Gleeson (1999) also offers an alternative view of disability by focusing on historical geographies of disability. For example, he looked at feudal England and a number of cities in Australia and England in relation to how disability came about through what he terms 'the socialisation of impairment' (Gleeson, 1999: 31). Gleeson states that:

...feudal social space was a relatively porous structure which permitted cultural and economic contributions from people with a great range of bodily capacities, including those with disabilities. Evidence for this claim is drawn from a range of primary and secondary sources, including the Poor Law surveys of Norwich (1570) and Salisbury (1635), both of which reveal the presence of disabled people who remained *in situ* (i.e., within affective networks) and earned income, (Gleeson, 1999: 10).

While Gleeson (1999) may have been one of a few academic geographers to take an interest in disability in the 1990s, Imrie and Edwards (2007: 2) argue that 'in recent years, geographical scholarship about space, place, and disability has proliferated'. Notwithstanding these recent changes in how disability is being viewed geographically and historically, the majority of historical accounts and records demonstrate an overwhelming pattern of negativity in attitudes, ideas and practices towards people with disability over time and across nations (Albrecht, 1992; Barnes, 1991). However, beneath the negative consensus there is a variety of opposing views and alternative perspectives on the causes of disability and about how the disabled should be treated. Braddock and Parish (2001) in their attempt to document 'an institutional history of disability' reveal that while the organised segregation of people with mental illness and those with general learning disabilities began in large scale in the mid to late 1700s, conversely at the same time schools for the deaf and blind were opening up around Europe. Although the initial motive for segregationist institutions were to provide appropriate levels of training so that people with mental

and intellectual disabilities could return to their communities as productive workers, changing economic conditions meant that often there was no work to be found. In response, the institutions found a solution in peonage, the exploitative use of unpaid work by residents which contributed to keeping institutional costs down. Consequently, across Europe and in the US in the 19<sup>th</sup> and 20<sup>th</sup> centuries a general movement towards greater institutionalization was evident (Braddock and Parish, 2001: 29).

Braddock and Parish (2001) also argue that in the US, while training schools and workhouses seemed to offer a sheltered living for 'defectives' with sensory impairments, the widespread establishment of mental asylums in the 1820s had more contested origins. For some they were sanctuaries where the kind of moral treatment pioneered by the French psychiatrist Phillippe Pinel (1745-1826) and the English Quaker William Tuke (1732-1822) was made available; for others, they were institutions of power where doctors and managers could justify their careers while clearing the streets of the threat of deviants.

At this time, the nation was faced with increasing urbanization and manufacturing and changing demographics that included the first major influx of immigrants. These changing conditions led to social turmoil, and institutional solutions for social problems were sought for the first time in the United States, (Braddock and Parish, 2001: 31).

By the mid-1800s such institutions were overcrowded and the earlier enthusiasm for the moral treatment pioneered by Pinel and Tuke soon dissipated as attempts of education and rehabilitation were largely neglected (Rothman 1990; Scull 1991). A divide opened up between private institutions for the fee-paying families of the middle classes and the overcrowded public institutions where the poor were housed.

In England the Yorkshire School for the Blind opened in 1833 in honour of William Wilberforce (Oldfield, 2007). Its stated goal was:

To provide sound education together with instruction in manual training and technical work, for blind pupils, between the ages of five and twenty; to

provide employment in suitable workshops or homes for a limited number of blind men and women who've lost their sight after the age of sixteen, in some occupation carried on at the school; and to promote such other agencies for the benefit of the blind as may enable them to gain their livelihood, or spend a happy old age, (University of York, 1999: ii).

In the US the first institution for people with intellectual disability was established in 1848 following recommendations from superintendents of mental asylums. The common attitude at the time was that disability was caused by the immoral behaviour, if not by the individual, by the behaviour of their parents (Howe, 1848).

In parallel to institutional growth and expansion during the mid to late 1800s, freak shows, which had been popular in England since the middle ages (Semonin 1996), increased in popularity in the US where, as argued by Thomson (1998), the parading of the disabled helped define normality for many Americans. In turn this fed into middle class fears based on beliefs of superiority and the need to marvel at but also control the threat of seemingly inferior deviants. In England, fascinations with freakish human behaviour developed into recreation and amusement - from a Sunday afternoon tour of Bethlehem Hospital (Arnold, 2008) to a visit to see the *Elephant Man* (Joseph Merrick 1862–1890). There was also enthusiasm for scientific advances of the time. Gregor Mendel's (1822–1884) concept of genetic inheritance and Charles Darwin's (1809–1882) idea of natural selection were becoming well known. The latter idea inspired Darwin's nephew, Francis Galton (1822–1911), to utopian visions expressed in the book *Hereditary Genius* (Galton, 1869). Galton devoted his life to eugenics, the use of scientific methods to perfect human beings through the systematic reproducing of the best and brightest. Two of these methods were to prove instrumental in the formation of empirical psychology; intelligence testing further developed by Alfred Binet (1857–1911) with Intelligent Quotient (IQ) and statistical correlation (Fancher, 1996). While these scientific advances were applied widely in the 20<sup>th</sup> century as a means of recruitment in the military, segregation in education and to select applicants in organisations, they were also criticised for being used as a justification for forced sterilisation and the continued confinement of those with mental and intellectual disabilities (Gould, 1981).

In the early 1900s, the belief in eugenic practices in the US and the UK led to routine sterilisation by doctors of the residents of institutions for people with intellectual disabilities. Woodside (1950) reported that 47,000 such sterilisations took place in the US from 1907 to 1949. In 1927, the US Supreme Court upheld the right of doctors to sterilise those with intellectual disabilities. Such laws in the US acted as a model for Nazi Germany in 1933 to pass its own laws and sterilise over 300,000 people who were mostly institutional residents (Reilly, 1991). Between 1939 and 1945 over 200,000 disabled people were executed in Germany.

There is a lack of any sense that there existed a comprehensive concept of disability in history. Throughout the 1800s and into the mid-twentieth century, the 'cripple' the 'idiot' and the 'mad' were sub classified but seldom if ever grouped together as the 'disabled.' It is not until the 20<sup>th</sup> century that the collective noun 'the disabled' entered common usage. What can be gained from those who have looked at the history of disability (for example, Braddock and Parish, 2001; Gleeson, 1999) is that disability is most often seen as that which is threatening, that which is different, that which Bauman (1991), writing about the relationship between modernity and the holocaust, refers to as 'other:'

woman is the other of man, animal is the other of human, stranger is the other of native, abnormality the other of norm, deviation the other of law abiding, illness the other of health, insanity the other of reason, lay public the other of expert, foreigner the other of state subject, enemy the other of friend, (Bauman, 1991: 8).

If a central feature of the history of disability is the 'othering' of the disabled, another is the ongoing debate about appropriate disability terminology with the intention of avoiding offense. 'Special needs' and 'handicap' are two of the better known euphemisms that were established to replace older more offensive terms. However, these new terms have since acquired the same offensive connotations that they were specifically introduced to avoid just a few decades earlier. The 'euphemism treadmill' (Pinker, 2002) is constantly moving in relation to innovative and inoffensive terms for and about disability. The tendency for well-intended terms to become offensive over time can also lead to an 'othering' of these terms and to false

etymologies with wholly negative connotations. For example, Thomas (2002) refers to the origins of the word 'handicap' in relation to poor disabled people who must beg, 'cap in hand' in order to sustain a living. However, etymological references claim that the word 'handicapped' originated through determining odds for a bet in the 1600s and has had a long association with horse racing since the 1700s. The connection with 'disability' did not emerge until 1915<sup>1</sup>.

## 2.3 Disability in an Irish context

From an Irish perspective, Griffin & Shevlin (2007), provide details of developments in the education of the disabled from the Claremont Institute for the Deaf and Dumb established in 1816 and the founding of Stewart's Institute in 1869 through to the period of the influence from the UK of the Warnock report (DES, 1978) and educational integration in the 1970s. The period from 1800 to the present day in Ireland also demonstrates ambivalence towards disability, albeit nuanced with the specific Irish dimensions of post colonialism, religious divisions, philanthropic initiatives and a late legislative scramble from the late 1990s to comply with EU directives. Aware of such ambivalence and 'official statements' which 'tended to be a

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<sup>1</sup> Handicapped: c.1653, from hand in cap, a game whereby two bettors would engage a neutral umpire to determine the odds in an unequal contest. The bettors would put their hands holding forfeit money into a hat or cap. The umpire would announce the odds and the bettors would withdraw their hands -- hands full meaning that they accepted the odds and the bet was on, hands empty meaning they did not accept the bet and were willing to forfeit the money. If one forfeited, then the money went to the other. If both agreed on either forfeiting or going ahead with the wager, then the umpire kept the money as payment. The custom, though not the name, is attested from 14<sup>th</sup> century. Reference to horse racing is 1754 (Handy-Cap Match), where the umpire decrees the superior horse should carry extra weight as a "handicap;" this led to sense of "encumbrance, disability" first recorded 1890. The verb sense of "equalize chances of competitors" is first recorded 1852, but is implied in the horse-race sense. Meaning "put at a disadvantage" is 1864. The main modern sense, "disability," is the last to develop; handicapped (adj.) is 1915. (<http://www.etymonline.com/index.php?term=handicap>)



mixture of aspiration and caution' Griffin and Shevlin (2007) quote the Minister for Education, Mary O'Rourke in a 1987 address to a meeting of European Ministers of Education:

It is the policy of the government to support actively the trend towards integration both at school level and in society generally. On the other hand it is felt that any sudden dismantling of segregated educational provision would not be in the best interests of the disabled. There are certain demographic and geographic features of our country which render the provision of high quality services for some categories of the disabled in any setting other than in special schools both impractical and unrealistic. It is also felt that the pace of the move towards integration must, for practical reasons, be in harmony with the public demand for it, (Griffin & Shevlin, 2007: 44).

More relevant for the purposes of this research, are the founding organisations for and of people with disabilities. The first national voluntary organisation founded for a disability group in the Republic of Ireland was the National Council for the Welfare of the Blind of Ireland which was established in March 1931 and later renamed as the National Council for the Blind of Ireland (NCBI). It represented thirteen smaller institutions for the blind and visually impaired, many of which were set up in the 1800s in keeping with the trends of the era as outlined above in England, Europe and the US. The first such organisation was The Richmond National Institution for the Industrious Blind, established in 1810. The NCBI also brought together asylums for the blind, workhouses and schools for blind Roman Catholics and Protestants, both male and female. In the early years, much of the work of the council was taken up with the Blind Persons Act 1920 (Callery, 2011). Table 2.1, taken from Shevlin and Griffin (2007: 30), sets out the main historical developments related to education for children with disabilities in Ireland.

**Table 2.1 Historical timeline**

	<b>Ireland</b>	<b>Influences</b>
c. 1200	Brehon Laws	English Law
1775	Manson of Belfast	Rousseau/Enlightenment
1816	Claremont Institute	Pestalozzi/Deaf Education
1831	National Schools	Industrial Age/basic literacy
1868	Stewart's Institute	Medical philanthropy Education as well as care
1870s	Compulsory schooling	Standards in education
1900	New programme primary schools	Practical handwork Kindergarten/infant education
1922	Irish independence Small number of special institutions	Gaelicisation programme Charitable/religious Independence in education/care
1947	Recognition of special schools Primary certificate	1944 Education Act in UK post WWII development Certification of basic education for all
1952	INTO reaction	Concern for 'failing children'
1955	Patricia Farrell, Declan Costello	Parent demands for special education
1960	St Michael's House	Independent special education services
1962	White Paper: 'Problem of Mental Handicap'	Department of Health
1965	Commission Report policy document	Department of Health
1967	'Free' secondary education	Investment in Education report
1970	Special schools New primary school curriculum	Commission report Child centred education Abolition of primary certificate
1973	Remedial teachers	'Free' secondary education learning difficulties
1978	Integration	Warnock report UK EU Membership
1987	EU Ministers' declaration on integration policy	EU
1993	Special Education Review Committee (SERC) Report	Warnock Report UK and 1981 Education Act UK Parental/teacher demands to resources system
1993	O'Donoghue judgement	Parental concerns/rights
1994	Inclusion	UNESCO Salamanca Statement
1998	Education Act	
2004	Education for Persons with Special Educational Needs (EPSEN) Act	
2005	Disability Act	

In 1960 the Irish Wheelchair Association (IWA) was founded by three Irish men, Fr. Leo Close, Jack Kerrigan and Oliver Murphy, who had acquired spinal injuries and subsequently attended the first Paralympic Games in Rome. The organisation differed significantly from others for the disabled in that it was founded by people with disabilities. In that sense it had a 'civil rights' ethos:

We spoke to an awful lot of people at the Games, particularly the Dutch and the Americans,' remembers Oliver, 'about how things were going in their countries. We formed the opinion – Fr. Leo more than anyone else – that this was the time at home in Ireland when something should be started specifically to help people in wheelchairs, (Marsden, 2010: 15).

The phrase 'nothing about us without us' (Charlton, 1998) has become an operating principle in the founding and development of several organisations; in particular, the Disability Federation of Ireland (founded 1989) and the Irish Deaf Society (founded 1981). A key emphasis in these groups is the moral and political right to have the views of the disabled expressed and acknowledged in all the areas that concern them. With the emergence of disability studies within academia, the inclusion of the voice of the disabled has developed into the methodology of 'emancipatory disability research'. This has been particularly strong in the UK where disabled researchers (Barnes, 2004; Oliver, 1997) have been at the forefront of 'a radical new approach to doing disability research.' (Barnes, 2004: 47).

One of the earliest in-depth studies in Ireland focusing on the issue of disability from a social perspective was carried out by Tubridy (1996) in *Pegged Down* where the life stories of thirty people with significant disabilities in Ireland were explored. This book is considered a first of its kind in Ireland and:

...is about the experiences of people with physical disabilities in Ireland over the years since the late 1930s. It opens up a section of our social history which has remained virtually unexplored for all sorts of reasons, including public ignorance, fear and discomfort regarding 'the disabled,' (Tubridy 1996: viii).

Tubridy carried out interviews in the 1980s and the participants she met discussed many aspects of their lives, including dealing with rehabilitation and medical treatment, education, training, employment, income, marriage, residence, personal care, religion and social life. The book ends with a summary of the positive changes that took place in the ten years since the interviews took place. Of particular interest to this research is the section on education. The following transcript is from 'Gerry,' a wheelchair user who attended a university in Ireland in the 1970s:

And, of course, everywhere you went there were barriers. I mean, a very simple example is you take the lecture theatres. You open the lecture theatre's double doors and the minute you open it there's steps down to the well of the theatre and nowhere to park a chair unless you leave the doors open and sit in the bloody hall whereupon everyone else doesn't hear the lecture and you don't hear the lecture. Another option was tape recorders. Okay, you can strap a tape recorder down on the lecturer's desk and come and collect it. They wouldn't let me do that.

They also said, 'What are you going to do about exams? You can't write your exams.' They wouldn't let me tape my exams. Why not? 'Because,' they said, 'tapes can be interfered with and the externs can't cope.' All of these minor practical problems were brought forward as reasons why one couldn't participate in the process. I got a bit bolshie and dogged about it and said, 'Hump you, if this is what Joe Public can aspire to.' I've enough bloody troubles to be going on with trying to get back into the race. And if I have the support, which I have, of a very supportive family and a great set of friends who absolutely refused to believe that life stopped there. One felt damned if one was going to be beaten by this so-called system and we actually got round it, (Tubridy, 1996: 56).

A more recent account of the experiences of people with disabilities in Ireland came through *Encouraging Voices* (ed. Shevlin & Rose, 2003), which explored the perspectives of young people from the most marginalised groups of Irish society. This book looked at the educational experiences of people in Ireland who came from marginalised groups, including those who are disabled. One contributor concluded his section with his view on why disabled people are not accessing meaningful education:

As a society, we determine our values increasingly in material terms. Also, as a society we are uncomfortable with difference. We are unclear how we feel

about disabled people, because for a variety of reasons, including a difficulty to process constructively or talk about our experiences, we are collectively unclear about how we feel about ourselves – what constitutes person, identity or self, (Toolan, 2003: 98).

In this quotation, Toolan captures many of the themes I am seeking to explore in this chapter; materialist values, difference, uncertainty about disability and uncertainty about identity. While these themes are evident in historical contexts and in Ireland, the next section looks at the development of disability as a sociological object of study.

## 2.4 Medical sociology and disability

The paths of sociology and disability have only recently crossed within academia. Writers such as Oliver (1990) and Barnes (1991) have pointed out that while a civil rights movement has emerged within Western society since the 1960s, the academic discipline of sociology has taken very little notice of disability activism as a new social movement:

A sociologist having either a personal or a professional interest in disability will not find disability occupies a central or even a marginal place on the sociological agenda. And even where it does appear, sociology has done little except reproduce the medical approach to the issue. In recent years medical sociology has grown faster than most other areas, but even within this sub-division, medical sociologists have been unable to distinguish between illness and disability and have proceeded as if they are the same thing, (Oliver 1990: xi).

Not only does academic sociology have a track record of leaving disability outside the margins; writers and activists from other social groups which have traditionally been marginalised by society and largely ignored by the academy, most notably on the issues of gender, race and sexual orientation, have also not referenced disability. As Davis (1997) proposed:

Perhaps people of the future will be astounded, puzzled, and disturbed that works by scholars such as Eve Sedgwick, Judith Butler, Henry Louis Gates,

bell hooks, and others managed to steer so completely away from any discussion of disability, (11).

The hesitancy to include disability as a sociological object can be easily traced in a review of academic sociology textbooks since the 1970s where the initial absence, gradual emergence and later flourishing of literature relating to disability are evident. Starting with *A Textbook of Sociology* (Sergeant, 1971) the following words do not appear in the index; 'disability,' 'medicine,' 'impairment,' 'sick role.' In contrast, 'illness' and 'mental illness' are referenced, but only briefly in relation to school performance and social mobility. In *A Sociology of Ireland* (Tovey & Share, 2000) 'disability' is referred to once as a factor contributing to the experience of poverty. The same book contains a 28 page chapter on 'The body, health and illness', but does not refer to disability. Similarly, in *Sociology* 4<sup>th</sup> edition (Giddens, 2001), there is no reference to 'disability' or the 'social model.' In a 24 page chapter on the *Sociology of the Body: Health, Illness and Ageing* there are comprehensive accounts of the 'sick role' and the 'biomedical model' but all without reference to disability. Even in a section entitled 'Critiques of the biomedical model' where four separate counter points to the biomedical model are made, there is no reference to the 'social model of disability.' Perhaps such an absence could be considered in keeping with previous textbooks on sociology. Either way, the absence of 'disability' from the text could be viewed conservatively as evidence of indifference or perhaps more deliberately as evidence of discrimination and oppression.

In *Sociology, A Global Introduction* 4<sup>th</sup> edition by Macionis & Plummer (2007), finally a scholarly corpus of work places disability on the same level as more established social issues such as poverty, race, gender and age. In fact, its 24 page chapter on 'Disabilities, Care and the Humanitarian Society' is comprehensive in summing up the changes that have taken place in the latter part of the twentieth century:

More and more, and across the world, there is a growing 'disability awareness' and a rejecting of the old discrimination. It is part of a more general trend towards rights and care. Disabilities are now increasingly seen as distinctive forms of social inequality, discrimination and social exclusion

which require social changes in order to be rectified (Macionis & Plummer, 2007: 453).

It seems evident therefore that sociology has only recently taken account of disability as a social phenomenon. In contrast, medical sociology has a well-established history, beginning with Parsons (1951) and *The Social System*. Heavily influenced by Durkheim's (1895) concept of the 'normal', Parsons (1951) extended the definition of the statistically abnormal into the socially deviant or pathological. Medicine, therefore, carried out a social function in identifying social deviance and returning it to a normal healthy state. This structural-functionalist perspective of medicine defined and managed people in the 'sick role' and guarded against the motivation to become ill. Although criticised for this 'victim blaming' position and putting the temporarily ill, the chronically ill and the disabled on a continuum, Parsons (1975) later defended his position in *The Sick Role and the Role of the Physician*, reiterating that the social obligation towards normality and health necessitated that each individual, including the ill and the disabled, must aim towards maximising their health and capabilities by utilising the medical profession in a socially responsible manner.

An alternative to the 'sick role' emerged in the form of *interpretative sociology* which placed an emphasis on deviation by social processes such as 'labelling' through social interaction. In *Stigma, Notes on the Management of Spoiled Identity*, Goffman (1963) reports from his extensive observational research on the social interaction between 'normals' and those with a spoiled identity. The latter consisting of a wide range of people observed to be devalued and stigmatised in society, including the former mental patient, the alcoholic, the divorcee, the criminal and the disabled. In contrast, the 'normal' person represents the ideal of the normalization process. However, the 'norm' not only functions as an idealised average to move closer to, there is also the risk of slippage into a process of assimilation. Goffman was aware that each individual experienced an ongoing struggle between their sense of self and their view of what it means to be normal:

For example, in an important sense there is only one complete unblushing male in America: a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight, and height, and a recent record in sports...Any male who fails to qualify in any of these ways is likely to view himself – during moments as least – as unworthy, incomplete, and inferior; at times he is likely to pass and at times he is likely to find himself being apologetic or aggressive concerning known-about aspects of himself he knows are probably seen as undesirable (Goffman, 1963: 128).

Although Goffman's observations and insights have made a considerable contribution to our understanding of how disability was viewed, constructed and interacted upon during a certain time and place; there is little evidence in Goffman's work that he was aware of, or saw any significance in those who resisted stigma. There is no evidence he picked up on early signs of the civil rights movement and he displayed no reflexivity on the 'deviance' paradigm from which he viewed the world. As Thomas (2007) comments:

all theorisations of illness and disability in medical sociology deploy the social deviance lens – whether sociological preoccupations lie with social order and structure or with social action and agency (Thomas, 2007: 15).

Davis (1997:10) argues that 'the concept of normalcy was invented during the nineteenth century.' Between 1840 and 1860 'the norm' in its modern sense, came into common usage. The triangulation of statistics, positivism and Darwinism reinforced the scientific zeitgeist of the nineteenth century into a medical view of human beings as normal or abnormal. The moral consequences of eliminating the defects in society through eugenic principles were poorly challenged from the late nineteenth century until the discovery of the Nazis' programmes of forced sterilisations, euthanasia and concentration camps.

Despite the apparent dangers of normalization, assimilation and eugenics at a societal level; a biomedical model of disability continues to dominate medical sociology (Nettleton, 1995). Bury (2000) the co-writer of the WHO's *International Classification of Impairments, Disabilities, and Handicaps* (ICIDH), maintains that chronic illness is the main cause of disability. However, questions arise as to what



extent, or at what point, a medical complaint becomes an illness; or when does a long-term illness become a disability? The ICDH-2 (WHO, 1999) made an incremental move since 1980 to incorporate a broader understanding of disability beyond the medical and social deviancy perspective:

Disability statistics encompass an enormous range of concepts, method of definition, systems of surveillance, and indeed, humanity. [...] discrepancies among approaches underscore the fluidity of the disability concept and the vagaries of classifying human variability into simple dichotomies. The act classification and counting is far from a simple matter, often subject to methodological bias and the distortion of the cultural lens. Disability identification is a judgement on the human condition, and its statistical summary represents more than a simple enumeration of those who are disabled and those who are not. [...] Disability is a contested concept [...] While we do not deny the importance of the details and 'rules' of disability measurement, we assert that there are larger messages in the numbers than the numbers themselves (Fujiura & Rutkowski-Kmitta, 2001: 69).

An obsession with observation and measurement are the hallmarks of medical hegemony. The objectifying 'look' from a medical professional is a practice of surveillance (Foucault, 1973). The gaze of the medic constructs both the patient's ailment and the doctor's privileged access to it. Medical sociologists from a functionalist perspective view disability as a relationship between illness and the capacity to function, work and fulfil social obligations (Annandale 1998, Nettleton, 1995).

Frank (1995) suggested that acquired illness and disability provide people with an opportunity to create new selves. Although optimistic, this view overlooks two important points: first, the creation of new selves is a complex and challenging process that is full of ambivalences and uncertainties, secondly, people with congenital disabilities or those who acquired a disability at a very young age are not faced with the challenge of creating a 'new' self. They avoid the transitional uncertainties or liminality of being straddled between old and new versions of themselves (Murphy, 1987).

The medical view of disorders and illnesses are classified in the Diagnostic Statistical Manual (DSM V) and the International Classification of Diseases 10 (ICD 10). They follow a deficit perspective and produce a literal definition of disability as impairment whereby people with moderate or higher difficulties of a sensory, medical, physical or mental health nature are collectively called disabled. Under the surveillance of the medical view of disability, the cure for such deficiency and deviancy from 'normal' ability is prevention or rehabilitation. In theory this means better diagnostic pre and post-natal screenings, advances in genetic, surgical and pharmaceutical interventions and the pioneering technologies in bio-engineering and stem cell techniques. The theoretical benefits to society are enormous: people are healthier and living longer. In practice however, the benefit comes at a price.

The effects of medical advances on the human population are that people live longer and become more dependent on medical interventions as they age. Before the enlightenment and the scientific advances of the 18<sup>th</sup> century, medicine was crude and largely ineffective. In the words of Thomas Hobbes (1588 - 1679), people's lives were 'nasty, brutish and short.' Now that medicine is modern and hugely effective, people live longer medically maintained lives. However, this has an unintended consequence because as medical techniques advance, the rate of long term illness and disability across the globe is rising. The co-dependent bind that is medicine, illness and disability is one of society's foundational constructs. Despite the general improvement in global health, measured principally by life expectancy, significant health inequalities still remain. *The Black Report* (1980) highlighted that the main causes of health inequality in the UK were economic. However, it is not simply that richer people live longer. In *The Impact of Inequality*, Wilkinson (2005) argues that despite the wealth of a country, if the gap between the social classes is too big it will cause more problems than occur in poorer countries with smaller gaps between social classes.

In 2011, the first *World report on disability* was produced by the World Health Organization (WHO) and The World Bank. It states that 1 billion people or 15% of the world's population experience some form of disability; that disability is growing

and that people with mental health difficulties or intellectual disabilities are most likely to be excluded from the labour market. It also states that people with disabilities have poorer health, lower educational achievements, less economic participation, higher rates of poverty, increased dependency and restricted participation within their communities. Stephen Hawking writes in the foreword:

This report makes a major contribution to our understanding of disability and its impact on individuals and society. It highlights the different barriers that people with disabilities face – attitudinal, physical and financial. Addressing these barriers is within our reach [...] In fact we have a moral duty to remove the barriers to participation, and to invest sufficient funding and expertise to unlock the vast potential of people with disabilities. (WHO, 2011:3).

The medical profession are dependent on illness, disorders and disability for their status in civilised society. However, by taming the body through diet, health regimes and civilising processes (Elias, 1939; Turner 1982), masses of people adapt medical discoveries into habits of living and indirectly become dependent on the medical profession to act as 'gatekeepers' to the sick role (Parsons, 1964).

## 2.5 Foucault and the archaeology of disability

The ideas of Foucault challenge the foundation of many of the discursive practices of the modern age and with it offer considerable insight into the circumstances which lead to large numbers of people with disabilities being marginalised, institutionalised and made as 'other'. Referring to the psychic void left behind in reaction to the disappearance of leprosy in Europe in the *History of Madness*, Foucault (2006) argues his case that the 'game of exclusion' is played out again and again:

Leprosy retreated, and the lowly spaces set aside for it, together with the rituals that had grown up not to suppress it but to keep it at a sacred distance, suddenly had no purpose. But what lasted longer than leprosy, and persisted for years after the leper houses had been emptied, were the values and images attached to the leper, and the importance of society of this insistent, fearsome figure, who was carefully excluded only after a sacred circle had been drawn around him (Foucault, 2006: 5).

Once leprosy had gone, and the figure of the leper was no more than a distant memory, these structures still remained. The game of exclusion would be played again, often in these same places, in an oddly similar fashion two or three centuries later. The role of the leper was to be played by the poor and by the vagrant, by prisoners and by the 'alienated' (Foucault, 2006: 6).

In *The Order of Things*, Foucault (1970) argues that the human sciences have formed practices, such as medicine and psychology, through which professionals give meaning and value to their work. The archaeologies of this knowledge are constructed through rationalisation, normalisation and professional practices. The ideas and beliefs which underpin these practices ultimately create the objects and conditions of impairment and disability. As a consequence, individuals who tacitly accept the expertise of the medical profession have little power in the face of the perceived wisdom or *epistme* of the day.

In *the Birth of the Clinic*, Foucault (1973) put forward the view that disabilities such as mental illness were types of social deviance constructed by more and more powerful and rationalising social practices. Being or becoming disabled is the result of a social construction. Those who exercise power through specialised forms of knowledge construct disability and other social identities such as 'able-bodied' and 'normal' (Thomas, 1993). The resistance of this power, Foucault argued, could be achieved in always forcing the powerful to adjust its grip.

## 2.6 The Social Model

*Empowerment is not something that can be given it is something that people must do for themselves* – (Oliver, 1997: 20)

The social model of disability was formed in reaction to the dominant medical view which, as outlined in the previous section, equates long term impairment with disability and sees people with disabilities as deviants from the norm. The 'social model' of disability, coined by Oliver in 1990 was the 'big idea' of the British disability

rights movement (Hasler, 1993). In *The Politics of Disablement*, Oliver (1990) sets out his argument:

The purpose of this book, therefore, is to attempt to develop a social theory of disability. A social theory of disability, however, must be located within the experience of disabled people themselves and their attempts, not only to redefine disability but also to construct a political movement themselves and to develop services commensurate with their own self-defined needs (Oliver, 1990: 11).

The social model is an alternative to the medical or personal tragedy theory of disability. Oliver (1990) used a Marxist reading of disability history. With the influence of industrialisation and capitalism, physical impairments clashed with the inflexibility of mechanised work practice. When medicine began to 'normalise' people based on their ability to work in such roles the modern creation of disability was formed when people were excluded from work based on their impairments. According to social model theory, this reductionism equated impairment with disability and left three options for the disabled; for those capable of work - rehabilitation, for those injured in work or at war - compensation and for the rest – confinement in institutions, hospitals, prisons or sheltered workshops. The gate keeping roles into work, into welfare or into institutions became huge industries within modern society. The medical, social and psychology professions have emerged and thrived on them.

The social model is based on a historical interpretation of the rise since the 1800s of modern industrialisation and a sociological constructivist view of the medicalisation of contemporary society. Both of these modern phenomena are considered by several authors as the primary factors in the 'social creation' of disability (Abberley, 1987; Barnes, 1991; Finkelstein, 1980; Oliver, 1990). They argue that the social model of disability is based on a materialist interpretation of history which views the rise of modern industrialisation and the medicalisation of contemporary society through cultural hegemony (Gramsci, 1973). The argument made by these 'organic intellectuals' is that there is clear historical evidence of the oppression of and discrimination against the disabled (Oliver 1990). Such evidence wasn't just about the horrors of the past; Barnes (1991) demonstrated that discrimination against

disabled people was current and widespread throughout the UK, documenting evidence that disabled people experience disproportionately higher incidence of poverty and unemployment. Prior to the publication of *Disabled People in Britain and Discrimination* (Barnes, 1991) the government didn't see discrimination as a problem. However, by 1995 The Disability Discrimination Act was passed. Barnes (1991) argued that discrimination against disabled people was caused by the historical, social, material and structural features of capitalism. In turn, this leads to segregated education and inaccessible and inflexible work environments.

There were a number of earlier revolutions against the traditional medical model of disability which laid the foundations for the social model. In the US, the civil rights movement motivated advocates in the Independent Living Movement (ILM) and politically aware activists, among them college students and professionals with disabilities, to campaign for equal access and rights (De Jong 1979; Hahn 1986). Similar to the anti-psychiatry movement (Szasz, 1961), critics of the medical model of disability were radical in their polemic views of the societal causes of disability. Writers of the time in the American tradition saw disability as a 'social construction' resulting from what Wolfensberger (1972) refers to as the rise of the 'human services industries' such as the medical, legal and rehabilitation professions. These industries effectively construct disability and provide work for thousands of professionals. Following this functionalist interpretation, Albrecht (1992) refers to this social construction as 'the disability business.'

A rigorous criticism of the medical model of disability was made in the UK in the 1970s by the Union of the Physically Impaired against Segregation (UPIAS). UPIAS made a powerful case for a new view of disability:

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society (UPIAS, 1976).

UPIAS was established by Paul Hunt, Vic Finkelstein among others in 1976. Hunt was a resident in the Le Court Cheshire Home, Hampshire in the 1960s and had endured the betrayal of Tavistock researchers who had been called in by the residents to publicise the injustices they were experiencing. However, instead the 'objective' researchers found that the demands for greater autonomy made by the residents were unrealistic. Not only did they support the views of the management of the institute and reinforce the status quo, they also provided a report, sections of which have been far better utilised than the researchers could ever have imagined:

...by the very fact of committing people to institutions of this type, society is defining them as, in effect, socially dead, then the essential task to be carried out is to help the inmates make their transition from social death to physical death (Miller & Gwynne, 1972: 89).

It was in response to language like this that motivated Paul Hunt and others to form the UPIAS. Their position was fundamental, radical and in line with the civil rights movement of other oppressed groups in society:

It follows from this analysis that having low incomes, for example, is only one aspect of our oppression. It is a consequence of our isolation and segregation, in every area of life, such as education, work, mobility, housing, etc. Poverty is one symptom of our oppression, but it is not the cause. For us as disabled people it is absolutely vital that we get this question of the cause of disability quite straight, because on the answer depends the crucial matter of where we direct our main energies in the struggle for change. We shall clearly get nowhere if our efforts are chiefly directed not at the cause of our oppression, but instead at one of the symptoms, (UPIAS 1976:4).

Abberley (1987: 5) argues 'that a social theory of disability can best be developed through the use of the concept of oppression.' He argues in more detail that:

A crucial feature of oppression and the way it operates is its specificity, of form, content and location; so to analyse the oppression of disabled people in part involves pointing to the essential differences between their lives and those of other sections of society, including those who are, in other ways, oppressed, (Abberley, 1987: 7).

Abberley (1987) also points out that impairment is in fact as much a social product as disability is and points to work related accidents, exposure to industrial chemicals and the risks of osteo-arthritis from a variety of occupations as causes of impairment. Young (1990) writes about oppression in general and appears pessimistic that the causes of oppression are the well-intended and normal processes of everyday life:

Oppression refers to the vast and deep injustices some groups suffer as a consequence of often unconscious assumptions and reactions of well-meaning people in ordinary interactions, media and cultural stereotypes, and structural features of bureaucratic hierarchies and market mechanisms – in short, the normal processes of everyday life. We cannot eliminate this structural oppression by getting rid of the rulers or making some new laws, because oppressions are systemically reproduced in major economic, political, and cultural institutions, (Young, 1990: 41).

The choice of the word 'normal' here is perhaps used pejoratively, but even so, its usage is indicative of the surrounding abnormality which defines it. The message then is that such oppression is unjust but it is also the normal routine for the majority of the well-intended who are largely unconscious of the causes of 'the normal processes of everyday life.' The activists and writers of the social model of disability have taken it upon themselves to effectively wake people up to the injustice of the normality of marginalising the disabled. They have come a long way since the 1970s. As Finkelstein reflects:

Over the last thirty years we've come an awful long way. I think, particularly amongst some of the younger people now, that few will know the kind of difficulties we faced when disability was totally viewed as a medical problem. Anyone suggesting that maybe it was more to do with social rights was regarded as kind of bananas. So, when we look at what we have today, we should not lose sight of the awful long way we have come in this time, (Finkelstein, 2001: 1).

In founding UPIAS, activists were speaking out against 'the disability business' or medical model and all those 'normals' who viewed people with disabilities as having 'spoiled identities,' (Goffman, 1963). Instead, UPIAS stated:



We reject the whole idea of 'experts' and professionals holding forth on how we should accept our disabilities, or giving learned lectures about the psychology of impairment. We already know what it feels like to be poor, isolated, segregated, done good to, stared at, and talked down to – far better than any able bodied expert. We as a Union are not interested in descriptions of how awful it is to be disabled. What we are interested in is the ways of changing our conditions of life, and thus overcoming the disabilities which are imposed on top of our physical impairments by the way this society is organised to exclude us. In our view, it is only the actual impairment which we must accept; the additional and totally unnecessary problems caused by the way we are treated are essentially to be overcome and not accepted (UPIAS, 1976b: 5).

Activists such as Barnes (1991), Finkelstein (1980), Hunt (1966) and Oliver (1990) argued for a new perspective on disability claiming that people are disabled by society and not by their bodies. This became known as the social model of disability. It is fundamentally a political or new social movement with a citizen's rights basis. The key concept of the social model is to split the medical view of disability into two distinct parts, a bodily or mental impairment and a social or environmental barrier which 'disables' people with impairments. The primary objective of the UPIAS was the removal of barriers within society so that people with physical impairments could be enabled instead of disabled. This was a paradigm shift in an area of society that had never seen paradigm shifts before. Looking back over 25 years since the founding of the UPIAS, Thomas (2002) introduces the key ideas of disability theory by referencing this paradigm shift in the understanding of disability:

'Disability' is a commonplace term. Its meaning, at one level, is beguilingly obvious – not being able to do something. In lay terms, referring to people with impairments as disabled signals that they belong to that group of people who cannot engage in 'normal' activities because of their 'abnormal' bodily or intellectual 'deficit' or 'incapacity'. Disability Studies (DS) activists and writers in Britain have overturned this everyday meaning of disability, together with derivatives of it adopted in many academic disciplines [...] these barriers socially exclude and work to oppress those with socially ascribed impairment. The term 'disability' now refers to a type of social oppression, and disablism enters the vocabulary alongside sexism, racism and other discriminatory practices, (Thomas 2002: 38).

The effects of the social model were significant; initially in raising expectations, but eventually in creating demand and responses at a national level. Politically the

objective was to lift the barriers that existed in society. By becoming politically active, individuals and groups empowered themselves and demanded access to every aspect of society. As Shakespeare and Watson (2002: 5) argue:

Suddenly, people were able to understand that they weren't at fault: society was. They didn't need to change: society needed to change. They didn't have to be sorry for themselves: they could be angry.

Since the UPIAS was formed, a lot of anger has been successfully focused on the removal of physical, institutional and attitudinal barriers. A lot has changed in society in relation to disability since the 1970s. Not just a raft of legislation in the US, the UK or Ireland (covered more in Chapter 3), but practices and policies have changed too. While it is no longer unrealistic for a child with a disability to attend mainstream school, avail of supports and progress into employment or HE, it is impossible to attribute this solely to the social model of disability. A rights based approach – prominent in the US – has also led to similar advances, indicating that the social model is more ideological than its advocates would care to admit. If the same barriers that have disabled people with impairments in the US have been identified and challenged from a civil rights perspective, then in the UK the social model cannot claim to be the only approach to deal with disabling barriers. This suggests the real strength of the social model is not as a theory but more as a conceptual or political movement. However, according to Oliver (2004: 19), 'models are ways of translating ideas into practice' and are not to be mistaken for theory. Oliver (2004) and Barnes (1998) propose the primary models of the individual and the social in relation to how disability is viewed.

Finkelstein (1996) presents an explanation of the medical model through what he terms the administrative model of disability and intervention. On the disability side is the 'social death model', adapted from Miller and Gwynne (1972) and regarded as 'the first historical model of intervention' (Finkelstein, 1996: 7). This is followed by the 'individual deficit model' which views a permanent impairment as the cause of the inability to function normally. But this is only half the picture as far as Finkelstein is concerned. Models of intervention seek to administer compensatory measures on

behalf of the disabled who are socially dead. Their individual deficits are countered with interventions of welfare, which effectively provide disabled people with a permanent sick role and a pension consisting of a series of payments and waiver schemes. From the medical point of view the disabled cannot be cured so instead a whole range of interventions are brought in to bring the disabled as close to normality as possible. This is an alternative to the rehabilitative model which is the intent of all medicine, but for the disabled it has become a specialist area in medicine and serves as 'a significant reminder of just how isolated disabled people are from all mainstream statutory and voluntary provision' (Finkelstein, 1996: 8).

Finkelstein's administrative model of disability and intervention is a useful attempt to articulate the medical model of disability in a way that makes the social model more understandable. Finkelstein's position is more subtle than Oliver's social oppression theory and opens up the possibility for medical sociology to explore the area of disability beyond the social deviancy paradigm it has followed for so long. As Finkelstein suggests, this could have wider implications for mainstream society:

The administrative model of disability is created within a national culture that idealises healthy living and willingly succumbs to cradle to grave interventions when this health ideal is thought to be in jeopardy. This means that the whole population has a life-long dependency upon others for their well-being and not only disabled people. We can interpret this as meaning that everyone is both dependent and secure in the welfare state. What seems to be a unique characteristic of disabled people turns out to be a mirror of the general *state*, only different in degree. Perhaps, then, what disabled people dislike about their dependency in the Welfare State can also expose intrinsic problems in this approach to health for mainstream society, (Finkelstein, 1996: 9).

In Ireland the various perspectives on disability have taken on unique cultural identities. There are overlaps between disability organizations and charities in Ireland. Large disability organisations which are also charities such as the IWA, Enable Ireland, the NCBI and Deafhear.ie perpetuate the same stereotypical views of disability, which they simultaneously claim to wish to bring to an end. Such divergence of functionality within these organisations indicates that both objectives (while contradictory) are necessary reference points in a world where both the

medical and the social model of disability struggle for supremacy. With such contradictions in mind, criticisms of the social model need to be explored.

## 2.7 The Social Model criticisms

*When a hammer is your only tool, all problems look like nails.*

*Mark Twain.*

Although the key figures and protagonists of the social model Oliver (1990), Finkelstein (1980, 1981) and Barnes (1991) have struck a chord within the UK and beyond since the 1990s; critics of the social model of disability take exception to the claim that there is only one simple and blunt solution to the disadvantages experienced by people with disabilities. By focusing exclusively on a call to 'remove the barriers,' critics of the social model claim that disability is far more complex than the social model would suggest. Writers such as Corker and French (1999) draw attention to the centrality of language at the intersections of disability with personal experience, the social creation of disability identity and the cultural discourses of rhetoric, history and media.

In viewing the social model of disability as an outdated ideology, Shakespeare and Watson (2002) discusses three key criticisms; firstly, the false dichotomy of disability and impairment; secondly, the impossibility of a barrier free environment and thirdly, the issue of choice and disabled identity. While acknowledging that the social model was a modernist concept in that it highlighted the disabling barriers in the built environment and contributed significantly to political change; in an illuminating paragraph, Shakespeare and Watson (2002: 519) draw attention to a much wider view of disability:

For us, disability is the quintessential post-modern concept, because it is so complex, so variable, so contingent, so situated. It sits at the intersection of biology and society and of agency and structure. Disability cannot be reduced to a singular identity: it is a multiplicity, a plurality.

By failing to acknowledge the divergent nature of, not just disability but the world and society at large, the social model of disability also avoids dealing with the associated complexities of impairment, post-modernism and language. In response to these criticisms, the social model advocates claim that a political stance against the physical and social barriers that oppress people with impairments is the primary issue for disability activists and focusing on secondary issues can only distract and dilute the cause:

In the last 20 years we have spent too much time talking about the social model and its usefulness, and indeed its limitations, and not enough time actually implementing or attempting to implement it in practice, (Oliver, 2004: 7).

The social model of disability requires this message to transcend society so that physical, attitudinal and systemic barriers can be removed. However, as society is constructed by barriers in every shape and form, it is only the unfair, the unlawful and the unreasonable barriers that can be challenged. The problem with the social model is that it threatens every construct in society by identifying every standard, demarcation, criteria, margin and boundary as potentially discriminatory. Everyone is potentially oppressed by those aspects of society not designed specifically for them. The impossibility of ever arriving at the point where all unfair and oppressive barriers have been identified and removed is not an argument for not starting to remove unfair barriers in the first place. The question for decision makers in government and at institutional level is not only about what barriers should be removed, it is also a question of what barriers should remain because they are fair, lawful and reasonable.

The social model has also been criticized for focusing too heavily on the physical impairments of men. Feminists in disability studies argue that the disability movement is male dominated (Morris, 1991). Fine and Asch (1988) claim that disabled women are doubly disadvantaged; that is, more so than disabled men or non-disabled women. The idea of a cumulative effect of oppression is potentially unhelpful, as Hill argues: 'as a black disabled woman, I cannot compartmentalize or

separate aspects of my identity in this way. The collective experience of my race, disability and gender are what shape and inform my life.' (Hill 1994: 7)

The growth of the social model and disability studies has led to an opening up of conceptual space around disability that has not existed before. With the proponents of the strong social model pushing the frontier of possibility and expectation ever forward, those that follow are sometimes seen to be feeling left behind and scrambling for a conceptual leap forward of their own. The result is an academic land grab with various academics, writers and disabled activists pioneering research over new ground and mapping the terrain as their own in the process. As Carol Thomas lists them:

Employment (Barnes, 1991; Roulstone, 1998, 2000; French, 2001); education (Riddell, 1996; Corbett, 1998; Barton and Slee, 1999; Swain et al.' 2003; Armstrong and Moore, 2004); housing (Stewart et al., 1997); health care, 'community care' and independent living (Morris, 1993a, 2004; Sapey et al.' 2005) travel, transport and the urban environment (Imrie, 1996; Gleeson, 1999); family, household, childhood and childbirth (Thomas, 1997; Robinson and Stalker, 1998; Davis and Watson, 2001; Priestly, 2003); and media and other arenas of cultural representation (Hevey, 1992; Darke, 2004; Wilde, 2004), (Thomas 2007: 59).

This extensive list of social, political and environmental areas suggests that discrimination against the disabled is so pervasive that specialist areas of academic research are needed to highlight them. The social model assumes that all these problems are socially constructed by people in positions of power and by a public who routinely discriminate against the disabled.

## 2.8 The fallacies of the Social Model

The social model has been partially successful as a political movement but it emerged in the UK during the 1970s just as political and public perceptions were being challenged by reforms in the areas of civil rights and equality. In the US, civil rights and equality for people with disability developed significantly from the 1960s largely without the ideology of the social model. The social model is a paradigmatic

shift in sociological thinking (Kuhn, 1970) and as such, cannot be refuted until rigorously tested. However, now that sufficient time has passed, it has become increasingly apparent that the medical model of disability continues to dominate.

The relative success of the social model is in part due to the zeitgeist of equality and inclusion in the late 20<sup>th</sup> century. The UN declared the 1980s as the decade of disability. But it is also due to the very clear evidence that oppression and discrimination of and against people with disabilities has been common place in society (Barnes, 1991). Advocates of the social model claim that it is not a theory, despite the heavy materialist theorising demonstrated by writers such as Oliver (1990) and Abberley (1987), in explaining the social oppression of the disabled. There is a double standard at work here. The social model certainly functions as a theory when it is claimed that disability is caused by oppressive environments, institutions and attitudes within society. Moreover, the social model was set up by 'organic intellectuals' (Gramsci, 1971) in opposition to the medical model of disability:

I don't think that those of us who developed the social model have ever claimed that it was a theory, and indeed most of us have explicitly said that the social model is not a theory of disability, (Oliver, 2004: 9).

In claiming the social model of disability is not a theory, Oliver (2004) has contradicted the stated purpose of his own book *The Politics of Disablement* (1990) where he wrote; 'the purpose of this book, therefore, is to attempt to develop a social theory of disability' (Oliver, 1990: 11). It seems as if Oliver abandoned his earlier attempt to develop a social theory of disability in favour of developing the social model as a political movement for people with disabilities. But the question still needs to be asked, why is it not a theory? It certainly looks, sounds and acts like a theory. By side stepping the theoretical position the social model has exhausted the patience of many academics and activists with an interest in equality and civil rights for people with disability. It has failed in practice not because it has failed to be implemented but because it can only be implemented in a limited way. Its limits are based on its ideological basis which must compete with bigger and more powerful ideologies. I am mindful at this point of the words of Isaiah Berlin, 'few new truths

have ever won their way against the resistance of established ideas save by being overstated' (Heyer, 1988: 25).

Finkelstein is also guilty of side stepping theory in favour of the social model approach. He refers to the social model of disability, not as an explanation of disability but as a model of it; similarly in the way a model aeroplane in a wind tunnel that can tell you how the plane will react to wind but will not explain how an aeroplane flies (Finkelstein, 2001). But the UPIAS in 1976 did attempt to explain what disability was and was quite clear that:

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society, (Finkelstein, 2001: 1).

By remaining non-theoretical the social model is immune to what Popper (1959) refers to as 'falsifiable'. By not engaging at the level of the scientific it therefore fails to challenge the medical hegemony. It merely creates a new space for itself, distinct from medicine but not independent of it. Arguably and perhaps ironically, the social model has only strengthened the medical model by occupying much of the contentious space where medicine and social issues previously did battle. In the UK, progress has been made legally, socially and culturally on the back of the social model and new professions have developed to occupy these areas, for example; disability co-ordinators, assistive technologists, equality officers. Meanwhile, medicine has largely retreated from front line activism and instead focused on its real strength as the science of diagnosing, treating and preventing disease.

Shakespeare and Watson (2002) argue that the social revolution of the 1970s, while a step in the right direction was a step too far if the notion of impairment and bodily pain is to be forgotten entirely. The limits of the social revolution are experienced daily by any person with pain and in need of medication, surgery or rehabilitative therapy. They ask how society can be blamed if limits cannot be overcome by the lifting of environmental barriers and call for recognition that 'disability is a complex



dialectic of biological, psychological, cultural and socio-political factors, which cannot be extricated except with imprecision.’ (Shakespeare & Watson, 2002: 24).

The social model is used as a heavy weight tool to persuade, but it is not a hammer; it is used as an instrument to cut through medical perspectives about long term illness, but it is not a knife. It seems easier to know when to use the social model than to say what it is. If the social model can be used in action but not defined, theorised or used to explain disability then perhaps it must remain an ideology and perhaps an outdated one at that. If in the words of Bertrand Russell (1872 -1970), ‘all movements go too far,’ then the success of any movement can be judged retrospectively by what happens after its first trajectory. If a second wave moves on again, but at the same time divisions and factions assert their own direction then the initial movement has proved its worth. The strength of the social model of disability is in its diffusion into the wider academic, educational political and sociological arenas. To the originators and purists, the dilution of their cause may seem like failure or a compromise too far. However, organic and sociological history demonstrates that such adaptation and diversification is the only means of survival.

A barrier is a symbol of what Foucault (1977) referred to as ‘power-knowledge’ and the surveillance required to identify those who can enter and those who can’t is the primary task of a multitude of institutions and organisations within society. The power-knowledge barriers and constructs of society have deep historical foundations which cannot be fully demolished. Borsay (2002) has pointed out that however well rationalised and articulated the social model of disability is, its political popularity, rhetorical strengths and conceptual novelty take little account of historical facts which undermine many of its most basic assumptions. In turn, the historical evidence for the materialist construction of disability and the oppression of the disabled by the state and the medical profession is far weaker than the social model theorists have presented. As Tremain (2002: 41) claims:

Proponents of the social model argue first, that disablement is not a necessary consequence of impairment, and, second, that impairment is not a sufficient condition for disability. Nevertheless, an unstated premise of the

model is that impairment is a necessary condition for disability. Proponents of the model do not argue that people who are excluded, or discriminated against on the basis of, for example, skin colour, are by virtue of *that* fact disabled, nor do they argue that racism is a form of disability. On the contrary, only people who *have*, or are *presumed to have*, an impairment are counted as disabled. Thus, the strict division between the categories of impairment and disability which the social model is claimed to institute is in fact a chimera. [...] In short, impairment has been disability all along.

On closer inspection, it seems that advocates of the social model have not studied social history. Indeed, the argument of the social model often lacks a historical context other than the polemic views of the disability rights movement and the personal experience of the author. Sociological imaginations of the causes of disability are not so easily reduced to either; historical fact, materialism or the medical model; despite what the social model advocates would argue (Borsay, 2002).

## 2.9 The subversive influence of disability

The subversive potential of disability is one of a radical ethics. Disability subverts and challenges everyday concepts of certainty, equality, accuracy and order. These are fundamental to how social groups are assumed to function in areas such as education, business, government, law and medicine. But in contrast, real life is experienced with uncertainty, inequality, inaccuracy and chaos. Hunt (1966) writes about the subversive value of disability. The worth of a person is not in their abilities, their possessions or any other material or personal attainment; the worth of a human being is in being human. As society is structured largely on economic and materialistic values, Hunt (1966) sees the subversive role of the disabled as an ethical challenge to this position and a reminder that such materialistic measures of value are shallow, transient and ultimately worthless. The real value of a person and of society is in recognising the humanity of ourselves and others regardless of all differences.

This ethical perspective is similar to the categorical imperative of Immanuel Kant (1724-1804); 'Act only on that maxim that you can at the same time will to be a

universal law' - and – 'treat individuals never as a means to an end but always as an end in themselves.' This deontological approach is ethically more rigorous than the more popular and heuristic position of utilitarianism – 'the needs of the many outweigh the needs of the few.'

The existence of a Disability Service within a university therefore has some potential to radically alter the status quo. Acting as an intermediary between the oppressors and the oppressed, a Disability Service has to speak two languages and adopt different standards depending on the politics and paradigms been sought to manoeuvre. In attempting to subvert discrimination on the basis of disability and removing barriers within society to education and employment, a Disability Service is an imperfect yet appropriate means of working.

## 2.10 Conclusion

This chapter reviewed the emergence of the concept of disability during the 20<sup>th</sup> century and how, in reaction to the oppressive aspects of discrimination, institutionalisation and medicalisation, a social movement re-conceptualised disability as a civil rights and political issue. Since the 1970s, disability rights have been established at a national and political level in most Western countries. In the US, equality for the disabled has been established through anti-discrimination legislation based largely upon a civil rights ethos. In the UK, the focus of the disability movement has been the social model and its emphasis on removing barriers. In Ireland, as in other countries in Europe, the disability movement has been catching up with these forerunners through elements of equality legislation, civil rights and social model ideology selected, combined and re-constituted to fit idiosyncratic cultural, historical and political contexts.

A reading of the main historical and traditional sociological interpretations of disability quickly leads into areas that are heavily contested. Either disability has been seen as equivalent to that of a permanent chronic illness or assumed 'sick role' (Parsons

1951); or disability has been reinterpreted as a form of social oppression by a materialist or Marxist interpretation (Finkelstein 1980, Oliver 1990). Parsons functionalist approach has been discredited as viewing both chronic illness and disability as a deviation from the norm of good health by writers such as Lupton (1994) and Frank (1995). The social model view of disability through history is frequently questioned by writers in the disability movement like Abberley (1987), Shakespeare and Watson (2002) and Thomas (2002).

In this chapter, I have explored the concept of disability as it has been constructed according to historical, cultural, political and social contexts that varied widely across the world and throughout time. The ambivalent and uncertain features of these contexts have constructed disability differently because more broadly what has been viewed as normal and abnormal has been constructed differently. In the western world prior to the late 20<sup>th</sup> century, the influence of the Enlightenment, modernism and positivism dominated. The world view of those in positions of power was that uncertainty was not to be accepted or tolerated. This view reinforced the concept that long term illness and disability were permanent states of uncertainty or liminality which were too problematic for social solutions and only medicine and institutions were equipped to deal with. However, with the concept of disability emerging and developing throughout the 20<sup>th</sup> century just as postmodernist ideas took hold; two paradigms of uncertainty collided and the result was an explosion of new ideas. Among them were schisms within medical sociology, with social interactionist views challenging the structural functionalist position. From the civil rights movement of the 1960s and materialist or neo-Marxist perspective, there was a rise of disabled activists in a demand for equal rights and an end to discrimination and oppression.

While this chapter has focused on the concept of disability from historical, cultural, political and social contexts, the next chapter focuses on how HE has dealt with the issue of disability in terms of legislation, policy and practice.

## Chapter 3 Disability Legislation, Policy and Practice in Higher Education

*Education is the most powerful weapon which you can use to change the world.*

*Nelson Mandela*

### 3.1 Introduction

This chapter focuses on the changes that have occurred in HE as a result of disability laws, policies and practices both nationally and internationally. These changes have the potential to transform the lives of SWD and in turn to transform HE. The chapter begins with definitions of disability and a review of legislation in Ireland promoting access and equality for people with disability, which was implemented in the late 1990s and early 2000s. The focus of the next sections are to review the background, origins and context of legislation, policy and practice relating to the supports and services provided to SWD attending HE. Consequently, global data on disability, increasing participation of SWD in HE and relevant international legislation and policy, is included. This data will be examined in relation to the purpose of this research, which is to explore whether reasonable accommodations for SWD remove barriers and impact on the student experience. The final sections of this chapter focus attention on the Irish context, specifically, the Disability Access Route to Education (DARE), a brief history of SWD in Trinity and development of the Disability Service in Trinity between 2000 and 2015.

### 3.2 Defining disability in Higher Education

Who is disabled and who is not? Who decides and how do they decide? These are straightforward questions but the answers are more complex. Several definitions of disability are relevant to HE and they vary considerably depending upon the specific outcomes and results that are being targeted. A person 'with a disability' under one law, policy or scheme can find themselves 'not disabled' according to another.

In this section I will compare how disability is defined differently within the Employment Equality Act (1998), Education Act (1998), the Equal Status Act (2000), the EPSEN Act 2004 and the Disability Act (2005). Collectively, these Acts have been instrumental in prohibiting discrimination on grounds of disability; have placed an obligation on educators to provide much needed support, and have provided legislative weight to the policies and practices that have developed in Ireland with regard to SWD in HE.

### **3.2.1 The Education Act and the Employment Equality Act**

The Education Act (1998) and the Employment Equality Act (1998) were the first pieces of legislation in Ireland to formally define disability, stating that disability is:

- The total or partial loss of a person's bodily or mental functions, including the loss of a part of the person's body, or
- The presence in the body of organisms causing, or likely to cause, chronic disease or illness, or
- The malfunction, malformation or disfigurement of a part of a person's body, or
- A condition or malfunction which results in a person learning differently from a person without the condition or malfunction, or
- A condition, illness or disease which affects a person's thought processes, perception of reality, emotions or judgement or which results in disturbed behaviour, (The Education Act 1998, Part 1, Section 2; The Employment Equality Act, Part 1, Section 2).

The Employment Equality Act (1998) has the following text added after the final section: 'and shall be taken to include a disability which exists at present, or which previously existed but no longer exists, or which may exist in the future or which is imputed to a person.' This somewhat curious addition makes sense in the context of employment because a person does not have to be disabled to be discriminated against on grounds of disability.

### **3.2.2 The Equal Status Acts 2000-2012**

The Equal Status Acts (2000-2012) follow EU directives on equal treatment. Article 13(1) of the EC Treaty prohibits discrimination on the grounds of sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation (Equal Rights Trust, 1997). The purpose of the Act is to promote equality and to prohibit discrimination across nine grounds (with some exemptions). The Equal Status Acts (2000-2012) apply to people or organisations that buy and sell goods, or provide services, including accommodation and education. The nine grounds prohibit discrimination on grounds of gender, marital status, family status, sexual orientation, religion, age, race, membership of the Traveller community and disability.

The definition of disability under the Equal Status Act 2000 is the same as that used in the Education Act and the Employment Equality Act. The definition equates an individual deficit or impairment with disability. There is no reference to the impact on functioning. The criteria are flexible enough to allow medical professionals to decide who qualifies to be disabled and who does not, on a case-by-case basis. However, the criteria are also vague as they provide little guidance to medical professionals on the meaning of a 'partial absence' of 'bodily or mental functions'. For example, how is it possible to empirically establish partial absence of functioning in chronic fatigue syndrome or depression? In practice, medical professionals decide for themselves - in the context of those making a claim of disability - to write letters of support or complete forms to verify a disability. These documents are then used as evidence of disability for the purposes of HE.

The EPSEN Act (2004) does not define disability, but rather uses the definition of disability from the Education Act (1998) to support the following definition of a Special Educational Need (SEN) as:

a restriction in the capacity of the person to participate in and benefit from education on account of an enduring physical, sensory, mental health or learning disability, or any other condition which results in a person learning

differently from a person without that condition and cognate words shall be construed accordingly; (EPSEN Act, 2004: Section 1).

In the SEN definition, the extent of the restriction is not defined, only that any restriction must be on account of a disability or other condition. SENs are often considered synonymous with disability but there are important differences, 'between children who are not disabled but who need special educational provision and those who are disabled, but do not need special provision' (Keil et al., 2006: 170). In addition to the difficulties in distinguishing between disability and SEN based on the definitions above, the right for assessment and the right to individual education plans (IEPs) have not been implemented (Inclusion Ireland, 2013). A criticism of the definitions of disability used in Irish legislation is that they are not situational. They are decontextualized definitions based more on pathology and the concept of deficit. The most recent disability specific legislation in Ireland was the Disability Act 2005 and this is the focus of the next section.

### **3.2.3 Disability Act 2005**

The main functions of the Disability Act (2005) are to:

- Allow for an assessment of the needs of people with disabilities
- Improve access to public buildings, services and information;
- Ensure that certain Government Departments brought out Sectoral Plans outlining what improvements that department would take;
- Place an obligation on public bodies to be pro-active in employing people with disabilities;
- Restrict the use of information from genetic testing for employment, mortgage and insurance purposes;
- Establish a Centre for Excellence in Universal Design. The Centre is charged with developing best practice guidance on how to design, build and manage buildings and spaces so that they can be readily accessed and used by everyone, regardless of age, size, ability or disability;

Under the Disability Act (2005), section 2(1) states that a disability:



in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.

An expansion of this definition in section 6(2) states:

In the definition of 'disability' in section 2, 'substantial restriction' shall be construed, for the purposes of this Part, as meaning a restriction which is permanent or likely to be permanent, results in a significant difficulty in communication, learning or mobility and gives rise to a need for services to be provided to the person continually.

Interestingly, the act defines disability in relation to 'a substantial restriction in the capacity' to work or 'participate in social or cultural life.' This indicates a move away from the medical or individual deficit model of disability in that it does not consider an impairment alone to define a disability. This differs significantly from the Equal Status Act (2000). The Disability Act (2005) also includes legal obligations on public bodies such as HEIs to make public buildings, services and information accessible. There is also a target of 3% for the employment of staff with a disability as defined by the Act. This target was first presented in the Disabled Persons Employment Bill in 1973, but was not enacted for 32 years due to oppositions and incapacities in the civil service to meet the target (Murphy et al., 2002: 14). In the Disability Act 2005, the 3% quota must be employees who have 'a significant difficulty in communication, learning or mobility.'

So the presence of an impairment defined by the Equal Status Act (2000) as a disability may not be considered a disability under the Disability Act (2005) unless it results in a 'substantial restriction' or 'significant difficulty.' These points are not simply pedantic. In the US, definitions of disability have been tested in case law and the precise meaning of words have been fought to the letter and cases won or lost on the interpretation of words such as 'partial,' 'significant' or 'substantial.' The potential for hair-splitting is vast as Areheart (2008) demonstrates that there have been hundreds of court cases in recent years fought over such definitions. Areheart (2008) argues that reliance on legally and medically defined standards of disability to access rights is proving problematic for people with disabilities. The wording of the

legislation can be picked apart to show that plaintiffs or defendants are either not disabled enough or are too disabled. Outside of US court proceedings and closer to the policy context of disability in Ireland, different policies and practices exist at local levels which raise questions about what legal definition of disability, if any, informs their development. It is important to consider these policies and practices as they inform legislative reform, future policy development and public perception, all of which are relevant to how HE deals with disability.

For example, Disability Allowance (DA) is a social welfare payment paid to people over the age of 16. In 2016 the basic DA weekly payment was 188 Euro. To qualify for DA a person must:

- Have an injury, disease or physical or mental disability that has continued or may be expected to continue for at least one year.
- As a result of this disability be substantially restricted in undertaking work that would otherwise be suitable for a person of your age, experience and qualifications.
- Be aged between 16 and 66. When you reach 66 years of age you no longer qualify for DA, but you are assessed for a state pension.
- Satisfy a means test
- Satisfy the Habitual Residence Condition  
(Dept. of Social Protection, 2016)

The criteria for DA defines disability very differently to the Equal Status Act (2000) because the extent of the 'injury, disease or physical or mental disability' must 'substantially' restrict a person 'in undertaking work.' So, while one law, the Equal Status Act (2000), acknowledges that people with impairments can be defined as disabled and should be protected from discrimination in such things as access to work; another law, the Disability Act (2005) and the criteria for qualifying for DA, acknowledges only those whose disability results in a substantial restriction in the capacity to work. Such ambiguities in how disability is defined make the world of work a far more complicated arena for anyone who may consider themselves as disabled. Avoiding or getting out of the 'benefits trap' (Wilson, 1994) is a good example of where both individuals with disabilities and policy makers struggle to

understand which definitions of disability apply (and which ones don't) in any given situation.

The significance of juxtaposing these differing definitions of disability is that they all play a role in forming the attitudes of the people entrusted with 'levelling the playing field' for SWD in HE. Another important aspect in this regard is the elasticity of language and how a seemingly perpetual discontent with terminology continues to both drive development and fuel debate regarding what disability is, how it should be defined and what words should be used to do so.

The work of Foucault (1926–1984) is important here because there is a co-construction at work regarding power and discourse. The various legal definitions of disability referred to above, inform and drive policy and practice which in turn seek to work towards and follow through on the ideals, principles and rights of legislation. However, the pushing and pulling of policy to meet all of the needs and demands of practice inevitably leads to gaps, overlaps and inconsistencies. As Ball (1990) describes in relation to policy formation in education in the UK:

Discontinuities, compromises, omissions and exceptions are also important. Sometimes they are of prime importance. Policy making in a modern, complex, plural society like Britain is unwieldy and complex. It is often unscientific and irrational, whatever the claims of policy makers to the contrary (Ball, 1990: 3)

Professional development within the areas of medicine, law and education brings with it a power relation whereby the continued development of both the profession and the professional is vested in maintaining its upper hand in the power relationship. Consequently, a legacy of professional practice development has resulted in the hegemony of the medical, legal and education position on disability. In an effort to break free of the oppressive grip of such discourses, new language is often needed as a means of escape. While a 'natural' evolution of language and signified/signifier slippage is inevitable over time, a rate of new 'disability language' and neologism has emerged along with and despite of the numerous international declarations and laws supposedly focused on emancipating people with disability.

The 'euphemism treadmill' (Pinker, 2002), discussed in Chapter 2 in relation to the concept of disability, continues to generate ever more innovative terms to meet a range of political, practical and business needs. For example, Ahead (2008) used the following erstwhile definition to define disability without reference to medical terms:

A student is disabled if he/she requires a facility which is outside of the mainstream provision of the college in order to participate fully in higher education and without which the student would be educationally disadvantaged in comparison with their peers, (Ahead, 2008).

At face value, this definition is euphemistic and it defines disability by a requirement for the kind of supports that people without disabilities do not need. It has the benefit of drawing attention to the institutional limitations when confronted with someone who does not 'fit'. However, this definition also commits the fallacy of begging the question - *petitio principii* - of what disability is in the first place. By disregarding any reference to impairment and equating disability with disadvantage in its broadest sense, it could easily be argued that having to work a part-time job to pay for fees is a disability, or not having English as a first language is a disability, or that having young children at home or being pregnant is a disability because such circumstances are much more likely to disadvantage students educationally.

In summary, this section has shown that several legal definitions of disability are relevant to HE and that there is considerable debate and tension between these definitions and their application in areas such as compulsory education, HE and employment. While the overall intent of the various laws and policies is to promote equality and widen participation in HE, often the resulting practices have unintended consequences. Defining disability too broadly leaves it open to subjectivity, bias and inconsistencies; while defining disability too narrowly can result in unfair decisions where deserving people miss out because of technicalities. While difficulties have been shown to exist in the Irish context, the next section focuses on how disability is viewed internationally.

### 3.3 United Nations and World Health Organisation perspectives on disability

Over the past three decades, the issue of disability has been moving up the agenda of global organisations such as the UN and the WHO. Among the many issues raised by these organisations in relation to disability, this section will focus on two areas that are most relevant to this research; first, the UN has stated that education should be recognised as a right for people with disability and second, the WHO has stated that the prevalence of disability worldwide is estimated to be 15%. Both of these stated positions come with recommendations for nations to implement inclusive policies for people with disabilities at all levels of education, including HE.

In May 2008 the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD) (UN General Assembly, 2006) was finalised. The purpose of the convention was to ‘promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities’ (CRPD, Article 1). Ireland signed the convention in 2007 but did not ratify the convention to make it legally binding. It was part of the programme for Government in 2016 to ratify the CRPD (Holland, 2016). Of the fifty articles in the convention, article 24 focuses on education and sub-section 5 states that:

States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities (CRPD, Article 1, sub-section 5).

Following this landmark international treaty the first *World Report on Disability* was published in 2011 by the WHO and the World Bank (WHO, 2011). The report is the latest in a series of international documents highlighting that disability is a human rights issue. Previously the *World Programme of Action Concerning Disabled People* (1982), the *Convention on the Rights of the Child* (1989) and the *Standard Rules on the Equalisation of Opportunities for People with Disabilities* (1983) had also declared that disability was a human rights issue. The World Report on Disability

(WHO, 2011) stated that more than forty countries had signed disability discrimination legislation in the 1990s (WHO, 2011: 9).

The report contains comprehensive data about disability on a global scale. It aims to use this data to highlight the importance and prevalence of disability and to recommend to governments and society to take national and international action. By compiling data on disability from around the world, the report concludes that the prevalence of disability is 15% of the world's population. This is considerably higher than the previous WHO estimate of 10% in the 1970s. The 15% rate equates to more than one billion disabled people with almost 200 million of these with significant functional difficulties. Not only is the prevalence higher than previously thought, but the number of people with disabilities is still growing - largely because populations are ageing. There is a wide diversity of experiences among people with disabilities and disadvantage is not equally distributed. Also, disability is more likely to occur among vulnerable populations, in particular those of lower income and older people.

The report defines disability as the negative aspects of the interaction of a health condition with personal and environmental factors. It also states that globally there are inadequate policies and standards relating to disability. There are negative attitudes and misconceptions towards disabled people and this has a detrimental impact on educational development and employment prospects. There is a lack of provision of services in many areas and where services are provided they are often poorly funded and staffed by support workers with inadequate training. To address these barriers the report calls for improved access to health care, rehabilitation, support services, the built environment, education and employment.

The WHO (2011) report is a first of its kind to address disability on a global scale and it emphasises that disability is a global issue. A key insight in regard to this research is that it also clearly argues that disability is socially constructed and that those who are less well-off and have access to less resources experience greater disadvantage. Generally, an understanding of disability as socially constructed is lacking in developing countries (Ingstad & Whyte, 2007). This means that a combination of traditional and medical ideas dominate thinking about what

constitutes disability and therefore issues such as access to education, supports and reasonable accommodations are far harder to address (Ingstad & Whyte, 2007). The situation in more developed countries is very different, as the next section on international data outlines.

Three of the WHO (2011) report's recommendations refer specifically to academic institutions which are called to: 1) remove barriers to the recruitment and participation of students and staff with disabilities; 2) ensure that professional training courses include adequate information about disability, based on human rights principles and 3) conduct research on the lives of persons with disabilities and on disabling barriers, in consultation with disabled people's organizations. The first and third of these recommendations contribute to the rationale for this current research.

In summary, the UN and WHO have raised the profile of disability as a global issue and reconfirmed that disability is a human rights issue. The CRPD calls on all member states to ensure 'that persons with disabilities are able to access general tertiary education' and 'that reasonable accommodation is provided to persons with disabilities.'

Findings from the collected studies carried out for the WHO (2011) report undertaken across the world, demonstrate how disability is a complex issue and highly sensitive to cultural, environmental, social and economic factors at national and at local levels. These findings are relevant to this research because they demonstrate trends in the changing view of disability globally and in the evolution of disability as a concept. As these changes are particularly related to education and increasing rates of disability, the next section focuses on these factors. A summary of tables on international legislation on disability are provided in Appendix A.

### 3.4 Increases in the participation of students with disabilities in higher education internationally

This section focuses on participation rates of SWD in HE in the US, the UK, Australia, Canada and briefly in member countries of the Organisation for Economic Cooperation and Development (OECD). Internationally over the past two to three decades there have been significant increases in the numbers of SWD attending HE (OECD, 2003, 2011). While the trend over several decades is increased participation since the issue of disability first reached a global audience in 1981 with the International Year of Disabled People. However, it was not until the 1990s that a series of international declarations, legislative and political developments finally began to filter down to every level of education. Also, the increases and improvements have not occurred at the same pace or to the same extent from country to country, or within countries.

#### 3.4.1 United States

In the US, where a civil rights based ethos had gained momentum in the 1960s, rights for the disabled were essentially left out of initial legislation that sought to address issues of race and gender (Civil Rights Act 1964). The Americans with Disabilities Act (1990) was the first piece of legislation to prohibit discrimination on grounds of disability in all institutions both public and private. In the US, there is a clear difference between secondary level education and HE in the legal responsibility to provide supports to SWD (Madaus & Shaw, 2004; Salend, 2008). In high school it is the role of the education team to identify and provide the supports that are needed and the student can easily play a passive role in the process. In College, the student must meet the academic entry requirements for their programme, actively seek out supports and is responsible for disclosure, providing documentation and being an active participant in the process (Madaus & Shaw, 2004; Salend, 2008). While this is similar in some respects to the transitional process between post-primary and HE elsewhere (including Ireland), one important difference is that in the US, colleges are prohibited from gathering data on disability from applicants (Rehabilitation Act, 1973). This places a greater onus on students to manage and negotiate their own disclosure and registration for reasonable accommodations.



Madaus et al (2009) provides an account of veterans with disability in HE in the US. Veterans from the two World Wars were instrumental in the development of services for SWD in HE. The Vocational Rehabilitation Act 1918 allowed for educational support for World War I veterans with disabilities. In 1944 the Serviceman's Readjustment Act or GI Bill of Rights provided financial supports for education for veterans and led to a sudden increase in university applications. By 1946, 52% of the college population were veterans, many of whom had physical disabilities (Atkinson, 1947; Berdie, 1955; Condon, 1962). While discrimination against veterans with disabilities in HE existed in the 1940s and 1950s the catalyst of the civil rights movement in the 1960s helped to raise further awareness of the needs of SWD in HE. Further support came with the Rehabilitation Act of 1973 which prohibited discrimination on grounds of disability in all Federal funded bodies (Madaus et al., 2009). According to the 2006 population survey, the US had 41,259,809 non-institutionalised persons with disabilities (age 5 and older), of whom 1,501,184 were between the ages of 16 and 20 and represented 3.6% of the total population of persons with disabilities (US Census Bureau, 2006). Young adults aged 16-20 years with one or more disabilities surveyed in the US in 2008 had a visual impairment (17.3%), a hearing impairment (12.2%), a mobility impairment (15.6%), a cognitive impairment (68.9%), a self-care disability (11.6%) or difficulty for living independently (33.9%) (Erickson *et al*, 2010).

Over the last three decades, the US has seen a rise in the number of SWD attending HE (Hall & Belch, 2000; Herbert et al., 2014). From 2003 to 2009 the number of SWD attending HE increased by 20% (National Council on Disability, 2011). While earlier estimates from Henderson (1999) indicate that 10% of university students have a disability, more recently research by Newman et al., (2009) put the figure as high as 26%. According to Accredited Schools Online (2016) there are 2.4 million SWD in HE in the US. While research has generally kept up with the growing numbers of SWD in HE (Faggella-Luby et al., 2014; Harbour & Madaus, 2011; Madaus et al., 2014), gaps remain with Gelbar, et al., (2015) stating that students

with physical disabilities are uncommon in the literature. A summary table of the relevant US legislation on disability is provided in Appendix A2.

### **3.4.2 United Kingdom**

Starting from a low base internationally and for several decades, SWD in HE have repeatedly been referred to as under-represented (Ahead, 1995; Fichten et al., 2003; McConnell, 1981; Tudor, 1976). From the late 1960s onwards a number of HE research conferences and papers emerged looking specifically at SWD in HE in the UK. For example, Tudor (1976) estimated that there were 750 SWD in the Open University (OU) and that this represented about 2% of the total student population. Established in 1971 the OU 'set out to accommodate the special needs of disabled students and indeed to offer a special scheme of admission, so that any special facilities could be provided' and to 'continue to take all possible practical steps to enable full participation by disabled students in all aspects of University life' (Tudor, 1976: 44).

Skill: the National Bureau for Students with Disabilities was established in UK in 1974 as a voluntary organisation and charity. Collectively they highlighted the presence and needs of SWD in HE and documented a growing body of practical knowledge on how to remove barriers. In the UK the Higher Education Statistics Agency (HESA) demonstrates a persistent rise in the numbers of SWD in HE since the 1990s (HESA, 2008). In 2013/14 there were 77,795 first year undergraduate students with a disability out of a total of 759,160 first year students. This is 10.24% of first year students (HESA, 2014). Table 3.1 shows that in the UK the HE student population has dropped each year since its peak in 2010/11 at 2,501,295.

**Table 3.1 All United Kingdom HE students by level of study**

<b>Students by level of study 2000/01 to 2013/14 (latest data available in 2016)</b>			
Year	Undergraduate	Postgraduate	Total
2013/14	1,759,915	539,440	2,299,355
2012/13	1,803,840	536,440	2,340,275
2011/12	1,928,140	568,505	2,496,645
2010/11	1,912,580	588,720	2,501,295
2009/10	1,914,710	578,705	2,493,415
2008/09	1,859,240	536,810	2,396,050
2007/08	1,804,970	501,135	2,306,105
2006/07	1,801,955	502,745	2,304,700

<https://www.hesa.ac.uk/free-statistics>

Statistics available on the HESA website on the percentage of SWD attending HE in the four countries of the UK in the year 2008/09 are shown in Table 3.2 In Northern Ireland participation rates recorded were lowest at 5.7% and highest in Wales at 8%. The total for the UK was 7.34% of the student population.

**Table 3.2 All United Kingdom HE students by country and disability 2008/09**

	SWD	Total Student population	SWD as % of total student population
England	148,135	2,005,840	7.38%
Wales	10,100	126,475	8%
Scotland	15,090	215,495	7%
N. Ireland	2,745	48,240	5.7%
<b>Total United Kingdom</b>	<b>176,070</b>	<b>2,396,050</b>	<b>7.34%</b>

<https://www.hesa.ac.uk/free-statistics>

Table 3.3 shows the disability type for first year students in HE in the UK in the year 2013/14. As a group, first years with a disability make up 3.4% of the total student population.

**Table 3.3 First year UK domiciled HE students by disability 2013/14**

	<b>Total all levels</b>	<b>% of total student population</b>
A specific learning difficulty	37,710	1.64
Blind or a serious visual impairment	1,040	0.04%
Deaf or a serious hearing impairment	2,105	0.09%
A physical impairment or mobility issues	2,880	0.12%
Mental health condition	9,610	0.40%
Social communication/Autistic spectrum disorder	2,415	0.10%
A long-standing illness or health condition	8,430	0.36%
Two or more conditions	5,955	0.26%
Another disability, impairment or medical condition	7,655	0.33%
<b>Total known to have a disability</b>	<b>77,795</b>	<b>3.40%</b>

<https://www.hesa.ac.uk/free-statistics>

Although the social model of disability emerged in the UK with UPIAS in 1972, supports for SWD entering and participating in HE were slow to develop. Hurst (2009) outlines a history of legislation and policy development that began in the 1970s when the first national research on SWD in HE took place in 1974 (National Innovations Centre, 1974). This was followed by the setting up of the National Bureau for Handicapped Students (later known as Skill) in 1974. Goode (2007: 35) reported that, ‘as late as the early 1990s the majority of British colleges and universities offered little systematic support to disabled students.’

In the early years the focus was on access and increasing numbers but since the 1990s the focus has been more on the quality of the student experience (Hurst, 2009: 14). From 1995 to 2005 there was a tenfold increase in the numbers of students with dyslexia attending HE (HESA, 2008). Prior to this rapid increase in SWD in HE in the UK in the 1990s, Hurst (2009) argues that the development of participation and support services in the 1970s and 1980s was slow. Through the

1970s the dominant focus of the state concerning education and disability was the Warnock report (1978) and the area of SEN in primary and secondary schools. Tomlinson (1985a, 1985b, 1987) writes about the expansion of special education in the UK. From a critical theory point of view she questions the deficit model of SEN and queries why other factors, such as social background, play a far more significant role in educational attainment compared to SEN. Hurst (1996) comments that social research in education and disability were slow to include HE. In the past 10 to 15 years this has changed, for example; Mullins & Preyde (2013); Riddell et al., (2005); Shevlin et al., (2004); Windle (2012). Vickerman & Blundell (2010) interviewed SWD in the UK and found that there was still much work to be done in levelling the playing field in HE. Shrewsbury (2015) acknowledges the increase of SWD in HE in the UK but shines a light on the continued under-representation of SWD in professional courses. Cunnah (2015) suggests that SWD face continued exclusion in HE and work settings, particularly those with behavioural impairments

In the UK, in the academic year 2009/10, 33% of disabled people aged 19 had entered HE compared to 41% of non-disabled young people aged 19. Also, the Higher Education Funding Council for England (HEFCE) provided £15 million for SWD in 2014-15 with an increase for 2015-16 expected to be £20 million (HEFCE, 2015). Having looked in general at legislation and policy developments internationally for SWD in HE and in some detail in the US and the UK, the next sub-sections focus briefly on Australia, Canada and on data provided by the OECD. A summary table of the relevant disability legislation in the UK is provided in Appendix A3.

### **3.4.3 Australia**

In Australia, there is clear evidence of significant increases in the numbers of SWD in HE since the 1980s. McConnell (1981) estimated that persons with a disability represented 0.9% of the general population and that SWD in HE represented between 0.5 to 0.8% of the general student population, whereas the Australian Disability Clearinghouse on Education and Training (2012) reported that some form of disability affects 20% of the population and that SWD in HE represent 5.2% of the total student population. Another data source in Australia reported that SWD

attending HE increased from 23,148 in 2007 to 36,486 in 2013 an increase of 57.6% and as a proportion of the general student population, an increase from 4.4% to 5.5% for the period 2007 to 2013 (Koshy, 2014).

#### **3.4.4 Canada**

In Canada, the National Educational Association of Disabled Students (NEADS) reported in 1991 that 6.2% of adult Canadians with a disability had a degree compared to 12.2% of women and 15% of men without a disability. According to Fichten et al., (2003) just 2% of all those attending HE were SWD, but several years later, McCloy & DeClou (2013) found that 9% of undergraduates in Canadian universities in 2011 had a disability.

#### **3.4.5 Data based on OECD reports and international literature**

According to the OECD publication *Education at a Glance* (OECD, 2015: 60), 35% of young adults in OECD countries are expected to complete tertiary education by the age of 30. Between 1995 and 2011 there was an increase of over 20% on average in the proportion of students attending university in OECD countries. In Ireland, secondary school completion is one of the highest in the world. According to the OECD (2015: 308), among OECD countries, Ireland had the highest enrolment rate in education for 15 to 19 year olds at 97%. The OECD average among 37 countries was 84% (OECD, 2015: 308). The OECD (2015: 41) reports that 51% of 25 to 34 year olds in Ireland had a HE qualification while the OECD average is 41%.

The OECD has published two reports on the participation of SWD in HE (OECD, 2003 and 2011). Over the 8-year intervening period it is possible to track significant increases in the participation rates of SWD in HE across the OECD countries. The increases are evident despite the OECD acknowledging that there is a lack of reliable statistical data on the access to HE for people with disabilities (OECD, 2011: 40). This lack is attributed to a variety of definitions of disability, to different methods of collecting data and in restrictions on how and when the data can be reported. For example, laws in Denmark and Norway prohibit identifying people in terms of disability and the Statistics Office in the Czech Republic is not permitted to gather

data on disability. However, despite the variety of definitions and methods used across different countries in compiling data, all countries recorded noticeable increases in SWD attending HE. In the US, the percentage of participation increased from 9.2% in 1996 to 10.8% in 2007. In Germany the percentage of SWD increased from 15% to 18.5% of the student population from 2003 to 2006. Data from France from 2000 to 2006 showed that the numbers doubled from 0.2% to 0.4%. In Denmark, from 2004 to 2006 the participation rate increased from 0.5% to 0.7% of the student population. From 1993 to 2005 the rate of participation in Ireland increased from 0.7% to 3% (HEA, 2009). Berggren et al., (2016) looked at SWD in HE in Sweden, the US and the Czech Republic and found that the possibilities for equal participation were shaped by the institutional context, medical diagnosis and compensation for an inaccessible education. Lourens & Swartz (2016) found that the bodily experiences of visually impaired students in a university in South Africa also told the story of their personal struggles.

In summary, in the countries covered here, there has been a significant growth in the participation rates of SWD in HE over the past two to three decades. These increases have occurred alongside changes to legislation, policy and practice and during a period of improved access and supports for SWD in HE. As numbers of SWD increased in HE, support services and reasonable accommodations were developed in response. The international evidence is relevant to the background and broader context of this research because it highlights the fact that SWD and their needs are being recognised in HE internationally – although admittedly not all needs are being met. Before looking more closely at the participation rates of SWD in HE in Ireland, attention now turns to Irish data on disability in the general population.

### 3.5 Data on disability from Ireland

This section looks at Irish data on disability in the general population. The Central Statistics Office (CSO) carry out a census every 5 years, the most recent census data available is from 2011. Data on population by age and disability is available in sets of interactive tables on the CSO website. The 2011 census data on two

population cohorts with disabilities (those aged 18 and those aged 15 and over) can be compared to data from the previous census in 2006 and as a guideline to estimate the prevalence of disability in school leavers and HE entrants in the year 2010/11. As disability is self-declared on census forms with no verification needed, CSO data needs to be interpreted with caution as it is unknown if the increased rates reported from 2006 to 2011 represent real increases or a greater tendency to declare disability (or a combination of these factors). Table 3.4 shows that between 2006 and 2011 the number and percentage of people of all ages with disabilities in Ireland increased from 393,785 (9.3%) in 2006 to 595,335 (13%) in 2011. Disability specific data from the 2016 census is not yet available (as of September 2016).

**Table 3.4 Persons with a disability as a percentage of total population**

	<b>2006</b>	<b>2011</b>
Population with a Disability (Number)	393,785	595,335
Actual change since previous census (Number)	70,078	201,550
Percentage change since previous census (%)	21.6	51.2
Population with a Disability as % of relevant age group (%)	9.3%	13%

(Based on CSO interactive table CD801, Census 2011)

Focusing more narrowly on the population of children with a disability aged 10 to 14, in 2011 this group increased to 7.7%, up 2.7% on the rate reported in 2006. This data is a useful indicator for HE as it indicates that the numbers of SWD entering HE may increase for the next 4 years (2015 to 2018).

Similarly, in 2011, the percentage of young adults with a disability aged 15 to 19 was 8.0%. This was an increase of 4.0% on the rate reported in 2006. This data corroborates the increased entry rates into HE of SWD in the same period (2006 to 2011) as both the age profile and timeframes overlap for school leavers entering HE. Also the percentage of people with a disability aged 20 to 24 was 7.3%, up 3.3% on the rate reported in 2006. Further data sets on age cohorts of people with disabilities are provided in Appendix B (tables B1 to B9). They demonstrate increases in the prevalence of disability in the population across all age ranges and reflect similar increases recorded by the HEA and Ahead of the numbers of SWD in HE for the years 2000 to 2014. The rates in the latter data sets are consistently lower due to the



need in HE for verification of a disability from educational psychologists or medical consultants. The 2011 census (CSO, 2011) identified that 739,992 people (over the age of 15) in Ireland had a degree or higher and that 408,838 people were still in full time education. Out of a population of 3,608,662 (over 15) this represents 20.5% with a degree or higher and 11.3% still in full time education.

### **3.5.1 Projections for future attendance in Higher Education**

The Department of Education and Skills published *Projections of demand for full time third level education, 2014-2028*, (DES, 2014). Starting with a baseline estimate of 165,152 enrolments in 2013, by 2016 full time enrolment was projected to increase to 177,922 and by 2028 the projected enrolment is between 210,000 and 213,000. These projections are a result of increases in births and of the current populations at primary and post primary school. By combining the DES projections above with data from the CSO prevalence of disability in the age groups above, it is possible to estimate the number of SWD in HE up to 2017 at 8% for new entrants. While this estimate is based on self-declared disability in the CSO census, nevertheless, the 7.7% of 10 to 14 year olds and 8% of 15 to 19 year olds who were recorded as having a disability on the CSO 2011 data is consistent with the rates of increases recorded by the HEA new entrant survey, the Ahead survey and the rates of increases found in Trinity.

In summary, CSO data shows that not only has the rate of disability increased (from 9.3% to 13% from 2006 to 2011) but there is an expected increase in the numbers of students attending HE in Ireland up to 2028. This means that the provision of reasonable accommodations to SWD in HE have been, and will continue to be, under increased pressure over the foreseeable future.

## **3.6 Legislation, policy and practice in Ireland for students with disabilities**

The emergence and rapid increase of SWD attending HE in Ireland needs to be understood in the context of broader changes in the HE sector. HEIs in Ireland (which include the universities and IOT) experienced unprecedented transformation, particularly between the 1960s and 2000. The numbers of students attending HE in

Ireland increased from 69,988 to 102,662 in the years 1991 to 1996. This increase coincided with an increase in the number of IOTs, a significant widening of new entrants from a diverse social background and a 15-year period of economic growth (Walsh, 2014). Globally, there is widespread agreement that the nature of universities has been radically transformed in the 20<sup>th</sup> century (see for example; Baker & Brown, 2007; Barnett, 2000; Delanty, 2001, 2003). The change within the Irish HE system from elite to mass and finally to almost universal has transformed HE itself (Walsh, 2014). The modern university aspires to be 'linked with higher learning and the spirit of free inquiry' but in reality has been 'transformed to do jobs for the state and the economy' (Baker & Brown, 2007: 1). In *Higher Education in Ireland* (Eds. Loxley, Seery & Walsh, 2014), collectively the authors question the new managerialism that has taken hold of university leadership and the consequent pressure put on academia to deliver services to the 'knowledge based economy' with little or no regard for the traditions of HE and the pursuit of knowledge. While these criticisms are valid, a pragmatic reality is that the transformation of students into human capital for the economy has brought with it new opportunities for people with disabilities to access and benefit from HE. It should not be forgotten therefore that capitalism is a driving force behind the widening participation agenda in HE and that the national scramble for disability legislation – from the late 1990s to 2005 - coincided with the boom years of the Irish economy.

### **3.6.1 The impact of legislation on HE and SWD**

The Irish Government launched the National Disability Strategy (NDS) in 2004 in an effort to bring together disability law and policy. The NDS provided for an annual investment programme and three pieces of legislation; the Education for Persons with Special Educational Needs Act 2004, the Disability Act 2005 and the Citizens Information Act 2007. The NDS followed progress that had been made with the Employment Equality Act (1998) and the Equal Status Act (2000).

These legislative changes occurred in line with significant changes in relation to HE and SWD. The existence of Disability Service in HEIs in Ireland is a fairly recent phenomenon and forms part of the widening participation discourse which spread

through HE during the 1990s (Thomas, 2001). For example, the first Disability Service was established in 1988 in University College Dublin (UCD) and the last to be established in a university was in Trinity in 2000 (Trinity, 2010). So within a twelve year period, a significant transformation occurred in HE in relation to establishment of support services for SWD. Since these services have been established, the numbers of SWD in HE have increased annually (Ahead, 2015a).

The overall goal of access policy in HE is that the student population in Irish HEIs should reflect the diversity of Ireland's population at large. This has been a key function of the HEA since it was established by the Higher Education Authority Act 1971. Prior to the establishment of Ahead in 1988, there is a scant record of SWD attending HE in Ireland. King (1987) identified just 12 students nationally who had a physical disability and were attending HE in Ireland. Tubridy (1996) interviewed 30 adults with physical disabilities but only one of them had attended HE. However, it is an oversimplification to assume that almost no SWD were attending HE. It is clear from the current data on disability prevalence (WHO, 2011) that in any sizable population, disability is inevitably present. Prior to the 1990s, therefore, it is safe to assume that 'invisible' disabilities in HE went undisclosed because there was no perceived benefit in disclosing them and no specified services to disclose them to. This changed radically in a relatively short period of time. From the 1990s through to 2005 there was a rapid series of legislation, social policy and practice change in relation to disability in Ireland (Equality Employment Act 1998; Equal Status Act 2000; EPSEN Act, 2004; Disability Act 2005).

In HE the change was also significant; from a position where there were very few institutions in Ireland with a formal Disability Service in 1990, to where every HEI had a dedicated access or Disability Service supporting SWD by 2009, (Ahead 2010). A summary table of the development of the main disability legislation and policy in Ireland from 1984 to 2005 is provided in Appendix A4.

The Fund for Students with Disabilities (FSD) was launched in 1994 by the HEA. This fund is supported by the Irish Government and by the EU. It was administered

within the HEA until the National Office for Equity of Access to Higher Education (National Access Office) was established in 2003. The National Access Office developed an action plan for 2005 to 2007 (HEA, 2004) to develop a national framework of policies to achieve equity of access to HE and evaluate existing access programmes for under-represented groups; socio-economically disadvantaged, mature students, members of the Traveller community, ethnic minorities and SWD. The action plan also focused on rates of participation, retention and completion (HEA, 2004).

### 3.6.2 Strategic plans and national targets

In 2008, the HEA strategic plan 2008 to 2013 set specific targets for the HE sector as a whole to double the number of students with physical and sensory disabilities (HEA, 2008: 65). This target continued the widening participation agenda which aimed to increase the participation among students from under-represented groups; students from socio-economic disadvantaged backgrounds, matures students and SWD (HEA, 2008). Table 3.5 outlines the targets set based on a 2006 baseline and the outcomes achieved in 2013.

**Table 3.5 HEA Participation targets and outcomes for SWD 2008 – 2013**

Target groups	2006 Base	2013 Target	2013 Outcome	% change
Students with sensory, physical and multiple disabilities (combined)	466	932	1,302	+ 179%
Students with physical disability/mobility impairment	190	380	398	+109%
Students who are deaf/hard of hearing	126	252	212	+68%
Students who are blind/visual impairment	65	130	140	+115%
Students with multiple disabilities	85	170	522	+514%

Source: Consultation Paper, (HEA, 2014a: 25) Appendix 1: Outcomes for targets set in the National Access Plan, 2008-2013

Overall, an increase of 179% for all groups combined was reached by the 2013 target date (HEA, 2014a: 25). However, the breakdown by sub-target group should

be interpreted with caution. The targets for the physical and blind/visual impairment groups were met and exceeded by small numbers (18 and 10 respectively). The target for the Deaf/hard of hearing group was short by 40 students. Combined, the physical and sensory groups reached a 96% increase by the target date with the 4% shortfall representing just 12 students. This is a modest outcome considering that during the same time period (2006 to 2013) the numbers of students in all disability types increased by 151% (Ahead, 2015a: 9). The key to understanding the target groups as a whole is the outlier of the multiple disabilities group. For this group, the rise from 85 to 522 represents an increase of 514%. Assuming this is not an error in measurement, an increase of this proportion strongly suggests a qualitative change in how data on multiple disabilities was gathered. The most likely explanation for this is the Disability Access Route to Education (DARE), which was established in 2009 and systematically incentivised the disclosure of secondary disabilities (further details on DARE are covered in section 3.7). Applicants to DARE who are ineligible under their first disability type can be assessed under a second disability type. Therefore the multiple disability group can increase without an increase in people with disabilities. Prior to the establishment of DARE, there was no national system to gather data on students in HE with multiple disabilities. Ahead, for example, did not include data on a second disability until the 2013/14 participation survey (Ahead, 2015a: 16). Looking specifically at the targets for the physical and sensory disability groups the outcome for all three is less than anticipated. Although their numbers increased by 96%, proportionately, because the overall rate of participation of SWD increased by 151%, the comparable rates for the physical and sensory groups decreased between 2006 and 2015.

Under the *National Plan for Equity of Access to Higher Education 2015-2019* (HEA 2015a: 36), the current percentage of new entrants with a disability is 6% and the target for 2019 is 8%. However, published in the same month, according to a HEA *Key Facts and Figures* report (HEA, 2015b: 21) shown in Table 3.6, the percentage of new entrants with a disability in 2014/15 has already reached 8%. The difference may be due to the use of two different measures, the 6% representing only students who are funded or registered with the Disability Service and the 8% representing

students who disclose via the HEA Equal Access survey. However, it is not clear from the publications which measure is being used.

**Table 3.6 Participation of SWD in HE 2014/15**

Proportions of Respondents with a Disability 2014/15	
% of total new entrants with a disability	8.0%
% of total respondents to Equal Access survey with a disability	12.8%
% of new entrants requiring support	3.9%
% of respondents with a disability requiring support	49.6%

Source: Key Facts and Figures (HEA, 2015b: 21)

### **3.6.3 The National Strategy for Higher Education**

The National Strategy for Higher Education to 2030 was announced in January 2011 (Hunt, 2011). This sets out a new vision for HE Ireland. A range of objectives were set to strategically co-ordinate and benchmark the activities of the HEI sector from a national and economic point of view with intended outcome of better meeting Ireland’s human capital needs. These objectives call for regional clusters focusing on economic benefits, widening participation, equal access and lifelong learning, excellence in teaching and learning, improving the quality of the student experience, internationally competitive research and innovation, and institutional consolidation in the area of teacher education. To implement these objectives the HEA began a review of ‘strategic dialogues’ with HEIs. A range of strategic dialogue material includes strategic plans for each HEI, compact indicators and a profile of HEI for 2016/17 (Hunt, 2011). The Trinity profile for 2016/17 includes a 7% increase in new entrants and a combined target of 22% for mature entrants, entrants with a disability and entrants from non-manual, semi and unskilled socio-economic backgrounds.

The launch of the National Strategy for Higher Education to 2030 (Hunt, 2011)) coincided with the Trinity’s Strategic Plan 2009-2014 Mid-term review (Trinity, 2012). The review confirmed that Trinity was on track to broaden access to 22% of admissions and achieve a 90% completion rate. The review also identified a number of obstacles to achieving some of the objectives, for example, a decrease in state

funding with reduced investment in educational provision, student services and capital projects; an Employment Control Framework which imposed restrictions on recruitment and promotions; delays in implementing the reviews and strategic dialogues of the National Strategy for Higher Education to 2030 (Hunt, 2011) and a decrease in funding available through national research sources.

By being publicly funded, HEIs in Ireland are legally obliged to provide equity of access and ensure non-discrimination in the provision of services and information. In addition, by December 2015, buildings and the physically infrastructure of public buildings need to be made accessible (Disability Act, 2005). In a university as old as Trinity, this requirement has resulted in an extensive (and expensive) range of physical access works taking place in the last decade; for example, an accessible pathway through the cobblestones was completed in 2011 and a programme of door automation and other physical access works was completed in 2015.

#### **3.6.4 DAWN (Disability Advisors Working Network)**

DAWN was established in 1999 as ‘the professional organisation for Disability Officers who are primarily responsible for supporting learners with disabilities in Higher Education in Ireland’ (DAWN, 2008). DAWN adapted many of its policies and procedures from recommendations and practices in the UK, for example, Skill (1993) outline a range of supports available such as assistive technologies, flexible deadlines, sign language interpreters, additional tuition, emergency evacuation plans, extended borrowing in the library, exam accommodations, car parking and advice on applying for the Disabled Student Allowance (DSA). Skill also recommended to HEIs that:

Appointing a disability coordinator is perhaps the single most important step an institution can take towards developing good provision for disabled students (Skill, 1997).

### **3.6.5 Funding for SWD**

During the academic year 2004/05, 1,731 SWD were funded by the National Access Office to the value of €6.5m (HEA, 2005). From 2007-2013 the FSD was supported by the European Social Fund (ESF) under the Human Capital Investment Operational Programme (Student Finance, 2015). 'A total provision of €10.3m was allocated for the FSD for 2014-15, which is similar to the level allocated in 2013-14. The number of students being supported by the fund in 2014 was 10,000, consistent with growing demand in previous years' (HEA, 2014b: 14). In 2015 the HEA claims that since 2008 over 38,000 Irish SWD have been supported with 70 million euro of funding in further and HE in Ireland and in approved courses in Northern Ireland, the UK and the EU (HEA, 2015).

### **3.6.6 AHEAD (Association for Higher Education Access and Disability)**

Established in Ireland in 1988, Ahead is a not for profit organisation that seeks to promote access and participation to further education and HE for SWD. Through their Get Ahead and WAM programmes AHEAD works with graduates and employers to enhance the employment prospects of SWD. Ahead also provides information and training on disability issues and inclusive education to teachers, guidance counsellors and parents. AHEAD publishes annual statistical data on the participation rates of SWD in HEIs in Ireland. Further detail on SWD participation rates and discussion is taken up in Chapter 6.

In summary, since the 1980s and 1990s, legislation and policy has come a long way in HE in Ireland in relation to disability. The passing of legislation in the 1990s and 2000s officially mandated public organisations to provide for people with disabilities. For the HE sector this meant a range of provisions were required to avoid discrimination, make services and information accessible and to provide reasonable accommodations. The setting up of a fund for SWD has allowed for supports and services to develop and for many SWD to benefit as a result. Every HEI in Ireland has either an access or Disability Officer. The larger HEIs have dedicated Disability Service with specialised supports services such as academic support and assistive technology. The establishment of Ahead and DAWN have assured that common



issues impacting on SWD in HE are given a collective voice at a national level. The most recent development nationally for SWD in HE is the Disability Access Route to Education (DARE) scheme and this is the focus of the next section.

### 3.7 Disability Access Route to Education (DARE)

DARE was established in 2009 by HEIs who had previously provided independently administered supplementary admissions routes to school leavers with disabilities. DARE offers a points reduction on courses via the CAO to applicants who can demonstrate that they have a disability. The premise of DARE was that evidence of disability equates to evidence of educational disadvantage. According to recent Irish based research (for example, McGuckin et al., 2011; Rose et al., 2010; Rose et al., 2015; Rose & Shevlin, 2015 and Squires et al., 2016) SWD in Ireland face additional barriers when seeking appropriate guidance and accessible information on course choices and access routes to FE and HE. The number of participating HEIs in DARE has increased from eleven in 2010 to eighteen in 2014. DARE has a dual purpose to encourage applicants with disabilities to disclose their disability in their CAO application and 'offers reduced points places to school leavers who as a result of having a disability have experienced additional educational challenges in second level education' (DARE, 2016: 3).

In 2012, the IUA commissioned Maynooth University to carry out a review of the HEAR and DARE entry schemes (Byrne et al., 2013). One of the concerns leading to the review was that DARE was unintentionally favouring applicants with greater resources who could pay for assessments, in particular, educational psychology reports. The review found that the majority of applicants who apply for DARE are male (55.7%) compared to the larger group of CAO applicants where 49.2% are male. Also, while 88.9% of other CAO applicants are Irish, 96.2% of DARE applicants are Irish. DARE applicants are also more likely to be older than other CAO applicants. The report adds that this is 'perhaps reflecting the 'biographical disruptions' (Williams, 2001) as a result of their disability that students with disabilities are likely to encounter over the life course,' (Byrne et al., 2013: 114).

The review also found that DARE applicants are also less likely to attain more than 400 CAO points compared to other CAO applicants. However, recalling that a stated specific purpose of DARE is for applicants who ‘may not be able to meet the points for their preferred course due to the impact of a disability,’ the finding of lower points obtained by DARE applicants in the evaluation report needs to be understood in this context. The review did confirm that DARE applicants are also more likely to have attended fee paying or private schools compared to their CAO peers. This finding provides evidence for the concern that the DARE criteria were unintentionally favouring applicants with greater financial resources. The report also considered eligibility outcome and found that males and older applicants were significantly more likely to submit ineligible applications. Also, applicants who received more supports in post primary education were less likely to submit ineligible applications (Byrne et al., 2013: 118).

From 2006 to 2016 the population rose by 518,127 (12.2%) (CSO, 2016) and the number of CAO applications increased by 21,395 (36%). The numbers and percentage of DARE applications has also increased, starting at 2,203 applicants and 3.06% of CAO applications in 2010 and rising to 5,415 applicants and 6.7% of CAO applications in 2016. Table 3.7 captures data on the state population, CAO applications and DARE applications and admissions between the years 2006 to 2016.

**Table 3.7 State population, CAO and DARE applications and admissions (2006 to 2016 where available).**

	Population Census 2006, 2011 & 2016	CAO Applications (& % of Census population)	DARE Applications (& % of CAO)	DARE Admissions (& % of CAO)
2006	4,239,848	59,485 (1.40%)		
2007		61,961		
2008		63,868		
2009		67,634		
2010		71,843	2,203 (3.06%)	385 (0.53%)
2011	4,588,252	71,466 (1.55%)	2,551 (3.57%)	753 (1.05%)
2012		71,648	2,942 (4.10%)	1116 (1.55%)
2013		71,151	3,312 (4.65%)	947 (1.33%)
2014		73,091	4,049 (5.54%)	1277 (1.74%)
2015		76,227	4,503 (5.9%)	n/a
2016	4,757,976	80,880 (1.69%)	5,415 (6.7%)	n/a

### **3.7.1 Breakdown of disability type disclosed via DARE**

Applications for DARE have increased in number and in proportion to the total number of CAO applications. In 2010, 2,203 DARE applicants accounted for 3.06% of all applicants to the CAO. In 2016 DARE applications had increased to 5,415 (6.7% of all CAO applications). Further data and discussion on DARE as an admissions route is covered in Chapter 7. Despite the apparent success of DARE over seven years, it must also be acknowledged that many potential applicants are not able to afford or access the professionals needed to complete the documentation that DARE requires. As one of the findings from the 2013 review of DARE was that a higher proportion of DARE applicants came from fee paying schools and that there was a significantly lower rate of applications from schools in disadvantaged areas (Byrne et al., 2013), a re-definition of DARE was carried out in 2015 for applications to DARE in 2016. The two main developments were the addition of an Educational Impact Statement which applicants need to complete together with their school and a provision to allow applicants to provide evidence of their disability via their GP if the GP can verify that they have evidence of disability on file from a relevant medical consultant. The latter change was brought in to address the financial costs associated with accessing consultants merely to complete forms. Only applicants

with evidence of a disability and the required level of impact indicators were deemed eligible for DARE in 2016.

A final comment on DARE concerns the basic assumption that educational disadvantage persists even when every reasonable accommodation and support is put in place to 'level the playing field.' This issue is not taken up by either the HEAR DARE review (Byrne et al., 2013) or by the re-definition of DARE for 2016. Through the EPSEN Act, the State Examination Commission (SEC) and Reasonable Accommodations for Certificate Examinations (RACE) a clear set of supports and procedures are already in place to ensure that,

reasonable accommodations should not put the integrity, status, or reputation of the examination at risk [and] should be designed to remove as far as possible the impact of a disability on a candidate's performance, so that he or she can demonstrate in the examination his or her level of achievement, (SEC, 2016: 3).

However, DARE effectively puts the reasonableness and reputation of all of these school-based accommodations in doubt by offering a further accommodation in the form of 'reduced points' to SWD who apply for places in HEIs. It does this because of the much repeated but unsubstantiated claim that, 'evidence shows that disability can have a negative impact on how well a student does at school and whether they go on to College,' (DARE, 2015: 4). Regardless of the source of this claim, DARE uses this rationale to compensate for an assumed lack of reasonable accommodations. Two questions result from this mutual exclusivity; first, if DARE is in fact a reasonable accommodation in an otherwise unfair points based entry system, does this mean SWD (or pupils with SEN) are being let down in post-primary school by failed attempts to support them? Secondly, and as a corollary to the previous question, if instead schools are in fact being reasonable and providing appropriate and fair accommodations as the SEC sets out to do, is DARE going too far in an attempt to compensate?

The HEAR DARE Review (Byrne et al., 2013) identified a bias in the DARE criteria towards applicants with greater resources to pay privately for timely documentation.

The re-definition of DARE for entry in 2016 sought to address this bias by widening the eligibility criteria to include an Educational Impact Statement completed by the School and where appropriate, medical evidence completed by a G.P. where evidence from a named medical consultant is verified as being on file. The intention of these measures is to lower the number of late diagnosis where little or no impact in school was evident and to make it easier for applicants with fewer financial resources to gather evidence and apply to DARE.

### **3.7.2 Section summary**

DARE has been relatively successful in increasing the numbers of SWD entering HE. In that regard, along with HEAR, it serves to fulfil the widening participation agenda that has been a key focus of the HEA. However, increasing numbers alone does not mean that equity has been achieved. Questions have been raised about bias in the DARE scheme, most notably in the HEAR and DARE review (Byrne et al., 2013), as DARE attracts a disproportionate number of applicants from better off backgrounds. Yet it could be argued that this apparent bias in DARE towards better off applicants is also a bias shared in HE generally towards better off applicants to HE. It remains to be seen what changes will be brought about as DARE continues under re-defined terms for entry in 2016 and beyond. I now want to return specifically to the context of this research, SWD in Trinity. Naturally enough there is considerable material and relevance to be discussed since the Disability Service was set up in 2000, so this is the focus of next section.

## **3.8 Disability Services at Trinity: 2000 to 2015**

The Disability Service in Trinity was established in 2000. It was the last of Ireland's seven universities to set up such a service. In 2014/15 the service in Trinity had 1,313 students registered representing 7.7% of the total student population. This is the highest number of any HEI in the Republic of Ireland (Ahead, 2015a).

Between 1980 and 1998 the admissions rates to HE in Ireland doubled (O'Connell et al., 2006: 16) and the increasing number of SWD in Trinity had resulted in an emerging informal response that slowly grew into a demand for more formal

supports. In recalling the beginnings of a Disability Service in Trinity, Alan Tuffery writes:

As Senior Tutor I introduced in about 1990 a proposal to Council to establish a formal committee to oversee the provision of services for students with disabilities. Up to that point there had been a rather ad hoc arrangement under the aegis of the Academic Secretary, [...] recently [...] augmented by [...] the Examinations Office. The enthusiasm, persuasive skills and commitment of these two meant that there was extraordinary provision for a few students but there was no consistent procedure of provision for large numbers of students. [...] That system jogged along for several years and slowly established some basic protocols and application procedures, but services were very limited. Gradually Government and EU funding improved and in about 1998 the then Senior Tutor [...] asked me to serve as Disability Services Coordinator – to try to move the service on a step. My stated aim when I took the post was to appoint a full time professional within three years. By the end of the first term that had changed to ‘we must have a full-time professional in here by the end of this academic year’! (Disability Service, 2010: 61).

The Disability Service has developed in response to the needs of increasing numbers of SWD in Trinity. Under the Disability Act (2005), Employment Equality Act (1998), Equal Status Act (2000 & 2004) and the University Act (1997), Trinity is obliged to comply with the laws that relate to SWD. Under the terms of this legislation, students who present with evidence of disabilities are entitled to a range of support services. The Disability Service’s stated role is to provide reasonable accommodations for SWD. This is achieved through students disclosing a disability, providing evidence of a disability and by the carrying out a needs assessment that leads to the provision of a range of practical supports and flexible arrangements. There is an extensive list of innovations covered in Annual Reports (2004 to 2014). The following a sample of some of the main innovations:

- An Assistive Technology & Information Centre (ATIC) was established in 2004 (Disability Service, 2005). This provides an area in the library where students can access assistive technologies and attend training in its use.

- A Learning Education Needs Summary (LENS) developed as a means of making recommendations to academic schools and departments on the support needs of SWD on their courses.
- A mental health advisory service based on an Occupational Therapy model was established and provided by Unilink. This one to one support assists students to engage in their academic and social roles while in university.
- An audit of the buildings and physical infrastructure of Trinity was carried out in 2009. This identified and prioritised physical access works that were required to meet Trinity's obligation under the Disability Act 2005 to make public buildings accessible by 2015. Following this audit a programme of work was undertaken that significantly improved the accessibility of many of Trinity's buildings. This included the installation of ramps, lifts and automated doors and creation in 2011 of an accessible pathway through the cobbled squares of the campus.
- In 2012 the LENS report was extended to include the needs of SWD on placements on Trinity's fourteen professional courses. A placement plan identifies the needs of a SWD and makes recommendations for reasonable accommodations on the placement site.

### **3.8.1 The day to day practice and service delivery**

To register with the Disability Service, students must complete and sign the *Trinity College Code of Practice for Students with Disabilities* (Disability Service, 2015a). This is an official university document which functions to ensure the university complies with its legal obligations. It outlines a commitment to SWD that they will be provided with as complete and as equitable access to all aspects of Trinity as can be reasonably expected. It applies to all SWD in Trinity and defines their rights and responsibilities in relation to reasonable accommodations. For example, the Disability Service requires relevant medical evidence for students to register. This must take the form of a report from an Educational Psychologist for a student with a Specific Learning Difficulty or a medical consultant's report for all other disabilities. By completing the Code of Practice students provide consent for the Disability

Service to retain evidence of their disability on file and act on their behalf to arrange supports and reasonable accommodations.

When a student registers with the service a needs assessment is carried out by taking into account the impact of the disability on the student, their compensatory skills and the requirements of their course. A needs assessment report is designed to inform academic staff of a student's specific reasonable accommodations. It outlines the supports provided by the Disability Service and recommendations for teaching staff at course level for reasonable accommodations. A completed needs assessment is an electronic document that is first sent to the student for their approval. When their consent has been provided the report is then shared with key academic and administrative staff in each department or school. They have responsibility to circulate the report to the relevant teaching staff of each student.

As of 2015, the Disability Service consists of eight full time staff; a Director, two Disability Officers, an assistive technology officer, two occupational therapists, an executive officer and an educational support worker administrator. The service also employs two Occupational Therapists on a shared basis working between Trinity and other Dublin based HEIs. A summary of the main developments of the Disability Service from 1995 to 2015 are provided in Appendix C.

### **3.8.2 Strategy and planning**

As provided for in the University Act (1997), HEIs are obliged to set out strategic plans in line with HEA policy and objectives. Part of the strategic plan for Trinity 2014-2019 includes commitments to equality and diversity, specifically 'increasing the percentage of underrepresented groups enrolled on undergraduate courses to 25% in 2019' (Trinity, 2014: 73) and 'promoting the employment of people with disabilities, improving their retention and recognizing their contributions' (Trinity, 2014: 73). The previous strategic plan 2009-2014 (Trinity, 2009: 9) had set an entrance rate target of 22% for non-traditional students (this includes students from a socio-economically disadvantaged background, those with a disability and mature students).



In line with the Trinity strategy, the Disability Service developed a Strategic Plan from 2011 to 2014 which aimed 'to develop clear and effective support systems at all stages in the student journey' (Disability Service, 2011: 25). The emphasis was on three phases of the student journey. Phase 1) pre-entry, admission and the first year experience; phase 2) building and maintaining a college career and phase 3) the transition from university to employment. In line with this strategy, the Disability Service expanded its outreach and admissions activities with the Pathways to Trinity website and developed a partnership with the Career Advisory Service to assist SWD prepare for employment.

### **3.8.3 Current issues and challenges for the future**

An external quality review of the Disability Service took place in November 2014 (Disability Service, 2015b). The reviewers found that:

There is substantiating evidence to show that this is a service which is student focused and well thought of by staff and students with disabilities alike. The service has continuously sought ways to improve, develop and widen impact.

The peer reviewers felt that the present review was taking place at a critical time of development for the service with...the launch of the very ambitious University Strategic Plan 2014-19. Of particular relevance are the strategic aims regarding diversification of the student population and the internationalisation agenda (Disability Service, 2015b: 5).

The review also recommended that a module should be provided in Trinity's student information system to identify SWD and their support needs. It also recommended that energies and resources should be focused on key activities and that additional projects could be better managed or partnered with other areas in Trinity (Disability Service, 2015b: 14).

While widening participation to non-traditional and disadvantaged groups through targets is part of an EU and national strategy, in Trinity the support systems are under increasing pressure as student numbers continue to rise while funding is reduced. The budget for the Disability Service in Trinity grew from €81,000 in 2000-2001 to €1.43 million in 2007-2008 through the FSD. However, cut backs

due to the economic recession reduced the budget to €1.26 million in 2009-2010. Since the economic crises of 2008, the fund for students with disabilities has been reducing on an annual basis (Disability Service Annual Report, 2004 to 2014). The consequence of these cuts has resulted in fewer funds available for academic assistance, assistive technology and occupational therapy supports. The shared services provided to other HEIs has been discontinued and staff numbers have been reduced. The impact of these changes have put pressure on the service to restructure administrative processes by introducing group orientations, group based supports and online registration.

As the current commitment is to increase the quota of non-traditional students to 25% of new entrants by 2019 (Trinity, 2014), the capacity and quality of the newly re-structured services will be further tested. As the target does not come with a commitment to increase funding or expand resources, the underlying assumption is that re-structuring and efficient management will be sufficient to properly support the additional students and their needs.

### **3.8.4 Section summary**

The Disability Service has grown rapidly since being established. In 2014/15, Trinity had the highest proportion of SWD of any HEI in Ireland. As the numbers of SWD have increased, so too the services and supports have developed to meet the needs of this student group. The Disability Service deals with and operates in a complex area, where most of the relevant legislation and policy have been recently formed and not fully implemented. Since the economic recession of 2008, funding has been cut as student numbers continued to rise. HEA targets to increase the numbers of non-traditional students to 25% by 2019 will put increasing pressure on supports services to deal with the needs of these students. Instead of additional funding and increased resources, restructuring and improved management are seen as the key to meeting the needs of students.

### 3.9 Conclusion

Slow and at times unsteady progress has been made since the earlier findings by King (1986) and Tubridy (1996) which focused on a lack of provision for and a lack of awareness of the needs of SWD in HE. During the 1990s, supports began to emerge in HE in Ireland but as identified by Shevlin et al., (2004) significant gaps and deficiencies were found in the 'piecemeal institutional response' for SWD attending HEIs in Ireland. It has been slow, but this chapter has shown that in the last decade support services for SWD in HEIs in Ireland have continued to improve.

Coinciding with rapid economic development and the need to increase human capital, Ireland passed a series of disability related legislation in a short period and developed policies and service provision for SWD in HE. This followed the march of civil rights and equality legislation in other countries such as the US, UK, Australia and Canada. Consequently, the relatively late emergence of Disability Services in HEIs in Ireland has created a new space where to date, little research has taken place. Evidently, progress has been made at both a local and national level. While Disability Services in individual HEIs have developed significantly in response to the increase in student numbers and continue to provide direct supports to students; inter-institutional organisations such as Ahead, DAWN, IUA, HEA, HEAR and DARE have co-ordinated national data, strategies, policies, funding models and admissions routes which have transformed the HE landscape for SWD in the past two decades.

Within this enormous growth and development, imbalances have emerged and policies, based on equality and affirmative action, have not always operated as smoothly or fairly as first intended. For example, the definition of disability and its assumed link to educational disadvantage continues to challenge service providers and front line staff. These challenges have been identified in the DARE programme where a review of its operation and impacts has resulted in a re-definition of DARE for entry in 2016. This chapter in particular has shown the extent of the complexity that exists around language, definition and practice. As a Disability Officer and as a researcher, I can identify with Lipsky's description of the 'street level bureaucrat' and the dilemmas of implementing policy while operating on the ground (Lipsky, 1980).

As the purpose of all this progress in legislation, policy and practice is to get SWD into and through HE, a key area of concern is keeping this group of traditionally under-represented students in HE until they complete their courses. Student retention and the retention of SWD in HE in particular is therefore the focus of the next chapter.

## Chapter 4 Student Retention

*Access without support is not opportunity – Vincent Tinto*

*College retention rates are often misleading – Alexander Astin*

### 4.1 Introduction

This chapter focuses on the issue of student retention in HE and specifically from the point of view of SWD. The research data on the participation of SWD in HE, particularly in Ireland, has tended to focus more on, 'how many are getting in?' and less on, 'how are they getting on?' As a result, there is a gap in the literature and more comprehensive research into the retention rates and experiences of SWD in HEIs in Ireland is needed. As this study seeks to respond to that 'gap', this chapter will critically look first at the literature on student retention and then will focus more specifically on the retention and progression of SWD in HEIs internationally, in Ireland and within Trinity.

### 4.2 The importance of student retention

Internationally, the issue of student retention in HE is recognised as an important one, due to losses in time, resources and finances to both the student and the HE sector generally. The massification of HE, highlighted in the previous chapter, and associated concerns over wastage are major reasons why student retention is becoming increasingly important. Whether students leave a course, a university, or HE altogether, the cumulative losses represent a shortfall in the fulfilment of individual and institutional potential. Both the reality and the perception of this shortfall are among the key drivers in the vast and ever expanding international literature on student retention (see for example, Astin, 1975; Bayer 1968; Bean 1980; Beatty-Guenter, 1994; Braxton, 2000; Harvey & Luckman, 2014; Healy et al., 1999; Martinez, 1997, 2001; McNeely, 1937; Morgan et al., 2000; Pascarella & Terinzini, 2005; Quinn et al., 2005; Seidman, 2012; Spady, 1971; Thomas, 2012;

Tinto, 1975, 1987, 1993; van Stolk et al., 2007; Wray et al., 2014; Yorke, 1999 and Yorke and Longden 2004). In the US, a synthesis of the literature on student retention by Troxel (2010) cites more than one hundred publications. A similar literature review on the issue of student retention in the UK by Jones (2008) also cites more than one hundred references. In the US, the Center for the Study of College Student Retention was established in 1996; it publishes the *Journal of College Student Retention* and maintains a website with a resource of over 1,800 retention-related references. However, despite the volume of material available there are clear imbalances present within the literature, with US and UK research dominating over the past thirty years and other countries (for example, Australia, Canada and Ireland) appearing to take a belated interest in the last decade or so.

Further imbalances exist when we look internationally for specific studies on SWD in relation to retention and progression in HE. In the US, research in this area emerged and grew in in the 1990s. In a review of the literature on SWD in HE, Paul (2000) identified thirty-nine studies during the 1990s. This body of research continues to grow (see for example, Belch, 2004; Duquette, 2000; Getzel, 2008; Herbert et al., 2014; Huger, 2009; Lichiello, 2012). In Ireland the field of study on student retention is small, with literature on the general student population amounting to only a handful of recent and largely statistical reports (for example; Eivers et al., 2002; Healy et al., 1999; Mathews and Mulkeen, 2002; Morgan et al., 2000). Research with a greater focus on qualitative data on student withdrawal in Ireland has only been addressed recently by Crehan (2013), Moore-Cherry et al., (2015) and Redmond et al., (2011). Research on the progression and retention of SWD in Ireland is limited to just three studies; Blaney and Mulkeen (2008), Costello (2003) and *Pathways to Education* (2010). These will be looked at more closely in section 4.7 of this chapter.

Since the 1970s keeping track of student progression and retention has increased in significance, growing slowly as an issue of concern in HE with a few researchers in the US, most notably Astin, (1975), Spady, (1971) and Tinto, (1975), to an issue that is now seen as being hugely important for HEIs worldwide. We saw in Chapter 3 that student numbers have increased globally and this in turn has pushed the issue of

student retention higher up the agenda of the HE sector. As argued by Crosling et al., (2009: 9):

As a key performance indicator in university quality assurance processes, the retention of students in their studies is an issue of concern world-wide,

The volume of retention research supports the case for the importance of student retention. It is not just important for researchers. Within HE more broadly, the ranking systems, university management and international groups such as the OECD, cite student retention as a key indicator of institutional quality. However, Cooper (2002), questions the basic assumption that student retention can be used as a reliable measure of quality because there is no established theoretical pathway to link them together. While models of student retention attempt to create such a theory, to date, the most well-known of these - the social and academic integration model (Tinto, 1987) and the interactionist model (Tinto, 1993) do not have universal acceptance. Therefore the research, the debate and the theorising continues in the search to establish a link between student retention and institutional quality. As Tinto (1987: 36) has put it, 'student departure has been a much-studied phenomenon. Few issues in higher education have attracted more attention.'

A key issue for this research is the use of student retention data as a means of benchmarking how SWD are progressing in HE compared to their non-disabled peers. As a sub-group of the widening participation and access agenda in HE, an assumption persists that SWD remain educationally disadvantaged and less likely to attain the same academic standards and are more likely not to complete their course compared to their non-disabled peers. A focus point of this chapter is to explore this assumption.

In summary, student retention is essentially about how students are getting on in HE. Mostly this 'getting on' is about progression and completion rates compared to peers, to other HEIs and to other countries. While this is an important issue for HEIs generally, for SWD that importance has an added dimension. How well SWD are doing in comparison to other student groups is an important measure of the widening

participation agenda and the extent to which it may or may not achieving what it has set out to. These are important and interesting issues but to sufficiently address them, it is necessary to look first at how retention measures and theories have been developed. This will provide a better understanding of the many varied ways in which student retention is conceptualised.

### 4.3 Retention measures

How retention is measured and the theories that have been developed to explain student departure and persistence will be addressed in this section. A broad sweep of the literature will be considered first, before looking specifically at measures and theories related to SWD. Retaining students in HEIs is beneficial for more than just the individual student. When retained students are:

Able to reap the rewards that a college degree affords, the college or university will be able to maintain the income that derives from the student's attendance, and society will be able to utilize the skills of the students in becoming more productive, (Tierney, 1992: 604).

The OECD (2015a: 116) reported that in all OECD countries, those with HE qualifications earn more than those whose highest education is at the upper secondary level. While students are clearly interested in attending HE, HEIs are also interested in retaining students. However, the basic assumption of the most established retention theory is that individual student choice as opposed to institutional interventions, play the more vital role in whether students persist (Tinto, 1975, 1987, 1993). In the US, given that institutional departure nationally has remained unchanged, averaging 46% between 1997 and 2009 (National Center for Higher Education Management Systems, (NCHEMS), 2015; Mortenson, 2012), there is scepticism that universities can initiate measurable change in the area of student retention. Looking closely at the interactive tables on the NCHEMS website demonstrates that the graduation from HE after six years, varies considerably from state to state. Massachusetts consistently has the highest rate of graduation with an average of 66% between 1997 and 2009, while Alaska has the lowest graduation



rate with an average of 25% over the same time period. What this data demonstrates is less about what individual universities do and more about where these universities are situated, geographically, economically and politically in relation to each other and to the students that attend them. Despite the weight of such clear geographic and economic indicators, the belief persists that what universities do, does matter and that programs can be developed to improve student retention (Seidman, 2012).

Measuring student retention is far more difficult than might first be imagined (Mortenson, 2012). At one level, counting how many students leave a university before graduating might seem straightforward and to an extent it is because such data is easily accessed from fees offices and administration records. However, such simple data collection often misses many complexities. For example, among students who leave a proportion return and among those who are counted as having been retained a proportion have in fact left. One of the first researchers of student retention in the US, Alexander Astin, was aware of the slippery nature of capturing accurate data on student retention when he wrote that ‘the term ‘dropout’ is imperfectly defined: the so-called dropouts may ultimately become non-dropouts and vice versa’ (Astin, 1971: 15). In an attempt to clarify the terms used in this chapter, Table 4.1 defines six key ‘retention terms.’

**Table 4.1 Retention terms defined**

Completion:	Students meeting the graduating requirements of their course
Non- completion:	Students who repeat several years of their course or take prolonged time out
Retention:	Students who remain on a course either by progressing or repeating
Repeating:	Students who fail to advance to the next year of a course and re-attempt the year instead of transferring or withdrawing
Progression:	Students who advance to the following year of a course
Transferring:	Students who switch to a different course within the same HEI. They are retained by the HEI but not by the course
Withdrawal:	Students who officially leave a course without completing it

Although these terms are relatively easy to understand, in practice it is far more difficult to produce definitive categories because student behaviour is complex and over time numerous outcomes can emerge for individual students. To match student behaviour the definitions of student retention can be grouped and subdivided into further multivariate categories. Fairly soon the assumed clear dichotomy of retention or withdrawal is undermined by an ever expanding list of anomalies. Table 4.2 demonstrates the scope of twelve (but not necessarily all) of the ‘non-progression’ categories.

**Table 4.2 Categories of HE non-progression (adapted from Hagedorn, 2012)**

Student A	Accepts a place on a course but subsequently fails to register	‘Admissions withdrawn’ (vacant place may be filled)
Student B	Accepts a place on a course but several weeks later transfers to another course in the same university	Course transfer (vacant place may not be filled)
Student C	Accepts a place on a course but subsequently transfers to a similar course in another university	Institutional withdrawal but student persists
Student D	Completes their first year of university but fails to return for the second year	‘Made withdrawn’ by university sometime in the second year
Student E	Fails first year and decides to take a year out before returning	Outcome is pending until student returns
Student F	Fails first year but subsequently re-enters first year on another course	Course failure or withdrawal?
Student G	Fails first year and repeats the year	Persistence but not progression
Student H	Does not attend classes and completes an official withdrawal form	Formal withdrawal
Student I	Becomes unwell in the week of their final exams and must wait a year to re-attempt	Delayed completion
Student J	Completes a degree and returns to the same university to do a postgraduate course but withdraws	Defined or counted by university as a graduate and a withdrawal
Student K	Withdraws from one course and completes a degree on another course and then re-enters the original course	A ‘formal withdrawal’ may be undone several years later
Student L	Requests a year out for medical reasons but subsequently does not return	The university records may ‘retain’ this student for several years

In Ireland and the UK, student retention is increasingly being used as an indicator for institutional quality and ensuring government funding on a *per capita* basis. In response, HEIs have gathered data on student progression into, through and from their respective institutions. However, as no single method exists to define 'student retention,' attempts to compare student progress rates between HEIs and between countries have proved problematic (Jones, 2008; Mooney et al., 2010; Mortenson, 2012). To demonstrate this point further, in the UK, the Higher Education Academy defines 'completion rate' as 'the proportion of starters in a year who continue their studies until they obtain their qualification, with no more than one consecutive year out of higher education' (Jones, 2008: 1). As an increasing number of students are taking additional years to complete their degrees, 'waiting' five or more years before capturing completion rates for a student cohort is often too long to wait if a particular course or programme is experiencing high rates of departure in first year. Instead, HEIs are increasingly opting to measure the retention rate of first year students and using that as an indicator of student retention overall. The benefit of this method is that it quickly captures the majority of student departures in first year and it also provides annual comparisons using current data (HEA, 2010; Jones, 2008).

However, the above method, if used exclusively, also hides a number of other issues that should not be ignored. For example, repeating first year students are counted as being retained in their second year in HE, when in fact as a group they are at the highest risk of leaving HE because they have yet to complete their first year. The method also fails to adequately monitor the progress and completion rates of non-traditional students including SWD, by assuming that first year is the only year of concern for students overall.

#### 4.4 Retention theories

If measuring retention and capturing data on withdrawal is problematic, the situation is not made any clearer with the variety of theories which have attempted to describe and explain the phenomenon. While the most widespread theory of student retention

is Tinto's (1975) integration model, several predecessors of Tinto had created and entered the field of student retention theory as early as the 1930s. McNeely's (1937) government sponsored national study, *College student mortality* was the first major study in the area. Initiated in response to the Great Depression of the 1930s, McNeely looked at a range of student centred factors including when students were most likely to leave, how long it took them to graduate and reasons for departure. McNeely's pioneering works was:

...remarkable for the breadth and depth with which it covered the extent of and patterns of student attrition. [It] was clearly a forerunner of the more comprehensive studies that would become common some thirty years later (Berger et al., 2012: 18).

Summerskill (1962) took the view that student personality was the decisive factor in the decisions students made in leaving university and focused on the psychological causes of student departure with personality attributes of students (disposition, maturity, motivation) the main reasons for a lack of persistence. In the early 1970s, Spady (1971) looked at the university environment and how this interacted with student characteristics. He categorised the studies on student retention from the late 1950s and 1960s into six types: autopsies, case, census, descriptive, philosophical and predictive. Noting the lack of synthesis among the different study types, Spady sought to bring the elements of student departure together into a model that took into account both individual characteristics and the university environment. Spady used a sociological approach rather than the psychological view that was taken at the time and he was the first to synthesize the findings of different student departure studies into a single conceptual framework. Spady's work was highly influential on Tinto's model of student integration (Tinto, 1975, 1987).

Tinto (1975, 1987) further synthesised the ideas of Spady (1971) and Summerskill (1962) with the sociological research on suicide by Durkheim (1897) and the anthropological work on *Rites of Passage* by van Gennep (1960). Tinto's theory of institutional departure was based on the assumption that a mixture of individual and institutional factors contributed to students leaving a HEI. Initial factors consisted of

the pre-entry characteristics of individual students, their goals and commitments and their early institutional experiences. These factors largely determined what Tinto referred to as 'student integration'; the extent to which the student becomes engaged in the academic and social life of the university. Tinto argued that a higher level of integration or 'institutional fit' increased the likelihood of the student persisting. Where a student struggles to integrate into the academic and social networks of the university they are more likely to re-evaluate their goals and commitments and make a departure decision. A student may re-evaluate their position more than once before finally settling in or they may realise there is a lack of congruency between them and the institution and decide to leave the university.

The literature relating to the issue of student retention in the US focused on increased social and academic integration for students, particularly in their first year as key factors in enabling retention (Tinto, 1987 & 1993). However, while Tinto's theory has been referred to as 'near paradigmatic' in the field of student retention (Braxton et al., 1997), not everyone agrees that the basis of Tinto's model is sound. For example, Bean and Metzner (1985) pointed out that the young traditional north American student, leaving home for the first time to attend College, had very different expectations and social needs than commuting students, adult learners, those working or with their own families. According to Bean and Metzner (1985: 485), 'no theoretical model has been available to guide attrition research on the non-traditional student enrolled in institutions of higher education.' Ashar and Skenes (1993) questioned if Tinto's model could be applied to non-traditional students and found that, at least for mature students, classes that were smaller and more socially integrated were better at retaining students than classes that were less integrated and larger.

In the UK, Yorke and Longden (2004) suggested that mature students present a challenge to the appropriateness of Tinto's model of student departure and was critical of models of student departure from the US that focused on traditional students. For Yorke and Longden (2004), older students do not break ties with their communities, families and social networks and do not need to develop socially in the

same way as younger students. They are more interested in the academic and learning aspects of HE. For these students, external factors play a greater role in their persistence in HE. Issues such as family support, finance and health play a crucial role in determining outcomes for older students (Fleming and Finnegan, 2011; Alsop et al., 2008). Indeed, research on the mature student experience shows that they have less time for social engagement due to financial constraints, external priorities and commitments (McGivney, 2004). However, social engagement with peers is still valued amongst mature students, particularly at the beginning of HE (Leonard, 2009). While identifying with other mature students is valued (Merill, 1999), the desire and intention to engage more fully in the student experience is often significantly restricted by a shortage of funds and a scarcity of time.

Another criticism of the student integration model (Tinto, 1975, 1987) concerns its philosophical basis. For example, Attinasi (1989) and Brunnsden et al., (2000) suggest that Durkheim's (1897) suicide theory does not provide a suitable model for understanding student attrition and question its appropriateness as taking one's life and leaving university are clearly different phenomena. In addition, Tierney (1992) questions the appropriateness of the *Rites of Passage* approach to student attrition as it wrongly assumes that students have a shared set of values and identify with each other on the basis of a shared experience. Tierney (1992) cites commuting students and students from cultural minorities as examples of students who do not fit the *Rites of Passage* model. Tinto's model has also been criticised for the way it deals with external factors (Cabrera et al., 1992) and with regard to financial considerations (Aitken, 1982). Some researchers have sought to test Tinto's model as an appropriate means of describing the phenomenon of student departure, for example, Brunnsden et al., (2000) suggest that Tinto's model did not give an appropriate description of the data they found from a study of student departure in universities in Scotland and Northern Ireland.

Seidman (2012) has revisited Tinto's focus on social and academic integration and produced a formula for success. At face value the formula for retention is a simple (if not too simple) one liner: 'Early identification of students at risk; and early and

intensive continuous intervention' (Seidman, 2012: 268). Seidman's retention formula includes a multitude of dynamic factors essentially combining considerable time and additional resources at each point in the formula. An obvious limitation of Seidman's formula is that the 'at risk' students are often the ones most likely not attending classes and not engaging in supports, so getting them to attend or engage with 'early and intensive continuous intervention' is a further challenge. Seidman (2012) acknowledges the scale of this challenge, but argues that the rewards are worth the effort. Using data from the US Census Bureau to demonstrate that a College education is cost effective to students; 'students with an associate degree will earn more money than those with a high school diploma, average household income rises \$14,354 with an associates degree' and 'average household income rises \$37,874 with a bachelor degree' (Seidman, 2012). Retention is also cost effective for colleges. Estimating the average cost of tuition and fees at \$10,000 annually for ten students, the lost revenue to a college is \$300,000 over three years. Similarly, in Ireland, Smith & McCoy (2009) demonstrate that the level of education achieved is highly predictive of income and quality employment with greater pay levels found among those with upper secondary and HE qualifications.

An analysis of student retention and attrition in 32 Australian universities by Olsen & Spain (2009), found that out of a population of 485,983 students the retention figure was 89.5% and the withdrawal rate was 10.5%. This research also found that age was a significant factor in student withdrawal, with 17 and 18 year olds being almost twice as likely to leave compared to 19 to 23 year olds (Olsen & Spain, 2009). The emphasis on age as opposed to year in HE, raises the question about which is the more significant variable in student departure; are younger students likely to leave because they are more likely to be first years, or are first years likely to leave because they are more likely to be younger?

In summary, this section has demonstrated the difficulty in accurately measuring and theorising the issue of student retention. While researchers and commentators on the issue agree that student retention is an important indicator, there is considerable debate on what exactly is being indicated. For some, student retention is a clear sign

of institutional quality, with high retention rates indicating institutional excellence. For others, student retention is a complex socio-economic issue with variation in student retention rates between HEIs better explained by traditional social divides that are merely reflected in the various HE levels. While Tinto's (1975) student integration model is the dominant working paradigm for the traditional student in the US, a branching out of this theory has developed to consider less traditional students including mature students, international students, ethnic minorities, students from socio-economic disadvantaged backgrounds and SWD. Before looking specifically at the available literature on the retention of SWD, the next section will focus on student retention in Ireland.

## 4.5 Student retention in Ireland

This section focuses specifically on the relatively small number of studies and reports on student retention in HE in Ireland. The first sub-section deals with an overview of the current position based on several national studies. This is followed by a more detailed look at studies focusing on student retention in individual HEIs. The final section looks critically at the research on student retention in Ireland.

### 4.5.1 Overview of national studies on student retention

On foot of the widening participation agenda, highlighted in Chapter 3, and following the series of studies on entrants to HE carried out by Clancy (1982, 1988, 1995, 2001), national research on student retention in Ireland took off from the late 1990s. Healy et al., (1999), carried out research in three IOT (Carlow, Dundalk and Tralee) in 1996-97 and found that the non-completion rate for first-year students was 37%. A number of student factors were attributed to non-completion, including lower prior educational attainment, unclear career goals, lack of career guidance, poor course choice, subject or course difficulties and financial and work related pressures. Institutional factors that were believed to contribute to non-completion included inadequate facilities, lack of supports and communication difficulties between staff and students. A large-scale quantitative study by Morgan et al., (2001) focused on non-completion in undergraduate university courses and found that 16.8% of students withdrew from the courses they had entered in 1992/93. Non-completion



varied between the universities with the lowest rate in NUI Galway (12.9%) and the highest rates at NUI Maynooth (27.9%). Higher non-completion rates were also associated with students studying Computer Studies, Engineering and Science. Males were more likely to leave their course compared to females and non-completion was more likely in courses with lower entry requirements.

A study carried out by Eivers et al., (2002), on non-completion in IOT, found that 42.61% of 11,175 students who entered courses in 1995 did not complete their course. Similar to the findings by Healy et al., (1999), Eivers et al., (2002) found that males were more likely than females not to complete their courses. The completion rates were highest in Humanities and Business Studies. However, in Engineering and Computing, more than half of the students did not complete their course. A third of new entrants in IOT in 1995 did not progress to the second year. They also found from 1,351 students surveyed across 11 IOT that more than half had thought about leaving their course at some point in the past and a quarter were still thinking about leaving their course at the time of the survey. The main reason given for wanting to leave was a difficulty with the course, often a particular subject (Eivers et al., 2002).

In 2010, another national report from the HEA on student retention demonstrated strong correlation between previous educational attainment and persistence (Mooney et al., 2010). Similar to the national findings from Morgan et al., (2001) and Eivers et al., (2002) a positive correlation was found to exist between higher CAO points and increased chances of success and continuation in HE. The report looked at 'the extent to which individual student characteristics, such as gender, age, socio-economic background and prior educational attainment, have an impact on progression' (Mooney et al., 2010: 5). Although not explicitly stated, the implication was that better leaving certificate results were a causative factor in persistence and lower results were causative in withdrawal. Multivariate analysis based on statistics present this conclusion as almost axiomatic, however, as argued by Fleming and Finnegan (2010), it is a false conclusion or fallacy – *post hoc ergo proctor hoc* – as higher results in Maths and English are also indicators of higher social status and this factor plays a more significant role in explaining greater persistence in HE.

Mooney et al., (2010) revealed little change in the national picture since 2000, and drew similar conclusions regarding factors related to non-completion including achievement in Maths and English and the level of leaving certificate points. These factors were also found by Blaney and Mulkeen (2008).

The proportion of new entrants to HE in 2012/13 who did not progress to the following year of study was recorded at 16% across all sectors and National Framework Qualification (NFQ) levels by Liston et al., (2016: 6). Over the previous 10 years this rate has remained stable. There was a 17% non-completion rate recorded by the HEA in 2010 (Mooney et al., 2010) and a non-completion rate of 16.8% recorded for all universities by Morgan et al., (2001: 25) for the 1992/93 cohort. The rates of non-progression in 2012/13 varied within and between sectors, ranging from 26% and 28% at levels 6 and 7 in IOT, to 11% and 17% at level 8 in universities and IOT respectively (Liston et al., 2016: 6). Table 4.3 compares the non-completion rates of new entrants across HEIs and study levels in the years 2007/08 and 2012/13.

**Table 4.3 Non-progression % for new entrants, 2007/08 & 2012/13**

<b>Higher Education Level</b>	<b>2007/08 entrants</b>	<b>new</b>	<b>2012/13 entrants</b>	<b>new</b>
Universities	9%		11%	
IOT Level 8	16%		17%	
IOT Level 7	26%		28%	
IOT Level 6	25%		26%	
<b>All Institutions</b>	<b>15%</b>		<b>16%</b>	

Adapted from Mooney et al., 2010 and Liston et al., 2016

Table 4.4 compares the non-completion rates of new entrants across the seven universities in the years 2007/08 and 2012/13. This table is based on data from Mooney et al., (2010) and Liston et al., (2016) where non-progression for new entrants is based on the percentage of new entrants who were not registered in the same HEI the following year. It includes students who are repeating but does not include students who transfer or re-enrol in another HEI.

**Table 4.4 University non-completion for new entrants, 2007/08 & 2012/13**

<b>University Level 8 New entrants</b>	<b>Non-progression 2007/08</b>	<b>Non-progression 2012/13</b>
Dublin City University	11%	12%
University College Dublin	9%	11%
University College Cork	9%	10%
National University of Ireland Galway	9%	13%
University of Limerick	9%	13%
Maynooth University	10%	9%
Trinity College Dublin	8%	7%
<b>National Average</b>	<b>9%</b>	<b>11%</b>

Adapted from Mooney et al., 2010 and Liston et al., 2016

By international standards, Ireland has a relatively high participation rate and a high retention rate (OECD, 2007: 72). The first HEA report on student retention identified variations in completion rates between fields of study and institutions (Morgan et al., 2001). Since then the issue of student retention has been a recurring one for HE in Ireland at a national level (Mooney et al., 2010; Liston et al., 2016; Patterson & Prendeville, 2013). While this section looked at the issue of student retention nationally, the next section looks at retention studies at an institutional level where research and surveys in various HEIs have focused on why their own students might be leaving.

#### **4.5.2 Retention studies in individual HEIs**

One of the earliest single HEI based studies was undertaken by Baird (2002) who undertook a qualitative study on withdrawal in Trinity and found that course choice, compatibility and commitment were the strongest factors that students considered when deciding to leave their course. Mathews & Mulkeen, (2002) focused their study on new entrants to UCD from 1999 to 2001 and found that 15.9% had withdrawn. They found that students were more likely to leave if they had 'weaker' academic qualifications in terms of lower CAO points and lower grades in English and Maths. Also, students on larger and less vocational courses were more likely to leave than those on smaller courses and on courses with a more vocational focus. Also, students from outside Dublin, those commuting and those from other EU countries

were more likely not to complete their courses. In response to questions about the factors that influenced their decision to leave, the most common factor was wrong course choice (Mathews & Mulkeen, 2002).

In *DIT and Student Retention*, Costello (2003) looked at several internal studies on student retention in the Dublin Institute of Technology (DIT) and found that 85% of those who left their courses did so in the first year. Realising the importance of student retention on this basis, a retention office was established in 2001 to look at the many aspects of the issues relating to student persistence, withdrawal, completion and non-completion (Costello, 2003). In a study on entrants to UCD from 1999 to 2007, Blaney and Mulkeen (2008), found little had changed in the profile of students who were most likely to leave their courses early since the study by Mathews and Mulkeen (2002). The total retention rate for the entrant cohorts from 1999 to 2007 was 82% and non-completion was more likely for females than males. Those students living on campus were more likely to complete their course as were those who took up their first preference offer through the CAO. Other similar findings concluded that course completion increased in relation to higher leaving certificate points attained and those who did better in English and Maths were also more likely to complete their courses.

Blaney and Mulkeen (2008) also found that most of the access route students have lower or similar non-completion rates compared to traditional students. The non-completion rate of students with a disability was 19.4%. This was the second highest rate of non-completion among the alternative entry groups, behind the EU group with a non-completion rate of 21.9%. Their research also showed that 25% of all SWD who did not complete their course, left during a repeat of their first year. This was significantly higher than any other group. In fact, of seven alternative entry groups, SWD had the lowest level of withdrawal in the first year of entry to UCD (Blaney & Mulkeen, 2008: 52, 53).

Harte and Keane (2009) based in Waterford Institute of Technology (WIT) provided data to Kinsella et al., (2006) on the retention rate of students in WIT between 2000

and 2005. The quantitative data showed an overall retention rate of 75.5% for the years 2002, 2003 and 2004. However, they acknowledged the 'dearth of evidence in the Irish context...in relation to measures or strategies that contribute to successful course completion' (Harte & Keane, 2009: 21).

Redmond et al., (2011) carried out qualitative research on student retention in UCD for 25 students who withdrew as first years from the 2008/09 entry cohort. They found that a range of academic and social difficulties contributed the decision to leave a course, these included; large class numbers, subjects not encountered before, difficulties choosing modules, lack of engagement in social activities and support services, feeling homesick and finding it difficult to engage socially with peers. Wrong course choice was the most common overall reason given by students as to why they chose to leave their course. However, similar to the findings by Blaney and Mulkeen (2008) and Georg (2009), course withdrawal cannot be attributed to a single factor. Instead, it is argued that 'a bundle of influences' in combination play a role in the decision of first year students to leave their course (Redmond et al., 2011: 72). Therefore HEIs are perhaps over optimistic in reducing the causes of student withdrawal down to single factors and are likely to face difficulties in their attempts to do so (Martinez, 2001). As one study concluded:

Though asked to identify the single factor contributing to reasons for withdrawal, most respondents in this study expressed difficulty in locating just one reason and instead outlined a trajectory of experiences and challenges that all combined to inform the decision to withdraw from their UCD programme and from UCD itself (Redmond et al., 2011:72).

#### **4.5.3 Locating just one reason**

Moore-Cherry et al., (2015) reviewed the pre-existing literature on student retention in Ireland to see collectively what patterns may emerge. While acknowledging that student retention 'has moved from a focus on student commitment (Tinto, 1975) as a key driver, to a more nuanced understanding of the multiplicity of factors that underpin student non-completion' (Moore-Cherry et al., 2015: 6), they nevertheless concluded, that wrong course choice is the number one issue recorded by HEIs from

students who leave their courses. It is important to recall here that research findings are contingent on what students are asked. Given the nuanced understanding of the factors involved in student non-completion, perhaps wrong course choice is given too much significance. A continued over-reliance on it as the main factor runs the risk of glossing over the multiplicity of factors that the research is seeking to identify in the first place. Wrong course choice is part of the larger issue of why students leave courses, but it needs to be understood for what it is; a retrospective, short-handed and convenient parting comment that often avoids more complex issues. To highlight the tendency to miss the nuanced point that can be so self-evident in the data, here is an example of research foregrounding the wrong course choice narrative:

'I feel I made the wrong decision when choosing it during 6<sup>th</sup> year, I was under a lot of pressure as my parents split up' (University, 5712). In understanding this issue, it is worth considering the timing of the CAO application process. The majority of students (who are entering higher education following the Leaving Certificate) must make a decision on their CAO choices during their final terms of secondary school when they are also under pressure with mock and final state examinations. This pressurised context can lead to students making uninformed or rushed decisions (Moore-Cherry et al., 2015: 38-39).

There are two significant errors in this commentary. Firstly, the impact of parental separation was the most significant element of the student quotation but it was completely ignored by the researchers in favour of a focus on the timing of CAO applications. Secondly, CAO applicants can choose up to July 1<sup>st</sup> to change their mind, so the emphasis by the researchers about the timing of when applicants 'must make a decision' and about being under pressure with examinations is incorrect.

The 'course not as expected' or 'wrong course choice' perspective is well established within the psyche of Irish HE research on student retention over the past two decades and has almost become a self-fulfilling prophecy for many students exiting their courses. The prevalence of the 'course not as expected/wrong course choice' response on withdrawal forms and research surveys on student withdrawal raises important questions about our understanding of the issue. For example, in Trinity,

the ubiquitous response, 'course not as expected' appears as the first option on a pro-forma list of 'student centred' reasons why students withdraw. See Table 4.5:

**Table 4.5 Section from 'Student withdrawal form' Trinity College Dublin**

<b>Undergraduate Course:</b> _____		<b>Year of Course:</b> _____	
Reasons for Student's Withdrawal: <b>Please rank the 3 main reasons (1, 2, and 3)</b>			
Course not as expected _____	Difficulties adjusting to 3 <sup>rd</sup> level _____		
Course too difficult _____	Balancing part-time work and study _____		
Examination failure _____	Balancing social life and study _____		
Family difficulties _____	Physical health difficulties _____		
Personal difficulties _____	Mental health difficulties _____		
Financial difficulties _____	Disabilities needs not met _____		
Other _____			

Similarly, UCD put 'wrong course choice' at the top of their withdrawal form, along with other 'student centred' choices (Table 4.6).

**Table 4.6 Section from the UCD 'Non Completion Questionnaire'**

Why did you choose to leave? Please rate the following factors: [1 (not relevant) -5 (highly relevant)].					
Wrong course choice	1	2	3	4	5
Couldn't get modules I wanted	1	2	3	4	5
Wanted to repeat Leaving Cert for 1 <sup>st</sup> preference	1	2	3	4	5
Course was too difficult	1	2	3	4	5
Course was not challenging enough	1	2	3	4	5
Failed exams	1	2	3	4	5
Problem adjusting to 3 <sup>rd</sup> level teaching methods	1	2	3	4	5

Reproduced in Blaney and Mulkeen (2008: 109)

It seems that students who leave their courses early in Trinity and UCD are offered a list of predetermined and ready-made 'reasons' and 'choices' for their own individual failure to progress and are not asked to think critically about the institutions they are leaving. They are also not given too much scope to answer more detailed questions about their course. If these forms no longer reflect 'a more nuanced understanding of the multiplicity of factors that underpin student non-completion' (Moore Cherry et al., 2015: 6), then why continue to use them? Until an alternative method of gathering data on the reasons for student withdrawal is created, we are left

wondering if wrong course choice is a methodological artefact or a genuine finding. To put this issue into context, a recent national student survey in the UK found that 1 in 3 students felt they may be on the wrong course:

Respondents were asked whether, knowing what they know now, they would have chosen a different course. One in three (34%) would either definitely or maybe have done so. Given that there are 1.4 million full-time undergraduates, this suggests there could be nearly 500,000 full-time students who believe they are on a suboptimal course (Buckley et al., 2015: 15).

Returning to Ireland, the most recent national quantitative study on progression in HE by Liston et al., (2016) reported on new entrants to undergraduate first year courses between March 2013 to March 2014. It begins the executive summary with the statement that,

The successful progression and retention of students in higher education is at the forefront of national policy frameworks. The *National Strategy for Higher Education to 2030* and the *System Performance Framework 2014- 2016* emphasise fostering the coherence, and maximising the performance, of the higher education system – as a system (Liston et al., 2016:5).

The study also refers to the *National Plan for the Equity of Access to Higher Education, 2015-2019* (HEA, 2015) which focuses on equal access, including the progression of SWD. However, as in previous national reports on progression and retention in Ireland, SWD are mentioned in reference to target groups and equal access, but not included as a sub-group in the gathering of data that compiles the report. The reports states that, 'Significant attention is paid to the extent to which individual students' characteristics, such as gender, age, nationality and socio-economic background have an impact on non-progression' (Liston et al., 2016: 5). The omission of SWD in the list and in the remainder of the report is given no explanation.

In summary, by international standards, retention rates for students in HE in Ireland are high. However, this apparent success hides a number of significant weaknesses in the HE system. There are clear differences in the HE sector, with universities and



teacher training colleges consistently showing higher retention rates compared to the IOT. Within the universities there are significant correlations between non-completion and issues such as, gender, social class, course type and prior educational attainment. Many of the national reports on student retention tend to reproduce data confirming these factors. As we have seen from the literature, student retention is a complex problem that impacts individuals and HE internationally. This complexity presents huge problems for researchers, as there are so many competing theories and methodologies all staking a claim with proposed solutions and recommendations. To date and generally speaking, the approach taken in Ireland, has been to research student retention from two narrow perspectives that sees educational attainment as the main factor in ensuring persistence in HE and sees wrong course choice as the main factor in explaining student withdrawal.

#### 4.6 Student retention in Trinity College Dublin

This section looks at the data available on retention and progression from Trinity. The focus is on the general student population with yearly reports provided by the Senior Lecturer's Office and two separate studies by Baird (2002) and Callaghan (2009). Of particular relevance are the targets set to increase the retention rate, published in the Trinity Strategic Plan 2014-2019 (2014) and the change in how retention is measured, both in Trinity and by the HEA.

Baird (2002) found that tutors and students in Trinity believed that there were times when leaving early was in a student's best interest. When surveying students who had withdrawn, the most commonly occurring reason given for leaving early was, 'lack of commitment to the course' (Baird, 2002: iii). The study also found that the first year and first term, 'with all the demands of adjustment, the pressures associated with preparing for exams, and the experiences of not passing exams offer opportunities for intervention to improve course completion' (Baird, 2002: iv). An internal report on retention in Trinity by Callaghan (2009), confirmed previous findings that those with higher CAO points were less likely to withdraw and that first year students accounted for two thirds of all withdrawals. The reports also found that

retention rates varied across courses, from 97% in Dental Science to 40% in Germanic Studies. The data on withdrawing first year students is consistently split into two sub-groups: half who withdraw during or at the end of the year of entry (as first time first year students) and half who withdraw at some point after the year of entry but before progressing into their second year (mostly those repeating their first year). The data showing this pattern is stated as a matter of fact but is not seen as an issue of significance and no further comment is made:

On average 10.5% of first years do not complete their studies, and...an average of 4.6% during or at the end of year 1, while the others withdraw later in their studies having gone off-books and/or repeated examinations (Callaghan, 2009: 6).

However, the significance of the repeating first year students who withdraw is worthy of further comment. Firstly, the emphasis in the recommendations about recruitment and course literature are based on the assumption that wrong course choice is the main factor for non-completion and early withdrawal. However, if half the first year students who withdraw are not withdrawing until they either fail their end of first year exams or attempt to repeat first year, wrong course choice does not seem the best explanation for their position. In other words, wrong course choice appears retrospectively as a suitable explanation for why students fail to progress. Secondly, the recommendations of the report also place an emphasis on the importance of the first year experience for new entrants and a call to raise awareness among staff of first year students experiencing difficulties in adjusting and settling in. Thirdly, attempts at improving the accuracy of measuring retention should be particularly sensitive to the patterns of how first year students progress in HE. Yet, not long after Callaghan's (2009) report was completed, the method of monitoring student retention was changed and with it, attention to detail about first year student progression was lost.

In the Senior Lecturer's Annual Report 2010/11 (2012), students from the 2006/07 intake were tracked for four years until 2009/10. After four years a total of 377 students - of the 2006/07 intake - had withdrawn from courses in Trinity.

Unsurprisingly, the majority of these (256 or 67.9%) were 1<sup>st</sup> year students when they withdrew. However, what is surprising is that repeating 1st year students who withdrew actually outnumbered those who withdrew as first time 1<sup>st</sup> years. Table 4.7 shows this clearly in the JF/1<sup>st</sup> Yr. column: 125 students withdrew in year one as 1st years, in the next year 93 repeating 1<sup>st</sup> year students withdrew, in the following year a further 31 repeating 1<sup>st</sup> year students withdrew and a further 7 repeating 1st year students withdrew during the following year. This data is significant because it suggests that struggling students (at least those in Trinity), are more likely to repeat when faced with a lack of progression and that their decisions to withdraw are more likely to be delayed to another year following a failure to proceed. The table also shows that this tendency to persist and delay withdrawal also occurs for 2<sup>nd</sup> year students. In the SF/2<sup>nd</sup> year column, 40 students withdrew as 2<sup>nd</sup> year students in their second year at university but over the following two years, a further 60 repeating 2<sup>nd</sup> year students withdrew.

**Table 4.7 2006/07 cohort - standing and year of withdrawal**

Year	JF 1 <sup>st</sup> Yr.	SF 2 <sup>nd</sup> Yr.	JS 3 <sup>rd</sup> Yr.	SS 4 <sup>th</sup> Yr.	Total
2006/07	125	0	0	0	126
2007/08	93	40	0	0	133
2008/09	31	39	11	0	61
2009/10	7	21	9	1	38
Total	256	100	20	1	377
%	67.9%	26.5%	5.30%	0.3%	100%

Senior Lecturer's Annual Report 2010-11, 2012: 106

In keeping with the method of monitoring student retention used by the OECD and the Higher Education Statistic Agency (HESA) in the UK, the HEA in Ireland now reports annually on the number of new entrant first year students who are still

registered in their HEI the following year. Trinity now follows this approach and in doing so, the change in method makes a major difference to the reported retention rate. The official retention rate is no longer in line with the 85% reported annually from 2005 to 2010 (Senior Lecturer's Annual Report 2010/11, 2012). In the Senior Lecturer's Annual Report 2013/14 (2015: 91) the retention rate was recorded at 95.2%. In this method, only 1<sup>st</sup> year new entrants who were still in Trinity the next year were counted (including those repeating 1<sup>st</sup> year). The significant point of this change of method is the fact that the report made the claim that Trinity had reached its retention target:

In 2013/14 a retention rate of 95.2% was achieved, which exceeds the Strategic Plan target of 90%. Retention is defined as students who progressed (90.2%), repeated Year 1 (2.08%) and who transferred to another course within College (2.92%). The attrition rate from 2013/14 to 2014/15 across courses was 4.8%, this describes new entrant students in 2013/14 not retained by College in 2014/15 (Senior Lecturer's Annual Report 2013/14, 2015: 91).

It is one thing to introduce a new method of data collection or to change the definition of retention, provided the reason for the change is clearly explained this is not a problem. However, it is quite another thing to claim a target has been reached on the back of such a change. Surely, the purpose of the target was to actually increase retention in real terms, not just change the method of data collection so that it appears as if the retention rate has improved. In 2014, the Trinity Strategic Plan 2014-2019 stated as a target, 'improving rates of undergraduate transition from first to second year courses from 84% in 2012 to 90% in 2019' (Trinity, 2014: 20). So the target set was for a 6% improvement over a 7 year period, ambitious but perhaps achievable. However, the scale and speed by which this target was not just reached but exceeded, an improvement from 84% to 95.2% and in just two years is the key to indicating that something is not right. Viewed in terms of a withdrawal rate, the improvement is questionable because the withdrawal rate has apparently decreased from an average of 15.9% for the years 2001/02 to 2005/06 (Trinity, 2010: H1) to 4.8% in 2014/15 (Trinity, 2015: 91). While the methods used to arrive at the rates are different and self-evidently so, the comparison here is worth highlighting because of

the target set in the Strategic Plan (Trinity, 2014: 20) and the claim that it has been exceeded (Senior Lecturer's Annual Report 2013/14, 2015: 91). Aside from this being an erroneous method to set, meet or exceed a target, nowhere is there any sense that perhaps the target set in 2014 should be re-calibrated to take into account the change in method used to measure retained students. As a consequence of this error, a whole group of withdrawing first year students (approximately half of them) are methodologically ignored. So what happens to them?

In the new method of capturing student retention (counting first time 1<sup>st</sup> years that are still registered a year later) the repeating students are counted as retained. But in the following year, the repeating 1<sup>st</sup> year students who subsequently withdraw are not included among the new incoming first years. As shown in Table 4.6 above, the number of repeating 1<sup>st</sup> years who withdraw (131) actually accumulated over 4 years to outnumber those who withdrew as first time first years (125). If this trend is continuing in 2013/14, and there is no reason to believe it is not, then about half the first year withdrawing students are not being counted at all by this new method. Hence the method and the target are flawed. In the words of Astin (1993), 'college retention rates are often misleading.' Attention now turns to the retention of SWD in HE internationally.

#### 4.7 The international literature on the retention of students with disabilities

As pointed out in section 4.4 on student retention studies in Ireland, disability as a category is noticeably absent from the main body of research on student retention. The majority of authors in the area rarely mention disability, let alone identify it as a sub-category worthy of consideration. Nonetheless, the literature that does focus on the retention of SWD is dominated by research from the US and the UK.

Alternative assumptions persist about whether or not SWD in HE are more or less likely to persist and complete their courses compared to their non-disabled peers. A well supported view is that SWD are less likely to persist in HE compared to their

non-disabled peers (Covington-Smith, 2008; Crosling et al., 2009; deFur et al., 1996; Jones, 2002; Wessel et al., 2009). In an exploration of minority student retention in the US, Swail et al., (2003) refer to SWD among those who have always 'lagged behind' in terms of 'access and completion rates:'

Access and completion rates for African American, Hispanic, and Native American students have always lagged behind white and Asian students, as have those for low-income students and students with disabilities (Swail et al., 2003: v).

In the US, in 2013, national data on high school graduation rates showed that as a group, those with disabilities were falling significantly behind their non-disabled peers:

In 2013, the national average graduation rate for students with disabilities hit 61.9 percent – nearly 20 points lower than the average graduation rate for all students (DePaoli et al., 2015: 48).

However several studies have shown that this phenomenon does not necessarily transfer to HE. For example, Blake (as cited in Paul, 2000) found no such tendency. Huger (2009) found from a national sample of 22,180 students with learning difficulties at 4 year institutions in the US that 75.2% of these students had persisted two years later compared to 68.8% of students with no disability. However, just because SWD persist for longer (beyond the first or second year) compared to their non-disabled peers, this does not necessarily mean that they are more likely to complete their degrees. Instead, it could mean that the decision to withdraw is being delayed.

In Australia, van Stolk et al., (2007) found that the retention rates for all equity groups measured nationally (including SWD) between 1997 and 2004 'did not differ considerably from the average retention rate for all other groups' (van Stolk et al., 2007: 12). However, Barnes et al., (2015) found that SWD were among the more likely students to leave early from the University of Sydney. In the UK, national data indicates that SWD who are in receipt of the DSA do better in terms of retention, not

only than those who are not funded, but also better than those who do not declare a disability (National Audit Office, 2007a: 35).

As research into the retention of SWD in HE is carried out with a variety of different methods and over different time scales within the HE system, alternative assumptions persist about whether or not SWD in HE are more or less likely to complete their courses compared to their non-disabled peers. Some reports in the UK indicate that those SWD who are in receipt of DSA do better in terms of retention than those who are not funded.

We found that students receiving an Allowance are much more likely to continue their course than other students self-declaring a disability and, indeed, than students who are not disabled (National Audit Office, 2007: 12).

...both full and part-time students who declare a disability are slightly more likely to continue than those without a (declared) disability when all other factors are held constant (National Audit Office, 2007: 20).

However, HESA statistics indicate DSA receipt as an indicator for higher risk of withdrawal (Brown, 2011) and in the US SWD are marked out as more likely to withdraw from education:

Students with disabilities are one of the most vulnerable populations for school dropout and are twice as likely to drop out as compared to their non-disabled peers. The highest dropout rates for students with disabilities exist among students with learning disabilities and emotional disturbance (Covington Smith, 2008: 3).

Research at a national level indicates that the completion rate for SWD in HE in the US is lower in comparison with non-disabled students (Jones, 2002; Wessel et al., 2009). As one study summarised, 'the likelihood of earning a degree is decreased by the presence of a disability' (deFur et al., 1996: 232). In 2012 the United States Department of Education reported that 58% of students without disabilities attained a degree while Newman et al., (2009) found that only 34% of SWD completed their degrees.

However, some single institution research found that the graduate rate for both disabled and non-disabled students was similar (Jorgensen et al., 2003). Within the variety of these findings and perhaps going some way to explain them, are a number of issues which make accurate comparisons difficult. Firstly, US legislation prohibits universities from gathering data on disability among applicants. This means data collection is entirely dependent on individual disclosure at a local level, typically to the Disability Service office who categorise disability in many different ways (Wolfe & Tarnai, 2009). Therefore any attempt at accurate data accumulation at state or national level is fraught with problems. These problems are evident in the persistent methodological issues that arise with research which seeks to make comparisons between one cohort of SWD and other groups. For example, 'students with learning difficulties' are often assumed to be synonymous with 'students with disabilities' and students registered with a Disability Service (who have provided a certain standard of documentation) have been compared to those who sought unsuccessfully to register for support (Herbert et al., 2014). In a six year longitudinal statistical study, Wessel et al., (2009) compared the retention and graduation rates of 11,317 students with and without disabilities in one mid-western university in the US. They found that after six years, the withdrawal rate for students with apparent disabilities was 45.57% and for students with non-apparent disabilities was 45.65%. This compared to a withdrawal rate of 49.06% for students without a disability. They acknowledge that these findings are limited in generalizability to other universities but that the same statistical approach could be applied elsewhere for the purposes of comparison.

Writing in the *Journal of College Student Retention*, Belch (2004) identified several factors associated with affecting the retention of SWD in HE in the US. These factors include initiatives and programs that specifically target SWD in key areas of success, such as: transition planning, fostering belonging, involvement, purpose and self-determination. The importance of universal design principles is also emphasised. Examples of promising practices are provided from three universities which attempt to apply these principles in targeted programmes. Belch (2004: 17) concludes:



The influx of students with disabilities and the diversity among them mandates a broader view of learning and development on college campuses. These students enhance the diversity of the college population and challenge practitioners and faculty to re-examine teaching and learning strategies and techniques.

Getzel (2008) looked at the areas that SWD should focus on if they are to successfully deal with all the challenges of HE. These areas are self-determination skills, self-management skills, exposure to assistive technology and the promotion of career development. Getzel argues that these personal skills must be developed by SWD if they are to narrow the gap in completion rates (Getzel 2008: 207). Academic staff can also assist this process by increasing their awareness about the needs of SWD and incorporate principles of universal design into their teaching practices. Universal design for learning (UDL) is a growing area of research (Bruner, 2016; Martyn and Gibberd, 2016) and is a key theme in Ireland where Ahead (2015b) state that UDL is a central anchor of their strategic plan for 2015-2018.

While there is a vast body of research on the issue of student retention in the US and among that vastness a sizeable volume examining SWD, there has not, argues Huger (2009: 19), 'been a nationally representative retention study performed previously that investigated the effect that the presence of a learning disability has on a student's retention in higher education.' Looking specifically at this group, Huger (2009) found that ethnicity was a relevant factor because a greater percentage of students with a learning difficulty were found to be white (81.1%) compared with students with no disability (67.5%) (Huger, 2009: vi). Also, students with a learning difficulty withdrew at low rates in four-year institutions. For example, 75.2% continued to be enrolled or had attained a degree by 2006, compared with 68.8% of students with no disability (Huger, 2009: vii).

There is a general absence of research material on the retention rates of students based on disability type. Green & Rabiner (2012) looked at rates of participation, diagnosis and treatment of students with ADHD and acknowledged the lack of data available on graduation rates. One study on predictors of graduation among SWD states;

students with a cognitive disability were only one half as likely to graduate as a student with a physical disability, and students with a mental disability were only one third as likely to graduate as a student with a physical disability (Pingry O'Neil et al., 2012: 29).

The numbers of students making up these ratios were not provided and the remaining data in the study provided coefficients based on the outcome of graduation success linked to student factors such as gender, age, ethnicity, programme level and types of supports received.

Lichiello (2012) acknowledged that the literature on retention and graduation rates for SWD in HE is limited. In her literature review she also identifies some contradictions in previous studies, citing deFur et al., (1996: 232) where 'the likelihood of earning a degree is decreased by the presence of a disability' and contrasting it with the longitudinal study carried out by Wessel et al., (2009) at one college where out of 11,317 students comparable retention and graduation rates were experienced by students with and without disabilities. Herbert et al., (2014) found in a 10 year tracking of 545 SWD in one large university in the US that 66.5% of SWD graduated compared with 86.7% of the general student population. The study also found that SWD who registered for support took longer to complete their degrees. However, the study also revealed that gender, race/ethnicity, disability and living on or off campus were not significant factors in degree completion.

While some of the research from the US on the retention of SWD shows that having a disability lowers the chance of completion, the UK based research identifies more qualified findings, differentiating between SWD on the basis of receipt of financial assistance and finding that SWD are in fact more likely to continue on their courses than those not declaring a disability. In Ireland, where the FSD is accessed and managed by the Access or Disability Service, the completion rates of SWD who entered HE in 2005 was recorded at 85.4% compared to the general student population nationally with a completion rate of 83% (based on a 2004 intake) (Pathways to Education, 2010). As of 2016, there has been no research following up

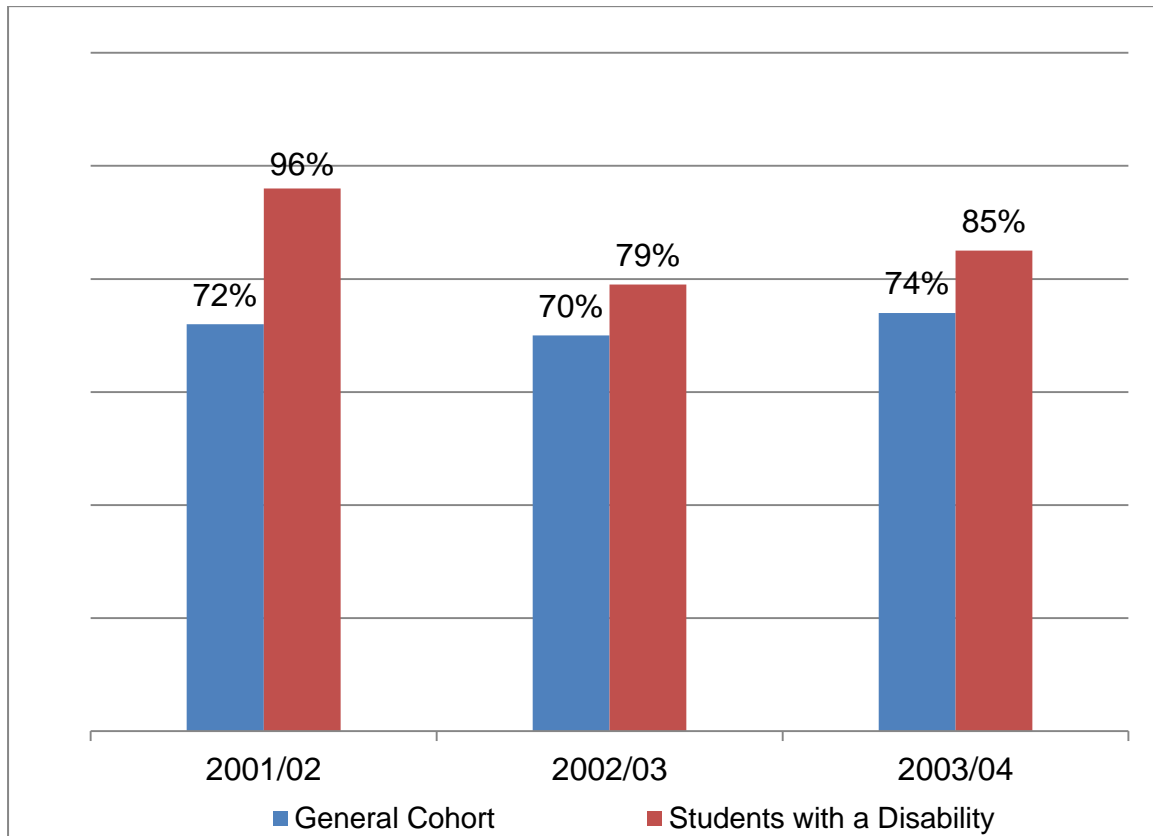
on the retention of SWD in HE in Ireland since 2010, however the next section looks more closely at the three studies that did focus on this group (one of which includes only brief data on SWD).

#### 4.8 The retention of students with disabilities in Higher Education in Ireland

Compared to the volume of research on participation rates (annual reports by Ahead and the HEA) the deficit of research literature on the retention of SWD constitutes a significant gap in the research material available. In Ireland, two studies carried out suggest that SWD can do as well or better than their non-disabled peers. A study carried out in DIT concluded that SWD fared better in terms of examination success and course completion compared to their non-disabled peers (DIT, 2005). A nationwide study carried out in UCC in 2010, showed that the progression rate for SWD was on a par with the general student population (Pathways to Education, 2010). To date there have been no findings in Ireland to support the idea that SWD are less likely to complete their HE courses compared to their non-disabled peers.

The DIT (2005) report looked at the pass rates of 1<sup>st</sup> year SWD compared to their non-disabled peers for three successive years: 2001/02 to 2003/04. The pass rates for the 2001/02 intake of SWD was 96%, for the 2002/03 intake was 79% and for the 2003/04 intake was 85%. The report points out that there were 25 SWD entering DIT in 2001/02 and that statistical comparisons to the wider student group cannot accurately be calculated. Also, as higher numbers of SWD entered in 2002/03 (50) and in 2003/04 (70), the significance of the difference is reduced as the sample increases. Nonetheless, the report concluded that SWD 'not only equalled the academic success of their peers but had consistently outperformed them,' (DIT, 2005: 10). The outcomes of the study are shown in Chart 4.1. However, it is important to acknowledge two further limitations to this data that are not included in the original research; 1) there is an assumption that a higher pass rate in first year equates to greater academic success but this assumption needs to be verified by a tracking of the first year cohort until course completion; 2) a higher pass rate does

not necessarily mean higher final grades. Despite the apparent 'success' of the cohorts represented by the data, the question remains, did a higher percentage of SWD complete their courses?



**Chart 4.1 '1<sup>st</sup> Year Students Pass Rates' - Students with Disabilities Academic Performance (DIT, 2005)**

This question is both relevant and significant because in UCD during the same time frame as the DIT report, Blaney & Mulkeen (2008) found that the non-completion rate of SWD was 19.4%. Significantly, SWD were seen to be less likely to withdraw in first year (the year of entry) and more likely to leave in a repeat of their first year. As this finding is based on larger numbers of SWD over a longer duration, the outcomes suggest a very different pattern of retention for SWD in HE compared to the one associated with student withdrawal peaking in first year.

The Pathways to Education (2010) study tracked the progression and retention of 438 SWD across 9 HEIs in Ireland who entered HE in the year 2005. The report was the first of its kind in Ireland in looking systematically at SWD in more than one HE. It recognised the dearth of research in this area and acknowledged that ‘traditionally the number of students with disabilities entering third level education have been low, this can be attributed to low expectations, shortage of information, or failure to qualify for third level’ (Pathways to Education, 2010: 6).

Of the 438 students tracked in the study who entered HE in the academic year 2005/06, 374 (85.4%) had completed or were expected to complete their studies by 2010/11 (see Table 4.7). This percentage rate is similar to the rate reported by the study in DIT (2005) for the progression rate of first year SWD who entered in the year 2003/04. In the Pathways to Education (2010) study, the entry rates varied according to disability type with students with visual impairment, hearing impairment and mental health difficulties participating between 2% and 7% of all SWD, while those with specific learning difficulties made up 61.4% of students in the study (Table 4.8). The data showed that those with visual impairments and specific learning difficulties had the highest rate of retention and completion and those mental health difficulties demonstrated the highest rate of withdrawal. Withdrawals were most common in first year. The data also demonstrated that larger HEIs did not necessarily have larger numbers of SWD.

**Table 4.8 Pathways to Education: Students with Disabilities Tracking Report**

	<b>Entered 2005/06</b>	<b>Number complete or expected 2010/11</b>	<b>Number withdrawn by 2010/11</b>	<b>% complete or expected 2010/11</b>
Physical	43	31	12	72%
Significant ongoing illness	58	50	8	86%
Deaf	26	22	4	85%
Blind	13	12	1	92%
Specific Learning Difficulty	269	242	27	90%
Mental Health	27	15	12	56%
Other	2	2	0	100%
<b>Total</b>	<b>438</b>	<b>374</b>	<b>64</b>	<b>85.4%</b>

Based on Pathways to Education (2010: 18) Students with Disabilities Tracking Report

Of the nine HEIs that participated in the study, four were IOT and five were universities. Surprisingly the retention and completion rates for both areas were very similar (IOT 85%, University 85.7%). Given the size of the sample (438) and findings from the HEA national study (Mooney et al., 2010) there would be an expected difference in the retention of students in IOT compared to those in University. Table 4.9 shows the completion rate per HEI for SWD for the 2005 intake (2010: 18).

**Table 4.9 Completion rate per HEI**

HEI	Intake 05/06	Physical	SOI	Deaf	Blind	Spld	Mental Health	Total complete or expected complete 2010/11
AIT	22	4	4	2	0	11	1	12 (54.5%)
CIT	25	5	1	2	1	16	0	20 (80%)
DIT	144	5	6	8	4	116	3	136 (94.4%)
IT Tallaght	16	6	1	2	1	6	0	8 (50%)
<b>Total for IOT</b>	<b>207</b>	<b>20</b>	<b>12</b>	<b>14</b>	<b>4</b>	<b>149</b>	<b>4</b>	<b>176 (85%)</b>
DCU	20	2	5	0	1	11	1	20 (100%)
NUIG	34	1	4	2	1	25	1	32 (94.1%)
NUIM	35	4	13	2	1	11	4	29 (82.9%)
TCD	58	3	11	4	2	34	4	54 (93.1%)
UCC	84	13	13	4	2	39	13	63 (75%)
<b>Total for Universities</b>	<b>231</b>	<b>23</b>	<b>46</b>	<b>12</b>	<b>7</b>	<b>120</b>	<b>23</b>	<b>198 (85.7%)</b>
<b>All Total</b>	<b>438</b>	<b>43</b>	<b>58</b>	<b>26</b>	<b>13</b>	<b>269</b>	<b>27</b>	<b>374 (85.4%)</b>

Based on Pathways to Education (2010: 18) Students with Disabilities Tracking Report

The expected completion rate of 85.4% (for the 438 students in the Pathways to Education (2010) study, 'compares favourably with a figure calculated by the Sunday Times in its 2010 University Guide for all HEIs (based on 2004 intake) of 83%,' (Pathways to Education, 2010: 18). The report concluded with several findings from the case studies carried out in UCC and CIT (Pathways to Education, 2010: 47) which are worth quoting below:

- The first year of a student's studies can be a major challenge in how they adapt to college life.
- The negative impact of a disability increases in higher education due to factors such as larger rooms, bigger classes, and inappropriate technologies.

- Getting involved in clubs and societies is a must in order to develop a social network in third level but this can be difficult in terms of access or resources.
- Flexibility of institutions and departments of study was highlighted as an important factor in the progression of SWD.
- However, looking back on their studies, students found that they would not do anything differently.
- Their advice is to get the supports early and make the college experience an enjoyable one. (Pathways to Education, 2010: 47).

While the numbers in some of the HEIs were admittedly small (25 or lower in four HEIs), the findings - along with those from the study in DIT (2005) – do raise some interesting questions about the ‘assumptions’ and ‘expectations’ often associated with SWD in HE. For example, these two studies combined provide strong evidence to counter the idea that SWD do not do as well in HE compared to their non-disabled peers. The studies also add an important caveat to the findings of the OECD (2010) which concluded that SWD are more likely to withdraw from HE.

Larger scale studies on student retention tend not to assign disability as a student sub-group among the usual demographics such as age, gender, social class or nationality. However, in the qualitative study carried out in UCD by Redmond et al., (2011) on the reasons why students leave their courses, the following commentary is relevant to disability:

In regard to additional supports required, N = 2 respondents reported having an ongoing illness during their time in UCD that added to their difficulties in integrating socially and academically. Only one of these considered getting in contact with the disability officer and regretted they had not done so (Redmond et al., 2011: 45).

Having looked at the research that covers the retention of SWD in Ireland, the attention now focuses specifically to retention of SWD in Trinity.



## 4.9 The retention of students with disabilities in Trinity

As covered in the Pathways to Education (2010) study, SWD who entered Trinity in 2005/06 were tracked over a five-year period. The completion rate (captured five years later) of 1<sup>st</sup> year SWD entering Trinity in 2005/06 was 93.1% (Pathways, 2010: 34). The Pathways to Education (2010) report also found that SWD are more likely to graduate and are more likely to take longer doing so compared to their non-disabled peers. This finding raises important questions about the link between delayed progression and persistence and whether or not having a disability in some way mitigates against withdrawal.

However, contrary to the Pathways to Education (2010) findings, a tracking exercise I carried out in the Disability Service in Trinity found that SWD are slow to withdraw in their 1<sup>st</sup> year in Trinity. In 2014/15, out of 316 SWD who entered Trinity, only 5 had officially withdrawn by the end of the academic year. This is a withdrawal rate of less than 2%, a long way from the 7% recorded for the general student population. Unlike the majority of withdrawals from the general student population who are recorded as withdrawing within a year of first entering (Senior Lecturer Annual Report 2013/14, 2015), SWD in Trinity who withdraw, are more likely to withdraw considerably later. This tendency to withdraw later peaks 4 to 5 years after entering. Students with mental health difficulties and Deaf/hard of hearing students are at highest risk of not completing their courses. Students with other disabilities withdraw at rates closer to the rate recorded for the general student population. However, as withdrawing SWD tend not to withdraw in the first year and are more likely to withdraw over a longer time frame, capturing final data on rates and comparing them is problematic. Despite this challenge monitoring withdrawing students, it is clear that the majority of SWD graduate but are more likely than their non-disabled peers to take longer doing so than their non-disabled peers. This is due to medical repeats and time off due to illness.

Also, the final grade obtained for SWD who entered in 2007, 2008 and 2009, via the supplemental route achieved 1<sup>st</sup> class honours and 2.1 degrees at a marginally

higher rate compared to those who entered their course with the required CAO points (46% versus 44%). This finding was based on the combined entry cohorts for three years (2007/08 to 2009/10). The sample was 530 SWD. This suggests that SWD who entered courses in Trinity through the supplemental scheme for SWD are as academically able for their courses compared to their peers (also with disabilities).

However, when compared to the grades obtained for final degree students from the general student population, both SWD groups combined (supplemental and merit) appear to have done less well than the 71% of students who achieved 1<sup>st</sup> class honours and 2.1 degrees (Senior Lecturer's Annual Report 2009/10, 2010: 25). A caveat on reading too much into this conclusion is that the groups are difficult to compare fairly for three reasons. Firstly, the gap from 44% and 46% to 71% does not take account of the SWD who were yet to complete their courses at the time of the data collection. On average 15% of SWD who entered from 2007 to 2009 were still current students. Secondly, the Senior Lecturer's Annual Report 2009/10 (2010) shows that the 71% outcome (of final year students achieving 1<sup>st</sup> and 2.1 degrees) does not include students who withdrew in previous years. Whereas the 44% and 46% of SWD who obtained a 1<sup>st</sup> or 2.1 degree are outcomes from the wider SWD entry groups, 13% of which had withdrawn. Thirdly, students who acquire a disability and experience an associated lowering of academic standard are more likely to register with the Disability Service compared to other students who may acquire a disability but are not impacted academically. This effectively means that lowering grades are a factor in students registering with the Disability Service for supports. Further details (with charts and tables) on the progression and retention of SWD in Trinity are provided in Chapter 7.

In summary, SWD in Trinity are not all disadvantaged and those that are - are not equally disadvantaged. They do not always enter with a disability or support need but these can emerge at any time prior to graduation. Students with mental health difficulties and students who are Deaf or hard of hearing are more likely to withdraw compared to students with other disability types. Also, SWD who came through the supplemental route (2007 to 2009) and those who registered early did better

academically than those who entered directly through the CAO or those who registered later. SWD in Trinity often took longer to progress through HE compared to students without disabilities. This could be because SWD are more likely to repeat a year on medical grounds or to take a year out due to illness. These progression and retention characteristics of SWD in Trinity are useful to keep in mind, because it is from this group that the sample of participants for this research emerged from. Their contribution will be covered in Chapters 8 and 9.

#### 4.10 Conclusion

The literature reviewed in this chapter demonstrates the scope and complexity of student retention in HE at local, national and international levels. There is a general consensus on the basic principles; that student retention is important, that students in need of support should get them and that what universities do does matter. However, there is also considerable debate and contention over what exactly student retention rates indicate, which students need support, how can they be identified and what kind and how much support do they need. There is generally a lack of research on the progression and retention rates of SWD in HE internationally. There are signs that this trend has changed in the last decade, both internationally and in Ireland, but the diversity of the research methods to date means opposing conclusions have been drawn about whether or not SWD are more or less likely to withdraw from HE. While there is a commonly held belief that SWD do not do as well as their non-disabled peers in HE, several studies have shown that this trend is not universal.

In general, the data available in Ireland shows that a large majority of SWD successfully transition into and through HE. However, a minority struggle and withdraw at some point after registration. In reports from UCD and DIT, overall the data indicates that SWD have a higher rate of retention among first year students (Blaney & Mulkeen, 2008; DIT, 2005). However, this does not necessarily imply that course completion is higher for SWD than their non-disabled peers. The lack of a follow up study looking at cohort entry and course completion would help identify if this was the case. While the Pathways to Education (2010) study identified that the

majority SWD who withdraw do so in first year, further research is needed to trace the outcomes of all the students in the 2005 entry cohort and follow up studies on subsequent cohorts would be useful to see if any pattern was evident.

In Trinity, the tracking of SWD who entered from 2007 to 2009 suggests that SWD tend not to leave their courses within the first year. Those who do leave their course are more likely to persist for longer than a year before making the decision to leave. Also, students with a mental health difficulty and students who are Deaf or hard of hearing are more than twice as likely to withdraw compared to students with other disabilities. Finally, SWD in Trinity are more likely, as a group, to take longer to complete their degree.

This chapter on student retention brings to an end the literature review chapters for this research. The next chapter introduces Actor Network Theory and covers the rationale for its use as the conceptual framework in this research.

# Chapter 5 Actor Network Theory

*People are dis/abled in endless, different and quite specific ways*

*John Law & Ingunn Moser*

## 5.1 Introduction

As indicated in Chapter 1, the conceptual framework chosen is Actor Network Theory (ANT). This chapter begins with a rationale for choosing ANT and describes how it offers a flexible approach to deal with competing agendas and complex issues. A background and a description of ANT is provided and key terms and concepts are explained. A review of where and how ANT has been used in research in education and disability is also given. In the final section, an overview of how ANT will be applied in this research is outlined.

## 5.2 Choosing a conceptual framework

As indicated in Chapter 1, the three literature review chapters (the concept of disability, HE policy and student retention) represent distinct research areas in themselves. However, as the nature of this particular research concerns SWD in HE, when these three areas are taken together, they overlap and interact in unique layers of ambiguity and complexity. As argued in Chapter 1, the rationale and justification for reviewing the literature under these themes was deemed essential to identify the areas that were most relevant to the research questions. These areas, as previously discussed, have had independent origins and histories and have only interacted in Ireland in the recent past. For these reasons, it made sense to look at each area separately, both nationally and internationally, before attempting to look at how they relate to one another within the context of SWD and in particular those attending Trinity.

Choosing a conceptual framework that was rigorous and flexible enough to deal with all of these areas was difficult. A social model or emancipatory research approach (Oliver, 1990) would fit well with the concept of disability and some of the legislation

and policy relating to Disability Services. However, it would be inadequate for the broader area of student retention and run counter to the practicalities of the necessity for medical documentation for DARE and the demands of funding criteria as these operate under a medical model of disability. In considering the role and development of students in HE, a range of theories were available such as student development theory (Chickering, 1969) and the theory of involvement (Astin, 1984) both capturing the mainstream and teleological aspect of the transitional phases of 18 to 22 year olds in colleges in the US. However, there are several problems with adopting theories from the US to the European or Irish HE context. There is a greater culture and tradition of campus residential life in the US. There are also differences in how HE is funded, with student loan schemes less common in Ireland. Most significantly, the theories lack the particular aspect that deals specifically with disability, disadvantage, marginalisation and support structures. The varied approaches to student retention explored in Chapter 4 offered a conceptual framework based on the student integration model (Tinto, 1987). However, I felt this approach was limited in dealing with the complexity of disability and based on the expansion of research on student retention, I felt it was likely that Tinto's model would be used as a framework by other researchers on SWD in HE, for example Rigler (2013). Clearly then, a conceptual framework was needed that was sufficiently dynamic enough to deal in a rigorous way with the fundamental parts of this study, but was not one that came off the shelf and pre-made for a different purpose. I have chosen ANT because it meets this unique set of criteria.

### 5.3 What is ANT?

ANT is a constructivist approach to research and social theory that developed from Science and Technology Studies (STS) at the Ecole des Mines in Paris in the early 1980s through the work of Michel Callon, Bruno Latour and John Law. ANT was developed as an alternative to the well-established ideas of Berger and Luckman (1966) and their seminal work, *The Social Construction of Reality*. ANT demonstrates how actors at the micro level, that is, individuals and non-human mechanisms; for example; artefacts, tools, measuring instruments etc., can play a key role in assembling the social. For Latour (2005), the social world is not a macro

force or powerful system already in place, but is instead the result of micro constructions, which are assembled and reproduced by actors and their networks. Using a zoomorphic analogy, Latour laments that:

People will go on believing that the big animal doesn't need any fodder to sustain itself; that society is something that can stand without being produced, assembled, collected, or kept up; that it resides behind us, so to speak, instead of being ahead of us as a task to be fulfilled. (Latour, 2005: 184).

ANT researchers downplay the ambition of macro theoretical explanations in favour of following the small actors on 'the ground'. It advocates close observation and descriptions of how actors construct or reassemble the social through networks of continuously forming and dissolving associations. ANT has a legacy stemming from anthropology and ethnomethodology (Garfinkel, 1967), but in opening up to the influence of non-human actors and the concept of forming and dissolving networks, ANT adds a postmodern twist to the older ideas of social constructionism. Key postmodern features of ANT are its non-essentialist approach, its indeterminacy, non-dualism and its focus on semiotics. Alvesson & Skoldberg (2009: 31) characterise ANT as a 'second wave of social constructionism' and describe the work of Bruno Latour as 'a good example of a happy melding between postmodernism and ethnomethodology' (2009: 84).

ANT is non-essentialist because it uses empirically based methodology for analysing the elements of heterogeneous systems as they are created. ANT is a material-semiotic method in that it links objects to concepts in specific contexts. Unlike traditional sociology - that assumes that only humans can act with agency and that objects (which are products of agency) form structures - ANT describes social structures as being both material (e.g. artefacts) and semiotic (symbol or sign systems). In a material sense, ANT includes objects in this relational network where both humans and non-humans take up positions of agency and act in roles defined through their interaction with other actors which can be both other people and objects. For example, psychometric testing constructs both the tester and test taker who in turn reproduce the conditions under which the test is applied. As ANT began its conceptual life in the science laboratories of research institutes, it developed a

particular sensitivity to how actors become inter-related, how they were formed through associations to become co-constructed. In this sense, ANT developed as a method for describing how innovations in science and technology were socially constructed. In describing ANT, Law writes:

Actor-network theory is a disparate family of material-semiotic tools, sensibilities and methods of analysis that treat everything in the social and natural worlds as a continuously generated effect of the webs of relations within which they are located. It assumes that nothing has reality or form outside the enactment of those relations. Its studies explore and characterise the webs and the practices that carry them. Like other material-semiotic approaches, the actor-network approach thus describes the enactment of materially and discursively heterogeneous relations that produce and reshuffle all kinds of actors including objects, subjects, human beings, machines, animals, 'nature', ideas, organisations, inequalities, scale and sizes, and geographical arrangements (Law, 2007: 2).

However, Law goes on to state that this description in the abstract misses the point of ANT because it is grounded in empirical case studies. One of the earliest examples of ANT applied to a grounded case study is by Latour & Woolgar (1979). They used an anthropological approach to study how scientific work is carried out in laboratories. They observed how lab practices, scientific prestige, research activities and funding all interact in the microprocessing of facts. In Latour's (1987) *Science in Action*, he claims that ANT must follow, 'science and technology in the making,' instead of, 'ready-made science and technology.' This is because scientific discoveries are difficult to understand without looking in detail at the practices that make them. Latour (1991) also advocates that ANT can be useful to dispel the modernist dualism between nature and society. Global warming, HIV and other complex issues of concern to the public are best understood as hybrids, where the relation between nature and society is foregrounded in favour of experts looking separately at various component objects. ANT uses qualitative case studies that describe how actors and networks interact. Controversially it asserts no essential difference between human and non-human actors. Before looking at how ANT has been used in research in the areas of education and disability, it is necessary to introduce and explain some key terms used in ANT.



## 5.4 Key terms and concepts within ANT

ANT offers an alternative view of the agency versus structure debate. Dualistic distinctions between nature and society, between the social and the technical, or between human and non-human or even between true and false or inside or outside no longer hold in ANT.

Truth and falsehood. Large and small. Agency and structure. Human and non-human. Before and after. Knowledge and power. Context and content. Materiality and sociality. Activity and passivity...all of these divides have been rubbished in work undertaken in the name of actor-network theory (Law 1999: 3).

As a method of analysis, ANT describes how different things are related through actors (human and non-human) and networks of associations. Networks and actors interact to repeatedly perform a social process. They may not necessarily be coherent and they may contain conflicts and contradictions.

Despite some unfortunate metaphorical baggage of networks as self-contained linear pipelines or reified engineered linkages, networks can be envisioned as far more ephemeral and rhizomatic in nature. Networks are simply webs that grow through connections. The connections can be thick and thin, rigid and limp, close and distant, dyadic and multiple, material and immaterial. And the connections have spaces between them (Fenwick & Edwards, 2012: 101).

ANT sees networks as having an indeterminate structure similar to the rhizome philosophy described by Deleuze & Guattari (1980). The a-centred multiplicity of rhizomes opens up binary thinking, hierarchies and the ordered categorisation of traditional western thought. Instead of beginnings and ends, there are only middles. Things are not defined by what they are but by what they are capable of becoming. A 21<sup>st</sup> century example of the indeterminate structure of a rhizome is Wikipedia. This online material-semiotic entity, with no starting point and no end point, is nonetheless comprehensible at any point of entry due its vast network of actors.

A key aspect of ANT is 'translation,' a process which occurs in a hybrid forum or open space designated for discussion, the exchange of ideas and the forming of associations, roles and activities. In the context of SWD in HE, translation can be seen most clearly at the needs assessment. This is an entry point or hybrid forum where time and space is allocated to discuss, explore and trial supports. Another important aspect is 'generalised symmetry,' a principle that does not privilege humans above non-human actors or assume they are assigned different roles in the actor-network. When an actor-network becomes complex and stable it is referred to as a 'black box.' The inner workings do not need to be understood in order to function within the network. It effectively runs by itself, functioning by receiving input and producing output (Latour, 1987).

The barriers that SWD face in HE can be thought of in ANT terms as 'problematization.' Countering these barriers are supports and reasonable accommodations, processes in ANT called 'interestment.' Engaging students with supports is called 'enrolment' and maintaining the support would be called 'mobilisation.' When all of these processes work well and can be relied on to do so, the whole system can be 'black boxed.' This means it can be taken for granted and its inner workings do not need to be re-considered.

Looked at from this perspective, the use of ANT is suited to areas that previously have had little or no association with one another or in areas where a new aspect radically re-assembles the ways in which the previous associations are being performed. This bringing together of new associations creates a 'heterogeneous network' which Mol (2010) describes here as:

The various studies that come out of the ANT-tradition go in different directions. They do different things. They not only talk about different topics (electric vehicles, music, anaemia, organisations, cheese, childbirth, blood pressure in the brain and so on) but also do so in different ways (Mol, 2010: 261).

ANT or the 'sociology of associations' is simply a means for researchers to follow or build the connections between actors and things. In *Reassembling the Social*, Latour (2005) questions the existence of the traditional raw materials of sociology, such as 'social fabric' and offers instead a rediscovery of the social through a 'tracing of associations.' In comparing the two positions of traditional sociology and ANT, Latour argues:

If they are so different, how could they both claim to be a science of the social and aspire to use the same label of 'sociology'? On the face of it, they should be simply incommensurable, since the second position (ANT) takes as the major puzzle to be solved what the first takes as its solution, namely the existence of specific social ties revealing the hidden presence of some specific social forces. In the alternative view, 'social' is not some glue that could fix everything including what the other glues cannot fix; it is *what* is glued together by many *other* types of connectors (Latour, 2005: 5).

ANT allows for these complexities because as Callon (1991) describes here, it recognises the indeterminacy of the actor:

Actor Network Theory is based on no stable theory of the actor; in other words, it assumes the radical indeterminacy of the actor. For example, neither the actor's size nor its psychological make-up nor the motivations behind its actions are predetermined. In this respect Actor Network Theory is a break from the more orthodox currents of social science (Callon, 1991).

If this indeterminacy is present on the ground, within the 'psychological make-up' of human actors and the assembly and reproduction of artefacts, then such uncertainty is also present at every level of the old social orders and structures that have long been assumed to contain and sustain the 'social fabric' of what happens at every level of society. Writing about ANT as an alternative to such explanations, Latour (2005: 86) describes traditional sociology as follows:

The idea of a society has become in the hands of later-day 'social explainers' like a big container ship which no inspector is permitted to board and which allows social scientists to smuggle goods across national borders without having to submit to public inspection. Is the cargo empty or full, healthy or

rotten, innocuous or deadly, newly made or long disused? It has become anyone's guess, much like the presence of weapons of mass destruction in Saddam Hussein's Iraq.

Actors can be intermediaries or mediators. Intermediaries act and perform a task within and by maintaining a stable and structured network, whereas mediators can act with transformative power, not only enacting a network but also expanding it, changing it or potentially degrading it. ANT allows for objects and technology to play a role in social networks. ANT has been widely and variously applied throughout science, technology and the social sciences. For example; as 'a tool to support ethical analysis of commercial genetic testing' (Williams-Jones and Graham, 2003); in 'shared agendas in feminist and disability movement challenges to antenatal screening and abortion' (McLaughlin, 2003); 'as an approach to understanding the emergence and development of Flagship Festivals in Kilkenny' (Monagle, 2009); and as a historical sociology of the emergence of the modern dairy industry (Nimmo, 2010). The diversity of the application of ANT also includes education.

## 5.5 ANT and education

Fenwick and Edwards (2012: xii) point out that, 'some authors have argued for ANT's particular value in educational research' (citing for example: Edwards, 2002; Nespor, 2002; McGregor, 2004; Waltz, 2006; Harmon, 2007; Mulcahy, 2007; Fenwick & Edwards, 2010). One of the earliest applications of ANT to education was by Nespor (1994). His analysis of learning on physics and management university programmes in the US demonstrates clearly how educational programmes are a part of larger networks. Students on distinct courses are conceptualised and 'positioned' as points in the network, but are also linked to a wider relationships through the institutional and cultural organisation of time, space, curriculum and social practices that intersect with them. Nespor (1994) argues that students on such programmes actively take up their place in a network of power and knowledge. Nespor's use of ANT demonstrates that social constructions are not simply dependent on the semiotics of language in one-to-one communications, but also that human actors engage with technology, objects and simulations as other actors in a network. The

actors within the network engage with, perform and represent the specialist knowledge that is relevant to the social and cultural network of a particular discipline.

Nespor's (1994) study on physics and management programmes shows how specialist knowledge is rehearsed, re-enacted and re-constituted in the social, technical and spatial networks over the duration of the programmes. Looking at how students learn to become physics or management graduates through the rubrics of ANT, creates a new perspective on how the traditional objects of knowledge are organised. Physical, technical, symbolic and informal aspects of knowledge and learning can be viewed as interactive parts of a wider network situated in the context of time and space. The emphasis of a programme such as physics or management is on controlling the learning activities of students as they are transformed from novice entrants to a network at the start of their programmes to heavily engaged actors who have formed and identify with the network by the end. Nespor (2004) believes this occurred through clear disciplinary boundaries in the physics programme characterised by a concentrated curriculum which isolated students within a network and segregated them from external networks. In contrast, the management programme facilitated a more extroverted view. Both 'professionalism' and 'professionalisation' are being described by ANT when students become physics or management graduates. According to Nespor (1994: 9), actor networks are 'fluid and contested definitions of identities and alliances that are simultaneously frameworks of power' Having looked at how ANT can be used in educational research, the next section looks at how ANT can be used in disability research.

## 5.6 ANT and disability

I have chosen ANT as the conceptual framework because ANT is suited to new fields of study. ANT acknowledges unknowns and uncertainties and is sceptical of arriving at 'clean' or 'powerful' solutions. In reviewing the literature on disability, higher education and student retention, these principles strike me as good starting points for exploring if the 'playing field' in HE is being levelled for SWD. ANT does not set out to support generalised theories or test hypothesis. In seeking to

understand more about how SWD experience HE, ANT provides a framework that allows for individual actors to be observed, described and traced in their interaction, networking and associations. The approaches and concepts of ANT have already been used by other research carried out about HE (Nespor, 1994) and as an alternative view of disability (for example: Law & Moser, 1999; Winance, 2006; Galis, 2006, 2011). So using ANT in this study on SWD in HE seems like a natural progression as well as a break from the more orthodox models either within the student experience literature or within disabilities studies. Several researchers have approached disability issues using ANT and a summary of their work will now be outlined.

In *Good Passages, Bad Passages*, Law and Moser (1999) present a series of meetings with Liv, a woman who had recently gained greater mobility and independence through the use of technology. They use ANT to describe how disability and subjectivity are closely linked. In Liv's case, her material circumstances radically change at the age of 44 when she acquired a powered wheelchair. The technology brings her new independence impacting her identity, subjectivity and agency. She also uses wivik, an on screen keyboard that allows her to write her autobiography. Through writing her memoirs, Law and Moser describe Liv as building her life, a narrative of her own subjectivity. This subjectivity, Law and Moser argue, is what makes disability highly specific; 'that people are dis/abled in endless different and quite specific ways' (Law & Moser, 1999: 198).

Winance, (2006) used ANT to focus on the mutual shaping of people with physical disabilities and their wheelchairs through human and non-human interactions. Calling these interactions a process of adjustment, Winance concludes that not only are new identities and new actions possible through processes of adjustment, but also new disabilities. For me this conclusion implies that disability can occur as an unintended and unforeseen consequence, even in places, such as hospitals, where intentions and foresights are supposed to be at their highest.

In *Enacting disability: how can science and technology studies inform disability studies?* Galis, (2010) seeks to utilise ANT theory to challenge the dominant approaches (the medical and the social models) in the understanding of disability. Galis uses ANT to identify how disability is constructed through interacting practices related to impaired bodies, built environments, technologies and the making of policy. On these points, Galis claims,

Disability is experienced and enacted in everyday practices, in policy making, in the body, and in the built environment (ontology)...The global experience of disability is far too complex to be reduced within one unitary model or set of ideas...Disability is produced and reproduced in material and semiotic performances of realities (Galis, 2011: 825 - 829).

Additionally, ANT can be seen as a research approach for looking and describing how new areas of knowledge are socially constructed and how they are associated with pre-existing areas of knowledge to create networks and hybrid forums. These new networks and hybrid forums can often produce unintended outcomes. Galis was not the first author to identify these ideas, as established writers in disability studies have been expressing similar concerns:

Disability is an ambiguous concept and it should not only be focused on the individual handicap or impairment, since it has some collective existence in the social and the material world beyond the existence or experience of individual disabled people (Priestly, 1998: 83).

Disability experience is embedded in complex networks of not just social but socio-material relationships (Shakespeare and Corker, 2002: 3).

In applying Galis's concept of disability to HE, the provision of reasonable accommodations to SWD is fraught with challenges. The greatest challenge is not in identifying or finding the accommodation, but in negotiating the 'reasonable' aspect of it. As an actor in the network of HE, the Disability Service makes accommodations reasonable by the use of time. Time is not only a constant factor in the 'reasonableness' of any support or accommodation it is also a constant factor in student and university life. Supports must be provided 'on time'; impacts of disability can result in 'time poverty'; 'deadlines' have to be met; 'extra time' is provided in

exams and 'late submission penalties' are all part of the day to day practice. Pickering (1995) describes this issue well in terms of the mangle of practice:

Practice as modelling, I thus realized, has an important real-time structure, with the contours of cultural extension being determined by the emergence in time of resistances, and by the success or failure of 'accommodations' to resistance. This temporal structuring of practice as a dialectic of resistance and accommodation is, in the first instance, what I have come to call the mangle of practice. (Pickering, 1995: xi)

## 5.7 Applying ANT to the current research

To illustrate how ANT can be applied to the range of issues discussed in previous chapters, I have used the key terms from the title of this research and categorised them in terms of actors or networks. The durable networks are HE and Trinity as these are the material and semiotic spaces that constitute the context of this research. The actors from the study title are: 1) student, 2) impairment, 3) barriers and 4) reasonable accommodation. In ANT these can be considered 'closed' networks or 'black boxes', as they function within the larger network of the university as singular entities. Set side-by-side in HE, the four closed networks have little to connect them theoretically. There is no obvious method of linking them that maintains their inner workings, while allowing them to be associated with and mediated by the other networks.

By applying ANT to the heterogeneous networks of HE and Trinity and to the actors as students, impairments, barriers and reasonable accommodations, the intention is to explore the findings of the study with a new approach. ANT suggests that the positioning and merging of networks in close proximity and over time allows for translation to occur in hybrid forums. In the context of this research, the data will show if translation occurs in the hybrid forum of Trinity as this is the central space and the 'playing field' of concern. In using ANT as an approach to interpret the research findings, this research seeks to explore if closed networks are opened up and interact with each other to form new connections. If so, it will also be worth



seeing if these new connections disable or enable and in what way do they impact on the student experience.

Disability as a concept cannot be reduced to medical diagnostics, to politicised movements of civil rights or neo-Marxist or materialist ideologies of oppression. Rather, ANT helps to explore disability in a new way, not by looking at it from a distance or measuring it at close range with instruments. Instead ANT follows disability and traces its associations. It accepts ambiguities rather than seeking to explain them away or tidy them up.

To exist is to differ; difference, in one sense, is the substantial side of things, what they have most in common and what makes them most different. (Latour: 2005: 15).

As a conceptual framework, ANT is rigorous enough to combine the roles and subjectivities of many actors; SWD, student peers without disabilities, staff within a Disability Service and academic staff of the university. It also allows for a range of networks to merge and interconnect in the hybrid forums of HE; structures within HE, laws about equality and reasonable accommodations, policies and practices related to funding and service provision. In ANT, actors enhance the network around their actions and in turn a developing network influences further actors. The theory seeks to go beyond dualisms of nature and nurture or subject and object by opening up another dimension which defines both actor and network functionally as a dynamic relational epistemology. Choosing ANT as a conceptual framework for this research does not bestow any certainty as to how things may turn out. On this point Latour (2005) outlines five principles of uncertainty which I have applied to my research in Table 5.1

**Table 5.1 Five conceptual uncertainties that form Actor Network Theory**

<p><b>There are no groups – only group formations</b>          SWD do not form a distinct group within the university. What constitutes a ‘disability’ is continuously contested. Also, there is a multitude of sub-categories based on gender, nationality, age and course type. There are mature, postgraduate, visiting and part time students, those with dual disabilities or those who do not identify with the disability label, those who are dropping out or about to graduate, those who associate together and those who never encounter one another.</p>
<p><b>Action is overtaken</b>          Any action is always an event that involves a clash with other agencies and the outcomes can be surprising or unintended. Providing reasonable accommodations to SWD in a HE setting involves multiple actors and agencies. Accepting some level of uncertainty to run its course is an inevitable aspect of the process.</p>
<p><b>Objects too have agency</b>          The university, the course, the exam, technology: these institutes and objects act in ways that often appear to be deliberate and intended. Objects are participants in the course of action, not instead of human actors, but in co-operation with them.</p>
<p><b>Matters of fact versus matters of concern</b>          In ANT, the ‘social’ is constructed and reassembled on a daily basis, on and from the ground up, by the countless actions carried out by humans interacting with each other and in cooperation with objects, systems and institutions. ANT runs counter to ‘social constructivism’ which claims to explain the actions of humans from the top down. This reversal implies that if ‘levelling the playing field’ occurs at all, it should be traceable on the ground, among the associations of individual people, at meetings, via documents and emails, discussing difficulties and trialling solutions.</p>
<p><b>Writing down risky accounts</b>          The creative and frustrating act of writing, producing textual accounts and constructing reports is necessary for research. Rather than cloud accuracy or objectivity, or being separate to the ‘research phase,’ the process of writing is crucial to establishing, clarifying and articulating the research at all stages in its development. The final uncertainty of ANT, therefore, argues the case for ‘bringing the writing of reports into the foreground’ (Latour, 2005: 124)</p>

Adapted from the chapter headings of Latour (2005) *Reassembling the Social*

## 5.8 Criticisms of ANT

A criticism of ANT by Engeström (2001) is that actors are seen as, ‘black boxes without identifiable internal systemic properties and contradictions’ (Engeström, 2001: 140). In my view this criticism actually supports the ANT approach. While learning is personalised and internalised by students in unique and inconsistent

ways, the personal and psychological variance of students must be contained – black box like – at least to an extent that it allows the functions of a disciplinary network to operate. In other words, ANT does not deny that people are complex, internally systemic or at times contradictory, but instead merely focuses on the role that people perform as actors in a network. From the perspective of a network therefore, personality factors are largely intermediary actors and are contained rather than denied.

This point can be developed further in relation to this research on the question of a level playing field for SWD in HE because Engeström's (2001) criticism of ANT can equally apply to both the medical and social models of disability. The medical view of disability ignores personal factors and looks only at issues of pathology, functional deficit, nosology, diagnosis, epidemiology, treatment and prognosis. The social view of disability also tends to ignore personal factors and looks only at issues of politics, power relations and the physical and social barriers created by discriminating attitudes and practices.

## 5.9 Conclusion

The benefit of ANT is that it shows how both models of disability function as networks and necessarily, as all networks in society do, contain (and restrict) personal and human factors in particular ways so that the networks can continue to function. Effectively, as Foucault (1998) has shown, the efficiency to which bio-power (human networks) function and the extent to which they exercise power, defines them as professions. As Law (2007: 6) suggests:

actor-network theory can also be understood as an empirical version of post-structuralism. For instance, 'actor-networks' can be seen as scaled-down versions of Michel Foucault's discourses or epistemes.

In summing up ANT, the following quotes resonate for me with the complex issues involved in 'levelling the playing field' for SWD in HE:

ANT is both intriguing and frustrating...Intriguing because of the potential for re-thinking taken-for-granted ideas that are problematized through such a radical approach. It is frustrating because ANT cannot be reduced, once and for all, to a catch-all theory that can be universally applied. In other words, one person's use, or reading, of ANT may differ considerably from others (Cressman, 2009).

ANT is not a "theory", or, if it is, then a "theory" that does not necessarily offer a coherent framework, but may as well be an adaptable, open repository. A list of terms. A set of sensitivities. The strength of ANT, then, is not that it is solid, but rather that it is adaptable. It has assembled a rich array of explorative and experimental ways of attuning to the world (Mol, 2010: 265).

For me and for this research on SWD in HE and the question of a 'level playing field', ANT is particularly suited to the analysis of these 'fluid and contested definitions of identities.' The relative newness of accommodating SWD in HE is an appropriate area of study for ANT because it is an area 'in the making' and not 'ready-made' and because it identifies and describes how heterogeneous networks can interact and co-evolve to produce new systems of knowledge and technology. This new knowledge and technology also acts to further expand and affirm its network through new actors – both human and non-human - that repeatedly practice and perform everyday tasks. In this chapter I have explained my rationale for choosing and using ANT as the conceptual framework for this research. ANT is utilised in the next chapter where it has been used to inform the methodology of this research.

## Chapter 6 Methodology

### 6.1 Introduction

This chapter explains the methodology used in this research, the approach taken and the methods used in order to explore the research question: are we levelling the playing field? In this chapter the methodological considerations for this research are described in relation to a pragmatic paradigm and the conceptual framework of ANT. A research plan was developed on the basis of the research questions, the quantitative data available, the anticipated contributions from participants and the position of me as the researcher. Data was gathered using a mixed methods approach. Questions of ethics, generalisation, validity and the limitations of this study are also considered. This chapter on methodology also locates my own position as a researcher. Together, a pragmatic paradigm and the conceptual framework of ANT provide a firm rationale for the methods and approaches chosen and justify the use of a combination of qualitative and quantitative data used in this research.

### 6.2 Methodological considerations

As the literature reviews established in Chapters 2, 3 and 4; 'the concept of disability,' 'higher education policy,' and 'student retention' are contested areas in their own right. Bringing the three together in this research over a relatively short time frame posed several additional methodological challenges. The first challenge concerns the rationale for using mixed methods. Writers such as Bryman (2008), Hammersley (1996), Morgan (1998), Tashakkori and Teddlie (1998, 2003), Creswell, (2003) and Creswell and Plano Clark (2007) have argued against the idea that within social research the type of method should be fixed to particular theoretical positions.

As stated in Chapter 1, my research question contains both qualitative and quantitative elements. On the one hand my own reflective character provided much motivation and a firm case for standing back and theorising at a deeper level about the nature and impact of my work as a Disability Officer in Trinity. It follows therefore, that a qualitative approach is required to ask the how and why questions and to

challenge assumptions - my own and others - about what it means to level the playing field. However, I was eager to avoid an entirely qualitative study. My experience of working in Trinity has taught me that reasonable accommodations are only successful if they are developed and modified to make a useful difference to an increasing number of SWD. At a practical level, reasonable accommodations are resource dependent. Economies of scale come into play regarding what is reasonable when considering that funding, space and time are all limited and are under increasing pressure from rising numbers of students. These pressures are significant facts that should not be ignored. Therefore, gathering quantitative data is crucial to identifying patterns and trends that could otherwise go unnoticed.

On balance, considering my reflective character, the practical nature of working in a HEI and the dynamic process of providing reasonable accommodations to a large number of SWD, a mixture of qualitative and quantitative approaches is required to adequately address the complexity of my research question. The meeting of disability, HE and dedicated support services is a recent phenomenon in Ireland. Seeking to explore the question, 'are we levelling the playing field' is justifiably addressed in relation to qualitative and quantitative factors. Creswell and Plano Clark (2007) describe mixed methods research as entering a period of advocacy in the 21<sup>st</sup> century. Hammersley (1996) suggests three approaches to mixed methods research; triangulation – where quantitative data supports qualitative data or vice versa; facilitation – where one approach is used to aid research in the other approach; and complementarity – where the limits or boundaries of each approach align. I have used these in the design stage of my research and in the data analysis stage. More broadly, in utilising triangulation Flick (2004: 179) writes that triangulation is 'a means of extending our knowledge of the research issue.'

Morgan (1998) suggests viewing mixed methods in terms of identifying which approach has priority and in what sequence they have emerged. Tashakkori and Teddlie (1998, 2003) take a pragmatic position to the paradigm debates over single method research and make the case for integrating mixed methods research rather than simply carrying them out as distinct parts. On this point, Bryman (2008: 624)

states 'as far as possible, users of mixed methods research should explore what the combined set of findings indicate.'

In choosing a mixed method study on the basis of the complexity or dynamic nature of the research area, a second challenge was to avoid the 'Kitchen Sink' Gambit, which Silverman (2010: 98) describes as seeking to 'include every aspect of a problem that you can think of in order to show the breadth of your knowledge.' The way around this problem was to focus more closely on a single issue. For me, that meant reworking the research questions several times during the first two years of the study and narrowing down to a central problem, that is, 'are we levelling the playing field?' This focus allowed me to create a central point from which I could view all the others and make decisions about their relevance and importance. By positioning the research question as the central point within the research, the research design followed, the literature review areas were established and the choice of mixed methods research could be justified.

A third consideration for the methodology was in choosing the interview as the primary method for gathering the qualitative data. The interview situation is widely used within qualitative research with flexibility being its most attractive feature (Bryman, 2008). The interview fits well with the nature of my work as a Disability Officer because it involves me meeting students on a one to one level and carrying out a needs assessment.

A fourth consideration was the sample frame. Who should be interviewed and in what way? Originally I had set out with the idea that I was most interested in the reasons why SWD would withdraw from HE. I wanted to explore the fuller story of SWD in HE and find out more about those who didn't use or didn't benefit from supports and reasonable accommodations. However, including only students who had withdrawn presented both methodological and practical difficulties. Methodologically, it would only provide an insight into a sub-group of SWD and these would not be representative of the vast majority of SWD who complete their courses. It would also seem likely that the answer to the primary research question, are we levelling the playing field would be a negatively qualified, 'generally no, not in these

cases.’ For these reasons, my sampling frame expanded to include a proportionate amount of graduates. It would be valuable to include their stories, to hear about what worked well or didn’t for them. Collectively the stories would provide a balance to the research and open up a more nuanced framework to work from.

At a practical level too, I soon realised that I was too ambitious or overly optimistic in seeking a high participation rate from students who had withdrawn from HE. In looking more closely at my own work and learning from other research, as discussed in Chapter 4, I saw that students who leave a course; or reapply to another HEI, or leave HE entirely, are most often in their first year and are often not officially recorded as having left until after several months have passed. Therefore, identifying a sufficient volume of participants, focusing solely on withdrawals, would mean contacting students two or three years later and would most likely result in a poor response rate and an unrepresentative sample. However, the limitations of focusing only on this group could not justify leaving them out entirely. I realised they were still an important group to include as student withdrawal remains a neglected area of research, particularly in Ireland (Baird, 2002), (Pathways, 2010).

### **6.2.1 Epistemology & Ontology: How do I know what is real?**

*What sort of philosophy one chooses depends on what sort of person one is.*

Johann Gottlieb Fichte

In my role as researcher my obligation was to establish a rationale for doing the research in a particular way, for choosing the research topic, the research questions and the methods used to answer those questions. By articulating what I believe exists and the nature of existence (ontology) and how knowledge is formed about it (epistemology), I can make consistent choices and justify decisions made in conducting the research. A pragmatic view of ontology and epistemology privileges that which makes a noticeable difference in determining the nature of existence and how knowledge is formed about it. I have kept this philosophy central in framing a theory and choosing the methods to carry out my research.



I did not settle easily on a single philosophical tradition for two reasons. Firstly, I have always found reasonable viewpoints to take up in a variety of philosophical traditions and have been suspicious of choosing a single philosophy ahead of others for the sake of convenience, expedience or simplicity. Second, the concept of disability, as explored in Chapter 2, and how disability is legislated for in HE, detailed in Chapter 3, do not relate easily to one philosophical tradition. Instead, uncertainty and ambivalence were much in evidence in both of these chapters. Despite the emergence and growth of the social model of disability, the medical model of disability is as powerful as ever. Consequently, a strong neo-Marxist or materialist tradition – the foundation of the social model – would be difficult to maintain within the practicalities of working in a HEI where evidence of disability consists of medical evidence to substantiate requests for supports.

On the other hand, I do not believe that values are entirely relative. A postmodernist position, advances pluralism and relativism too quickly and is in danger of assuming that the civil rights battles for people with disabilities have been won and that the social model argument has been overstated. While the postmodernism critique of the grand narratives is valid, as a philosophy it is difficult to apply to social issues. It also has a tendency to rely heavily on irony for its appeal and irony has little practical value for tackling disability issues. At times, I have found that when attempting to 'level the playing field' for SWD or advocating on their behalf, radical fundamentalist ideas of discrimination and oppression are called upon to help shift the inertia of attitudinal, administrative and physical barriers.

Elsewhere on the philosophical landscape, I can recognise the merits of feminism and the emancipation of oppressed groups, but at a personal level, not being a female or identifying strongly with a particular oppressed group, I would consider it dishonest of me to claim to be a feminist or to claim the emancipatory research paradigm as most suitable to me. When advocating for civil rights and equality for SWD in the conservative social environment of a university, loyalties to philosophical traditions are difficult to maintain. In this regard then, a pragmatic paradigm is the best fit for me as a Disability Officer and for me as a researcher.

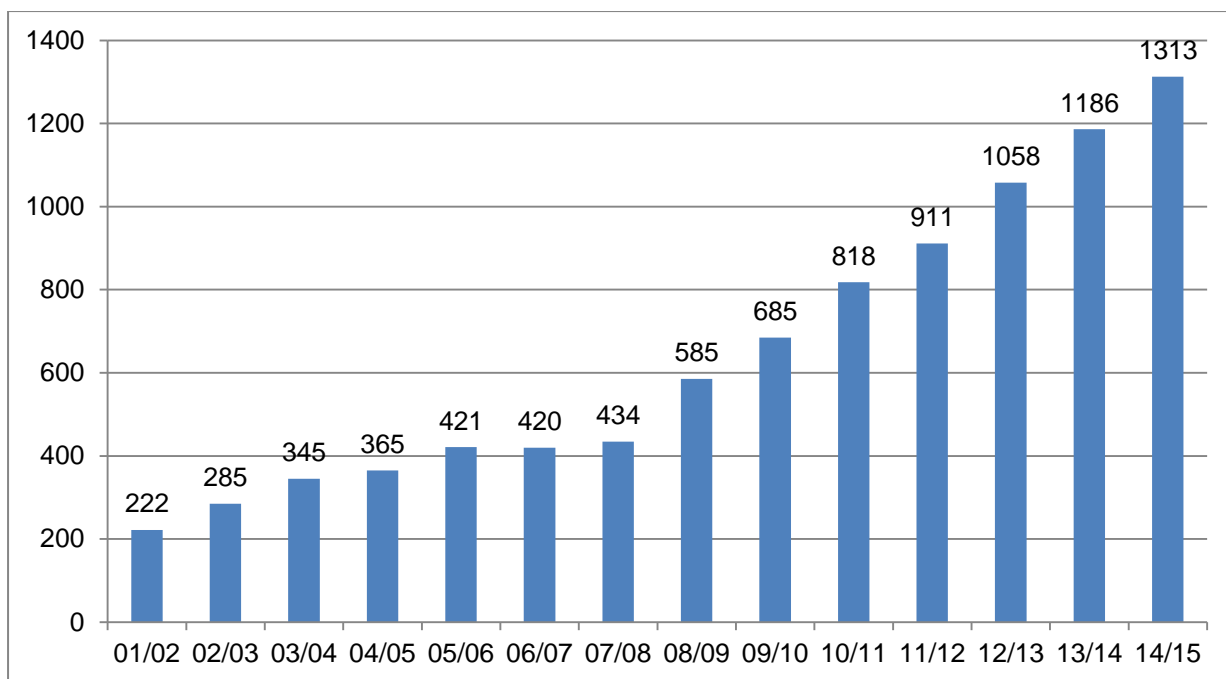
The relevance of a pragmatic approach for the study of SWD in HE is reflected in several ways in this research. Firstly, it has a resonance with the civil rights movement and the social model of disability in that only laws, policies and actions that make a practical difference to the lives of people with disabilities can be considered to be of value and meaning to them. Secondly, in HE, a pragmatic outlook supports the concept of outcome measures, performance indicators and risk factors as a means of monitoring and controlling quality at an institutional level in terms of reputation, teaching and learning and value for money. Thirdly, as much of the research on student retention has developed and grown in the US, where pragmatism still has a strong philosophical outlook, recommended models and practices for student retention are most likely to fit well with a pragmatic approach and transfer best to areas where a pragmatic view is already in place. Fourthly, I believe pragmatic paradigm is central to ANT, the conceptual framework I have chosen for this research. A pragmatic outlook demonstrates that science only develops when a new discovery makes a difference at a noticeable level. Similarly, ANT demonstrates that society is only traceable through associations between actors and objects when differences are noticed. Finally, as already stated, a pragmatic paradigm most accurately reflects the sort of person I am and therefore is the outlook best suited for me in carrying out this research.

### **6.2.2 The research approach**

Within a pragmatic paradigm and the conceptual framework of ANT, my research approach is a mixed methods study exploring if reasonable accommodations for SWD remove barriers and impact on the student experience. Are we levelling the playing field is an ontological question which assumes that SWD are at an educational disadvantage in comparison to non-disabled students. Although I believe this is not true in every case, my research question is not concerned with testing this belief. Chapters 2 and 3 dealt with these issues. Instead, my focus is on evaluating the attempts to address this disadvantage by exploring how reasonable accommodations for 3<sup>rd</sup> level SWD succeed in removing barriers and impact on the student experience.

Additional research methods included analysis of quantitative data relating to the intake of SWD, their progression and completion, compared to their non-disabled peers. The quantitative aspect of this research is confined to indicating student participation rates and retention outcomes. A basic statistical approach is used to compare changes over time within a large HEI in Ireland. Although the main research approach is qualitative, I make use of quantitative data in order identify patterns of significance in the journeys that students take into, through and out of HE. In particular I look at rates of participation of SWD in HE compared to their non-disabled peers.

I believe the inclusion of quantitative data identifies the significance of the research question and provides the background for this research. It also provides increased validity and reliability at several levels. Bryman (2008), Hammersley (1996), Morgan (1998), Tashakkori and Teddlie (1998, 2003), Creswell, (2003) and Creswell and Plano Clark (2007) support the view that numerical data can be used to objectively corroborate the significance of qualitative research. As more SWD are attending HE, more quantitative data about them is available. However, as the quantitative data grows, in proportion, the experiences of the students who collectively produce these statistics diminish as they are far less frequently publicised or researched. Chart 6.1 demonstrates that the number of SWD registered with the Disability Service in Trinity almost doubled between 2007/08 and 2010/11, from 434 to 818. This suggests that some barriers into HE for SWD have been removed and I want to identify these. However, I am also interested how the removal of barriers and the provision of reasonable accommodations have impacted on the student experience.



**Chart 6.1 Students registered with the Disability Service 2001/02 to 2014/15**

### 6.2.3 The research approach: embedded case studies

The research approach used the concept of embedded case studies (Yin, 2003) with the participants seen as individual case studies embedded or situated as students in the context and background of Trinity. This context is time specific (2007 to 2013) in that all of the participants were students of Trinity during this defined period and the quantitative data sets detailed in Chapter 7 also cover this period. Silverman (2010: 432) defines a case study as ‘research based on the study of a limited number of naturally occurring settings.’ While Bryman (2008: 691) states that a case study is a ‘research design that entails the detailed and intensive analysis of a single case.’ For my purposes, the embedded case studies are of individual students. At a pragmatic level I was interested in exploring how reasonable accommodations make a noticeable difference to the experience of HE for individual students. For this reason I believe that the detailed study of individual cases provides the best insight. This approach is echoed by Punch (1998: 150) in that:

The basic idea is that one case (or perhaps a small number of cases) will be studied in detail, using whatever methods seem appropriate. While there may be a variety of specific purposes and research questions, the general objective is to develop as full an understanding of that case as possible.

Research theorists have categorised case studies into different types. Stake (2005) for example, divides case studies into intrinsic, instrumental or collective with only the latter two providing a basis for extrapolation or generalisability. While Yin (2003) identifies cases as; critical, extreme or unique, representative or typical, revelatory or longitudinal. Admittedly, a single case can include elements of different types and how a case is classified at the planning stage can be very different in comparison to how it looks much later when conclusions are being finalised. In reflecting on what a case study is, Bryman (2008: 54) asks, 'what is the unit of analysis?' and suggests in response that 'it is not always easy to distinguish whether an investigation is of one kind rather than another. [...] it is important to be clear in your own mind what your unit of analysis is.'

With Bryman's (2008) advice in mind, I would also like to make explicit that my primary unit of analysis in the case study is of 'the student experience' and not 'the playing field.' This distinction is necessary to avoid any later confusion about what the unit of analysis is in relation to the case studies included in this research. I did not set out to identify cases that were of one particular kind or another. However, neither did I wish to rule out identifying cases retrospectively as 'unique' or 'critical' if that is how I saw them. I did not set out to test hypotheses or necessarily to construct a theory. Instead, using ANT as my conceptual framework, I intended to follow the actors and their associations and describe as best I could any noticeable differences that emerged. Within a pragmatic paradigm and the conceptual framework of ANT, the cases were selected with regard to where I believe the greatest potential for learning was identified. The sampling was therefore purposeful and not representative or random. The rationale for this is explained in more detail in section 6.3.1.

### 6.3 Planning the research

The research plan evolved over the first two years of the research from 2010 to 2012. Attendance at methodology seminars, discussions with my supervisor, literature reviews and self-reflection all contributed to clarifying the research

questions and a conceptual framework. This process highlighted for me the importance of connecting two separate streams of data in relation to the emergence and rapid growth of SWD in HE in Ireland over the past two decades. The quantitative data (detailed in Chapter 7) clearly demonstrates significant changes in the numbers of SWD attending HE and receiving reasonable accommodations (Ahead, 2014). So a rigorous analysis of this data was relevant to the question, 'are we levelling the playing field?' However, a qualitative understanding of how SWD experience HE and reasonable accommodations is of greater significance. This is because only the qualitative research has the potential to explore the attempt at levelling the playing field and provide meaning, depth and context to the concept of a level playing field. The numbers of students may be increasing, but what do the students have to say about it? My research plan therefore evolved in response to two aspects of a level playing field; a macro quantitative measuring and a micro qualitative evaluation of the impact of reasonable accommodations for SWD. Table 6.1 outlines the research plan.

**Table 6.1 Research plan**

Literature Review and methodology (2010 -2012): This was an exploration of the field of research and the development of the research questions. It involved the identifying and defining the subject area and planning the methodological strategy in response. Three areas of literature were reviewed; the concept of disability, legislation and policy relating to Disability Services in HE in Ireland, and the issue of student retention.
Data Gathering (2010 – 2013): Quantitative data was gathered from existing sources; nationally from AHEAD, CAO, CSO, DARE, HEA and reports from various HEIs; internationally from OECD, OFSTED and WHO. New sources were developed in response to gaps in outcome monitoring identified in my own HEI. These new forms of data consisted of outcome measures and key performance indicators. Qualitative data was gathered through case studies and semi-structured interviews with students.
Semi-structured interviews (March to December 2013): 37 interviews were conducted with students; 19 with graduates, 10 with current students and 8 with students who had withdrawn from their course. Interviews were planned to last approximately 1 hour.
Data Processing, Analysis and Interpretation (2013 – 2014): The interviews were transcribed by me using voice recognition software. While this was a challenge, I believe it allowed for greater validity and trustworthiness to the research. It also brought me closer to the participants experience as I had to re-listen to each interview during the transcription process. The interview transcripts were reviewed using a thematic analysis and coded on the basis of the research questions and on the student journey narratives of the participants. The main qualitative themes that were identified were coded and aligned with the findings from the quantitative data. These findings were interpreted in relation to the research questions, the emergence of sub-themes through cross case analysis and through the use of ANT.
Conclusions were developed in line with the overall aims set out at the start and the central research question: 'Are we levelling the playing field?' The final research document was written up, revised, edited and submitted (2015-2016)

### **6.3.1 The sample**

The question of who is included in the sample is of vital importance in a study seeking to address the question, 'are we levelling the playing field?' At an early stage in the research I considered a representative sample of the entire population of SWD in Trinity. Initially this seemed like a good idea because it would address issues of generalisability and increase the probability of the data being validated and reliable. However, at a later stage, when I had attempted to devise a representative sample, I re-considered how such a sample might address the research question. I realised

that it would only do so at a surface level. At a deeper level, it would not fit within a pragmatic paradigm and would avoid the rigorous approach of ANT.

Representativeness can be construed in different ways. The total population available for my research was 2,056 students. In April 2012 there were 910 students registered with the Disability Service. A total of 936 students were recorded as graduated and 210 were withdrawn. The first option would be to represent the percentage of these three groups in the participation sample. This would mean 44% would be current students, 45% would be graduates and 10% would be withdrawn students. But another way to arrive at a representative sample of this population would need to take into account additional relevant variables in the student group. But how many variables are there and which variables would I include or exclude? One option was to start by creating a sample frame combining disability type and entry route and see where that leads. An example of this is shown in Table 6.2.

**Table 6.2 Disability type and entry route to HE**

<b>Disability Category</b>	<b>DARE Below Points</b>	<b>DARE Achieve points</b>	<b>Disclose post entry</b>	<b>Mature</b>
ASD	1	1	1	1
ADHD	1	1	1	1
Blind/VI	1	1	1	1
Neurological	1	1	1	1
Deaf/Hoh	1	1	1	1
Mental Health	1	1	1	1
Physical	1	1	1	1
Significant Ongoing Illness	1	1	1	1
Specific Learning Difficulties	1	1	1	1
Multiple	1	1	1	1

This sample frame provides an even spread of one student per disability type across four entry-route categories giving a total of forty students. But there are several problems with this. First, the specific learning difficulty category accounts for approximately half of all students regardless of entry route. Weighting the categories



so that half the sample of students had one disability type would, in my view, fail to address the research question. Second, the disability categories of deaf or hard of hearing and blind or visual impaired, make up less than 5% of the student population when combined. These groups of students are under-represented in HE (Ahead, year). Therefore this discrepancy in the sample would remain unquestioned if a representative approach was used. Third, the mental health group are more likely to withdraw from HE than any other group (Pathways, 2010), yet if only four of them were selected, it would be quite likely that none of them would have withdrawn. Such an outcome would result in the research question being compromised for the sake of 'representativeness.' Fourth, at a practical level, targeting one representative from forty separate categories would be unlikely to be successful. I would have to avoid targeting too many in one category at one time because if more than one student agreed to participate I would have to turn down a volunteer (something I did not want to do). Alternatively I could interview them but this would take the place of another participant category.

Table 6.3 proposes the distribution of disability types among the students who were registered with the service across three academic years from 2008 to 2011. While such a sampling frame leads the way for a better proportional representation of students by disability type, it only does so for current students. As I intended to interview mostly graduates and students who had withdrawn, I needed to factor in these groups also.

**Table 6.3 Numbers of students by disability type over three years**

<b>Category of Disability</b>	<b>2008-09</b>	<b>2009-10</b>	<b>2010-11</b>
Hard of Hearing / Deaf	25	32	28
Visual Disability / Blind	18	20	20
Physical Disability	51	56	60
Significant On going Illness	85	89	116
Mental Health	85	112	123
Autistic Spectrum	9	14	22
ADHD	14	21	28
Neurological	n/a	n/a	4
Intellectual disability	35	37	45
Dyspraxia			34
Dyslexia/Dyscalculia/Dysgraphia	263	304	338
Total	585	685	818
<b>Percentage of total student population</b>	<b>3.60%</b>	<b>4.20%</b>	<b>4.90%</b>

Table 6.4 represents the sampling journey I have travelled in considering who to target for the research interviews. For illustrative purposes I have rounded the 2056\* students in the total student group down to 2000. This group is made up of 900 (45%) current students, 900 (45%) graduates and 200 (10%) who have withdrawn. If I chose to represent this distribution of students in the forty representative cases this equates to two groups of eighteen and one group of six.

Alternatively, a random sample could be used. I used a random number generator to choose 60 out of 2000 students. The result deviated very little from the representative sample provided in the 4th column. These methods have the same disadvantage in that they present too much of a risk of missing an important sub group (students with mental health difficulties who have withdrawn). The final two columns details the purposive sample and the final sample interviewed. I wanted to reduce the number of current students for several reasons:

- They had not completed their student journey and therefore their experience of student life and the impact of reasonable accommodations was still subject to potentially significant change.

- They were still service users and as such have regularly provided very positive feedback to surveys and research interviews carried out before (Disability Service, 2012), (Student Survey, 2010). In contrast, graduates and students who had withdrawn had not been surveyed or invited to participate in research.
- Graduates had completed their student journey (or at least one full journey) and were therefore better placed to provide a comprehensive view of that journey. They were also less likely to be influenced by any sense that they were obliged to only reflect positively on their experiences in relation to supports received.

I wanted to increase the number of graduates and withdrawn students for the opposite reasons. The purposive sample, detailed in column 6, offers a balance of representativeness with the greatest potential for capturing the richest qualitative data in the terms of the research question. The final sample was the resulting compromise reached between the volume, richness and depth of qualitative data received after 37 interviews were completed. After a five month period which included 28 interviews, I only had three participants who had withdrawn. At that stage I made another attempt to contact twelve students from the withdrawn group. Five of these agreed to participate and after these interviews were completed in November and December 2013 (bringing the total to 37) I decided to stop interviewing.

**Table 6.4 Representative, random and purposive sample**

Types of students	Number of students*	As a % of total	Representative sample	Random sample	Purposive sample	Final Sample
Current	900	45%	18	17	8	10
Graduates	900	45%	18	20	20	19
Withdrawn	200	10%	4	3	12	8
Total	2000	100%	40	40	40	37

Hammersley (1992) describes how even a single case can be tested for representativeness by using a comparative approach; that is, looking at data from an

associated number of cases and making comparisons to the single case. As I intended to look at the individual student experience qualitatively but did not wish to lose sight of the collective issue of equity in HE, the comparative approach was an attractive way to combine qualitative and quantitative approaches and achieving representativeness. In the purposive sample as shown in Table 6.4, there was the flexibility to include a range of relevant factors without being restricted to serve a potentially skewed structure. This was vital to address the question of a level playing field as experienced by students who are actors in a network of other actors.

At the start of the interview process, I intended to carry out 40 interviews. This was enough to provide for a wide variation of students in terms of disability type, age, entry route, course type and academic ability. It was also a reasonable sample size in terms of the practicalities of time scales. It was an attainable target within the 1 year time frame as I had, on average, planned to carry out 1 to 3 interviews per week over the first 6 to 8 months of 2013 and complete the transcriptions and thematic analysis over the following year.

### **6.3.2 Semi structured interviews**

The main qualitative research method was the use of interviews. According to Atkinson & Silverman (1997), we live in an 'interview society.' In a university setting such as Trinity, face to face meetings where consultation occurs and questions and answers are exchanged is familiar territory to staff and students. For research purposes, the interview is also a common approach to gathering qualitative data. Rubin and Rubin (2005) illustrate the variety of qualitative interviews in a matrix (Table 6.5) that orientate on a focus of narrow to broad scopes and on meanings or events and processes. In considering my approach as a case study of Trinity and using participants as embedded case studies, the in-between area of organizational culture and oral histories fits well. However, to approximate the messiness of outliers and the variety of participant experiences, the jagged outline represents themes and experience that overlapped, for example, the 8 participants who withdrew interviewed in part, as exit interviews and the for older participants, the interviews tended to have a life history aspect to them.

**Table 6.5 The variety of qualitative interviews**

	Narrowly Focused Scope	In-between	Broadly Focused Scope
Focused Mainly on Meanings and Frameworks	Concept clarification	Theory elaboration	Ethnographic interpretation
In-between	Exit interviews	Oral histories Organizational culture	Life history
Focused Mainly on Events and Processes	Investigative interviewing	Action research Evaluation research	Elaborated case studies

Methodologically, the research interviews presented me with an intersecting knot of issues related to ethical dilemmas, practical limitations and theoretical conflicts. From an ANT perspective an interview is an event where the actions of the researcher and interviewee are set to be overtaken by the associations and reassembling that must occur at any one time and place and cannot every be repeated in exactly the same way.

Asking questions and getting answers is a much harder task than it may seem at first. The spoken or written word always has a residue of ambiguity, no matter how carefully we word the questions and how carefully we report or code the answers (Fontana & Frey 2005: 697).

The acknowledgement of ambiguity in the spoken or written word deals with an important methodological concern in how interviews are viewed. This raises the important methodological issue of whether interview responses are to be treated as giving direct access to ‘experience’ or as actively constructed narratives (Silverman, 2010: 45). Interviews need not be viewed exclusively as either a means of objectively accessing the ‘true’ experiences of the research participants or as a means of socially constructing narratives ‘on the spot’. Instead, I believe people have experiences that are real and impact on their lives and how those experiences

are remembered and communicated can vary greatly depending on the context in which the experiences are being called upon.

For this reason I believe that the participants in this research have had real experiences to draw upon in response to the context of the research questions and that their responses have provided data in the form of narratives that reflect the singularity of the interview event and result in a negotiated text. I therefore agree with Schwandt (1997: 97), who concluded:

It has become increasingly common in qualitative studies to view the interview as a form of discourse between two or more speakers or as a linguistic event in which meanings of questions and responses are contextually grounded and jointly constructed by interviewer and respondent.

I was hesitant to carry out emphatic interviewing as described by Fontana and Frey (2005) because my professional experience and the research from the literature reviewed in Chapters 2, 3 and 4 have encouraged me to question the assumption that disability is always equivalent to disadvantage or that the disabled are always an oppressed group. It is not that I believe the opposite, but more that I believe the relationship between disability and educational equality is highly complex and worthy of investigation without the assumption of disadvantage and oppression filtering the context.

I decided to avoid structured interviewing. I did not assume that I could anticipate everything that would be relevant to the participants in advance. I could only assume to know that the context of the interviews was relevant to the time and place of their experience as students and that perhaps they might have little else in common. As Bryman (2008: 192) explains, 'the structured interview... is the one that is most commonly employed in survey research. The goal of the structured interview is for the interviewing of respondents to be standardized so that differences between interviews in any research are minimized.'

I also wished to avoid group interviews and focus groups for several reasons. There would be an added difficulty in bringing SWD together to talk about their experiences. I do not hold the view that SWD are more likely to share common experiences whether or not they share the same disability type or not. At a practical level too, I anticipated it would be much harder to encourage enough participants to engage with the potentially sensitive nature of the research in such an open format. Even if enough participants did agree to engage, I believe they would find it more difficult to speak freely in a group of strangers. Inevitably, in such situations, one or two participants would over contribute, a few would make small contributions and others would say little or nothing at all. There would also be an increased challenge for me in maintaining confidentiality in a group where ultimately I would not be solely responsible for it. Finally and most importantly of all, I believe a group interview is more like a focus group than a case study and this would result in the unit of analysis becoming the group dynamic and not the individual student experience. Bryman (2008: 473, 488-489) outlines these and additional limitations to group interviews and to focus groups.

After considering the options above, I chose to use semi-structured interviews as the most effective and reliable way to address my research question and gather rich qualitative information. Wengraf (2001: 5) argues that semi-structured interviews should be well prepared, 'they are high-preparation, high-risk, high-gain, and high-analysis operations.'

The interview schedule co-evolved with the title of the research. It developed from 2010 to 2013 as a concept along a student journey theme and through several iterations, discussed in supervision. The final choice of questions was decided after four pilot interviews were completed in early 2013. Of the 37 interviews, 34 took place in the School of Education interview room or researcher's place of work in Trinity. Two participants completed written responses to the interview questions via email and one participant was interviewed in a coffee shop near their home. The latter case was arranged over the phone and the coffee shop was chosen because the participant was confident that a side room could be booked for the interview.

### **6.3.3 Participants**

All the participants in the research were either current or former students of Trinity who were registered with the Disability Service. The participants who were former students consisted of graduates or withdrawn students who used the supports and accommodations at some stage throughout their undergraduate or postgraduate degree. As current and former students were invited to participate in interviews these were subject to ethical approval and the ethical principles outlined in the next section.

As explored in Chapter 4, whether a student graduates or withdraws is seen, perhaps too simplistically, as a significant indicator of a dynamic outcome from the meeting of student and a HEI. At the 'too simplistic' level, it is a case of success or failure for the student. Beyond that, it becomes far more complex. Perhaps the greatest successes are when a student is unhappy on their course (for whatever reason) and leaves straight away to pursue a better alternative. Perhaps the greatest failure of all is when a student persists on a course they are unsuited to or don't have any interest in, simply because they don't see an alternative or don't want to disappoint their parents. In this research, I met former students who had graduated or withdrawn from their course of study within the previous 1 to 3 years. As a counter balance to these former students I also met with current students to gauge their experience of Trinity.

Two sets of quantitative data were used in this study; naturally occurring data internal to Trinity and the Disability Service and data I constructed as part of the monitoring tools I developed to track the patterns of the routes taken into, through and out of HE for SWD. Detailed analysis of both sets of data, are provided in Chapter 7. However, it is worth noting here some of the early findings from this data that proved useful in developing the methodological strategy for this research. I discovered in the first two years, before interviews took place, that students who register with the Disability Service are less likely to withdraw early compared to non-disabled students. Also, SWD are more likely to progress at a slower rate through



their course and achieve marginally lower grades proportionately compared to their non-disabled peers.

Another feature of SWD is that when they do withdraw from their course, it is more likely that it will occur in the 2<sup>nd</sup> or 3<sup>rd</sup> year compared to the 1<sup>st</sup> year when the majority of non-disabled students who withdraw choose to leave Trinity. Therefore there is a greater time delay in following a cohort of incoming SWD and seeing how they progress and what proportion complete their course. It is not unusual for SWD to take an extra year or two to complete their degree. This means that a fair comparison of course completion for disabled and non-disabled students can only begin to occur in the 6<sup>th</sup> or 7<sup>th</sup> year after initial intake.

Finally, as the intake of SWD increased rapidly since the year 2000; and the retention rate of SWD is high in the first year and the progression rate is lower compared to their peers, it is still too early to be confident in making any direct comparisons with rates of withdrawal. Also, students can register with the Disability Service at any time in their studies, not just at the beginning. So even as students who have been registered for a year or more can withdraw, so too, students who are about to graduate can also register for the first time. These dynamics defy any simple comparisons when looking at the intake of students per year and the number withdrawing per year. An additional complication occurred when the student record system changed during the course of the research. This meant that the basic methods used for counting students in categories at the start were adjusted because the student category types increased. These factors greatly complicated the attempt to track and monitor SWD.

#### **6.3.4 Ethical concerns**

Throughout this research I have encountered many ethical concerns. I can roughly divide them into four areas. The first relates to the ethical nature of the research question. The concept of 'a level playing field' for SWD is, I believe, ultimately an ethical metaphor, both in terms of issues of equity and in terms of disability. Therefore, I agree with Ramcharan and Cutcliffe (2001) who suggest an 'ethics as

process' approach for qualitative research where the design develops as the research progresses. All research has an ethical component to it, but I also view my research question as an essentially ethical one. Ethical concerns are therefore not simply formalities but a continuous process that must be reassembled during the research.

The second area of ethical concern relates to me as a researcher. I believe that the quality of this research is heavily influenced by me being as honest as I can be. This is described by Alvesson and Skoldberg (2009) as a form of qualitative research that is concerned not only with how social reality is constructed but also about how it is represented. If reflexivity is a form of ethical self-inquiry, then this calls on me to be the best researcher that one can be (Doane, 2003). I interpret this to mean that this requires me to seek the truth, to follow it where ever it may lead and acknowledge my part in producing it.

The third area relates to demonstrating that respect has been shown to the participants, their consent sought, their confidentiality maintained and that any potential harm is avoided or minimised to an acceptable level. A number of publications on ethical guidelines that are relevant to the nature of this research have been consulted (BERA, 2011), (NDA 2009), Children's Research Centre Ethical Guidelines (2006). A standard set of principles are shared among them, namely; informed and ongoing consent, an awareness of the needs and rights of participants, managing participants distress or unexpected revelations and securing the personal data once it has been gathered.

The fourth area concerning ethics relates to me as a researcher being in an 'insider' position. Being embedded as an employee in the same domain as the area of research presents a number issues, challenges and potential risks and conflicts of interest. The key ethical issue for me was the research question itself, 'are we levelling the playing field?' Without a qualitative study such as this, this ethical question was not being addressed. In deciding to undertake this research in my area of work, I was aware that my position would provide me with certain advantages that

another researcher would not have or that I would be much less likely to have if I sought participants in another HEI. The main advantages were that I was more likely to receive cooperation from participants because I was known to them and they might perceive me as someone who had some influence in the university. Another advantage is the fact that the need for evidence based student services are increasingly recognised and supported within HEIs, particularly as demand increases, resources are stretched and the scope of funding is limited.

The challenge therefore in carrying out the research was to strike a balance. On the one hand was the strong rationale for the research and the clear advantages that came with working in the area; and on the other was identifying and managing risks and potential conflicts of interest that might emerge as a result. I was aware that I may encounter ethical and practical difficulties in balancing my responsibilities to my employer, my supervisor, my profession and to the participants.

Ethically, current students as participants presented a greater challenge in terms of a conflict of interest for themselves (not wishing to be critical but wanting to participate in the research) and for me the researcher (querying the impact of the service on their experience but holding the position of one of the providers of the service). I took the following safeguard to minimise the risks and potential for conflicts of interest. Although I interviewed 37 participants, only 10 of them were current students and none of these were first year students. Invited participants were also informed that they could withdraw from the study at any time and would not be discriminated against in any way and would be given equal access to information and support services. A copy of the participant information is provided in Appendix E.

In complex research areas, Tuffrey-Wijne et al. (2008) recommend that access to a research advisory group for ethical standards be made available to the researcher and that sound structures for supervision are essential. Prior to interviews commencing, ethical approval was sought and granted through the School of Education Ethics Committee in Trinity. As Dench and Iphofen (2003) suggest, a comprehensive sense of ethical accountability and boundaries must exist throughout

research organisations and in professions where research is carried out. Classifying ethics in this way can assist in creating ethical reference points that need to be firmly connected as the research moves from the design phase to the practical phase where the participants are contacted and begin to interact with the researcher. Procedural ethics reinforce ethics in practice even if the fundamental values are consistent (Guillemin & Gillam, 2004). McNiff et al., (2003: 50-57) provide a checklist of ethical principles and procedures that I have adapted in Table 6.6.

**Table 6.6 Ethical principles**

	Principles adapted to the particular context of this research
An ethics statement	A detailed participant information sheet was produced. This formed part of the ethical approval sought in the School of Education in Trinity and it was sent to all potential participants (see Appendix E).
Letters of permission	A clear and concise letter explaining the purpose of the research was sent to each potential participant. The letter sought their written consent to participate in the research (see Appendix D).
Negotiated Access	Due care was taken when inviting current and former students to participate in this research. A combination of methods was used; phone, email and letter to avoid and minimise the risk of potential participants not being contacted or others being contacted in error.
Promise Confidentiality/Identity/Data/Withdrawal	Every effort was made to conceal the identities of participants, to maintain confidentiality and to anonymise the data. Information on the purpose of the research was provided to participants (Appendix D) and participants were informed of their rights to choose to participate and to withdraw from participation at any time (Appendix E).
Keeping good faith	At all times I made every reasonable effort to be honest and fair in communicating with participants, dealing with personal data and in representing their experiences.

In summary, my ethical concerns are about exploring the ethics of the research question, being ethical with participants and with myself during all stages of the research and finally being seen to be ethical through formalised ethical procedures.

## 6.4 Thematic Analysis

The interview recordings were transcribed by me using voice recognition software. The interview transcripts were reviewed using a thematic analysis and coded on the basis of the research questions and on the student journey reported by the participants. The process was carried out on a spreadsheet with selected participant responses entered into a grid under the question headings. A sample of this grid is provided in Appendix F. The main qualitative themes that were identified were coded and aligned with the findings from the quantitative data. A first layer of coding prioritised recurring themes in keeping with the research questions and were grouped under simple headings of 'positive,' 'negative' and 'mixed' responses. These initial findings were interpreted in relation to the research questions and the quantitative data. It was at this point, through the use of cross case analysis and ANT, that sub-themes began to emerge and the profiles of strider, struggler and striker were formed.

## 6.5 Trustworthiness and transferability

I believe the process of interview transcription via voice recognition provided greater validity and trustworthiness to the research. It allowed me to re-listen to the participants' words and to gain a better insight into their experiences by hearing changes in tone of voice, pauses and mood. Compared to having the interviews transcribed professionally, where I would have lost the sound of voice, listening to the transcriptions a second and sometimes a third time added greater trustworthiness and authenticity to the analysis process.

While there are many aspects to this research that are unique and could not be replicated (for example, the setting of Trinity from 2010 to 2016 and the pace of change in HE and student populations), nonetheless, the methods and approach

could be carried out in other HEIs or on a national level. The use of ANT as a conceptual framework would also transfer to another research of this kind. However, regional and individual differences between HEIs would make the application of ANT to a large scale study more challenging. The mix of qualitative and quantitative data sets are also transferable to other HEIs. So too are the student journey based interview schedule and the student profiles of strider, struggler and striker.

## 6.6 Conclusion

The methodology planned for this research was based on a pragmatic philosophy and guided by ANT as a conceptual framework. A mixed methods research approach was used with priority given to qualitative data. This consists of embedded case study interviews with 37 participants which provide an insight into the experience of SWD during their time in Trinity. The quantitative data provides a context for the qualitative data and is used to triangulate comparisons and establish objective measures of reliability and validity. A triangulated mixed methods approach was chosen due to the context sensitivity of my own position as a researcher and as a professional working in the area of Disability Services within Trinity.

## Chapter 7 Not everything that can be counted counts

*Counting sounds easy until we actually attempt it, and then we quickly discover that often we cannot recognize what we ought to count. Numbers are no substitute for clear definitions, and not everything that can be counted counts.*

*William Bruce Cameron*

### 7.1 Introduction

The words that have inspired the title of this chapter – not everything that can be counted counts – gets straight to the point of quantitative data – it needs to matter. In this mixed methods research based primarily on qualitative data the value of quantitative data is in enumerating issues and phenomenon that not only can be counted but can be shown to directly relate to the qualitative data that follows in chapters 7 and 8. The purpose of this chapter is to present what counts as cogent statistical data on populations with a disability and on SWD and to set the context of the overall findings. Wherever relevant, brief discussion and analysis are provided. An analysis of quantitative data is necessary to understand more fully the rationale for this research and to position its' relevance within a context of increased disability awareness and human rights. It also forms an advanced starting point for a more rigorous analysis of the qualitative data which follows in the next two chapters.

As the sources of data I have drawn from in this chapter vary significantly and because I have selected data to illustrate different points, the range of years in which data is presented varies. Wherever available and practical, I have presented data to coincide with the period of time that most of the participants attended Trinity; that is 2006/07 to 2013/14. Throughout this chapter I have provided explanatory text to each chart and table as an aid to interpretation and where appropriate to caution against simplistic conclusions.

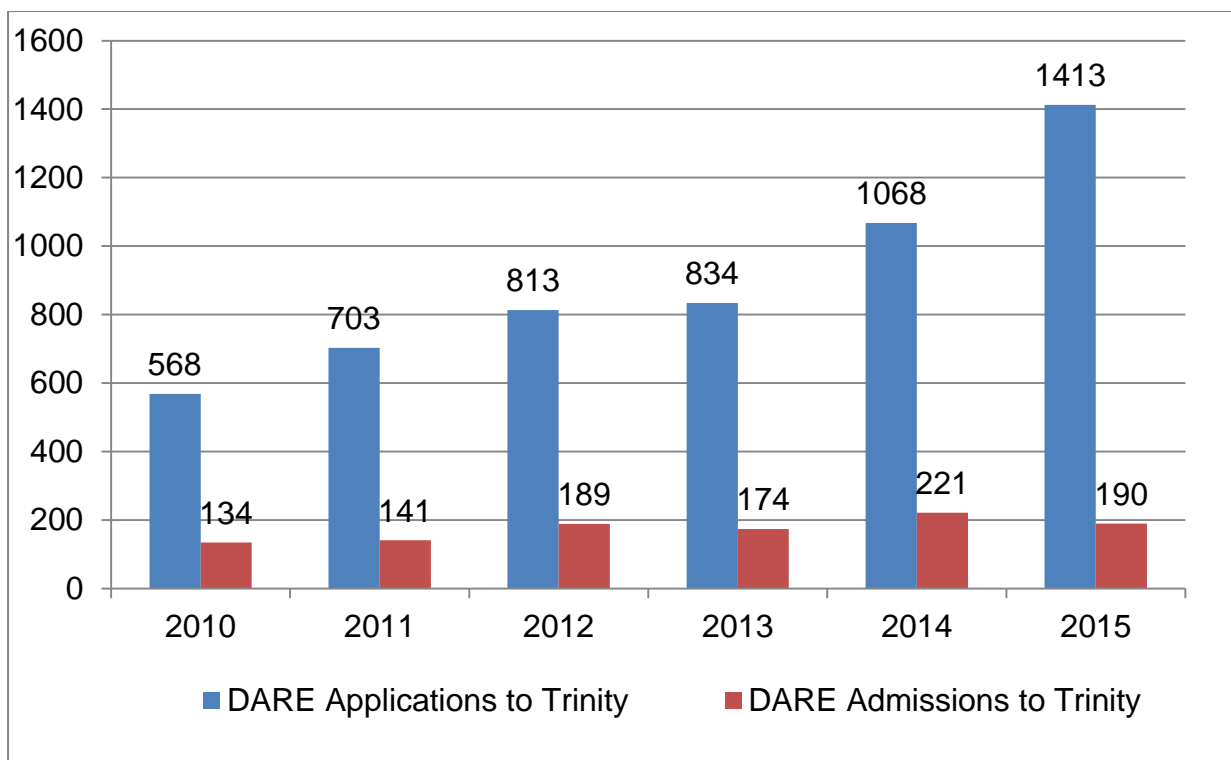
## 7.2 DARE applications to Trinity

Prior to the establishment of DARE in 2009 for applicants to HEIs in 2010, Trinity operated a supplementary admissions scheme for SWD. Table 7.1 and Chart 7.1 show the increase in applications to Trinity from SWD each year from 2008 to 2014. Data for five years of the DARE admissions scheme to Trinity shows annual increases in both applications and admissions from 2010 to 2014. Proportionately the increases are greater for applications than for admissions indicating that the DARE entry route has become more competitive as the application numbers have increased.

**Table 7.1 DARE applications to Trinity 2010 to 2015**

<b>Applications</b>	<b>2015</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>
Total number of applicants to Trinity who disclosed a disability on the CAO application form	1413	1368	1212	1138	990	912
Number of applicants who completed the DARE application process	1115	1068	834	813	703	568
Number of applicants eligible for DARE consideration on grounds of disability	798	764	581	440	413	271
Number of new entrants with disabilities entering on full points	48	110	82	95	69	89
Number of DARE entrants on reduced points	142	111	92	94	72	45
Total number of new entrants with a disability	190	221	174	189	141	134





**Chart 7.1 Applicants and admissions to Trinity via DARE 2010 to 2015**

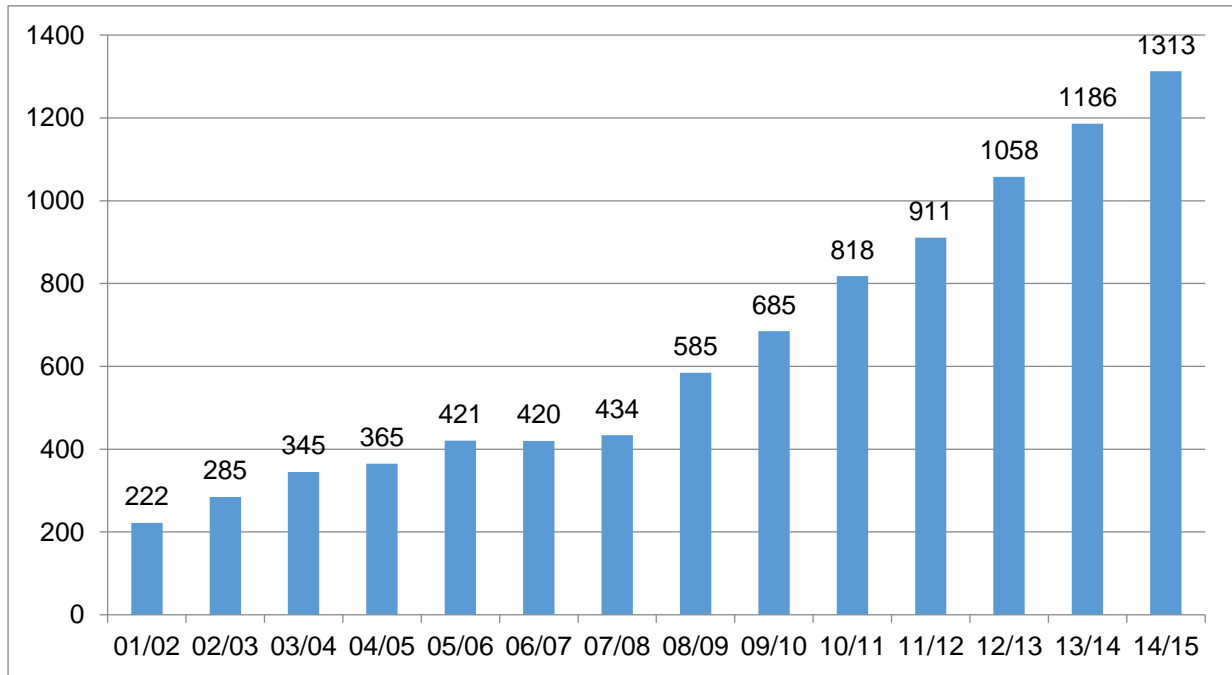
### 7.3 Trinity Disability Service data on the student journey

A key feature of the Disability Service strategy is the use of objective measures as part of the evidence base from which the service to students can be evaluated and improved. Keeping track of student registrations, disability types and changes in the rates of progression, withdrawal and completion allow the service to adapt to particular issues that otherwise may go unnoticed. The data in this section is presented to illustrate the key features of the student journey for those students who were registered with the Disability Service.

#### 7.3.1 Student registrations with the Disability Service

The number of students registering with the Disability Service has risen significantly since 2001. Chart 7.2 illustrates steady increases in the years after the service was established with an almost doubling of registrations over 7 years from 222 in 2001/02 to 434 in 2007/08. The rate of increase accelerated from 2007/08, with the numbers more than doubling in just 4 years to 911 in 2011/12. These increases reflect a number of contributing factors; increasing demand for HE, increased prevalence of

disability reported in CSO (2011) data and the impact of DARE launched in 2009 which incentivised disclosure via CAO applications because of the possibility of a reduced points offer. Together these factors could be said to illustrate a cultural shift among students attending HE whereby the willingness to disclose a disability to access supports has significantly altered.



**Chart 7.2 Disability Service registrations 2001/02 to 2014/15**

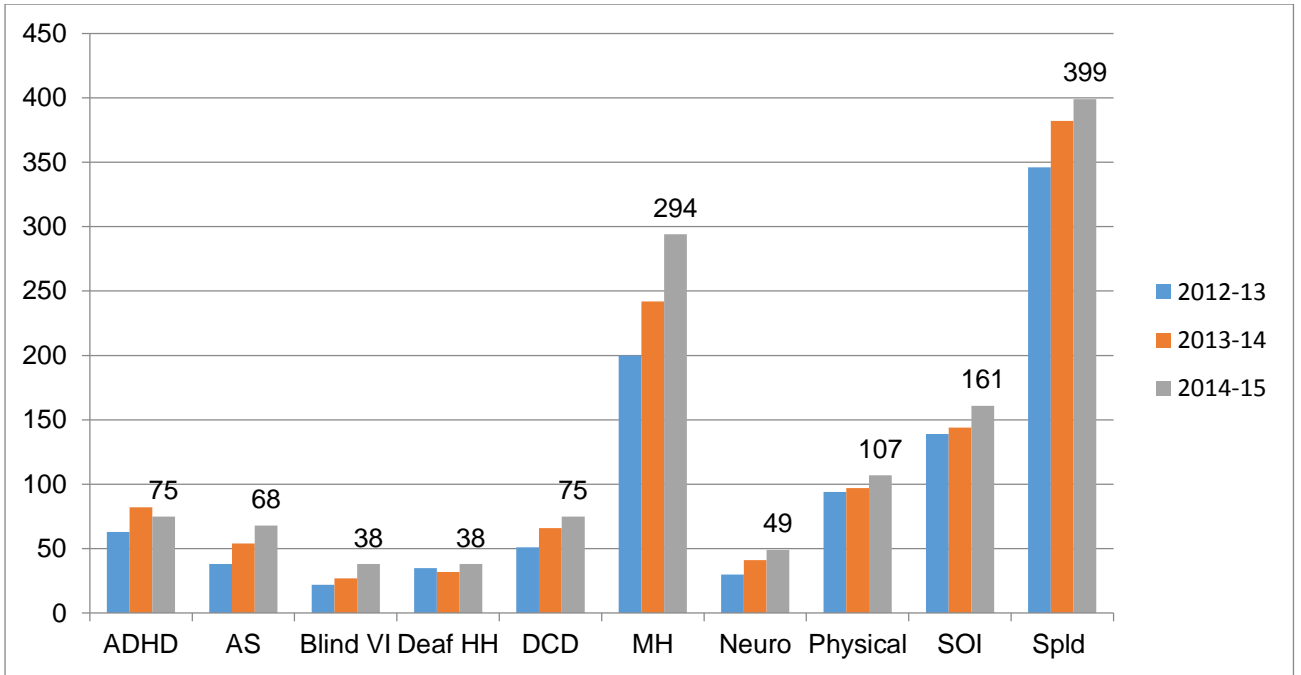
While student numbers in general have increased in Trinity since 2001, the rate of registrations for SWD has increased proportionately also. Table 7.2 demonstrates proportionate increases in line with the numbers above. In 2001/02 the proportion of Trinity students registered with the Disability Service was 1.5%, this had doubled to 3.2% by 2006/07. By 2014/15 the proportion of students registered with the Disability Service as a percentage of the Trinity student population had more than doubled to 7.7%.

**Table 7.2 Disability Service registrations 2001/02 to 2014/15**

Year	Total Number of Disability Service registrations	Total number of Trinity Students (SLR)	Disability Service registrations as % of total Trinity students
2001/02	222	15,165	1.4%
2002/03	285	15,511	1.8%
2003/04	345	15,428	2.2%
2004/05	365	15,264	2.4%
2005/06	421	15,322	2.7%
2006/07	420	15,492	2.7%
2007/08	434	15,716	2.8%
2008/09	585	16,215	3.6%
2009/10	685	16,807	4.1%
2010/11	818	16,747	4.9%
2011/12	911	16,860	5.4%
2012/13	1,058	16,646	6.4%
2013/14	1,186	16,729	7.1%
2014/15	1,313	17,080	7.7%

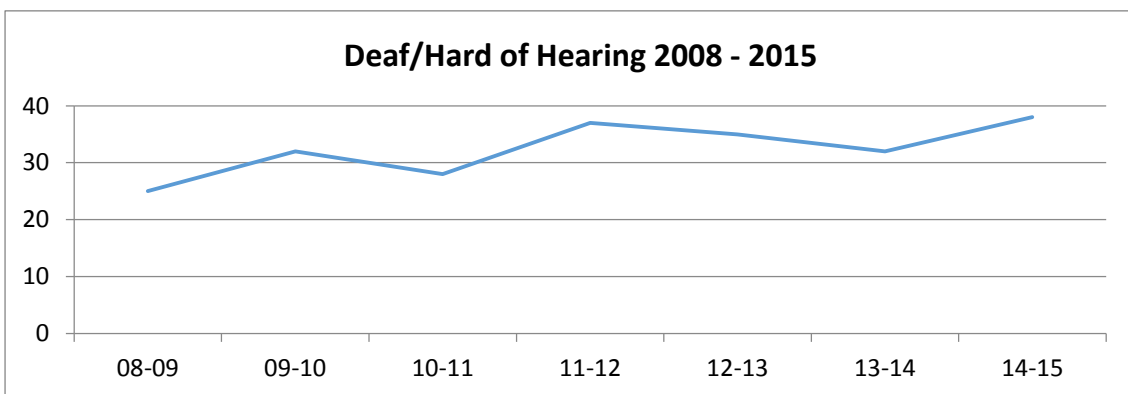
**7.3.2 Registrations by disability type over 7 years 2007/08 to 2013/14**

In the past decade disability categories have expanded from five (mental health, physical, sensory, significant on-going illness and specific learning difficulties) to the ten shown in Chart 7.3. The new categories ADHD, AS and DCD were previously grouped as subtypes of specific learning difficulties and neurological was considered a subtype of significant on-going illness. Students with specific learning difficulties such as dyslexia have always been the largest group however, over the past 3 to 5 years, as a group students with mental health difficulties have shown the highest rate of increase compared to other disability types. Students with physical and sensory disabilities continue to register in low numbers.



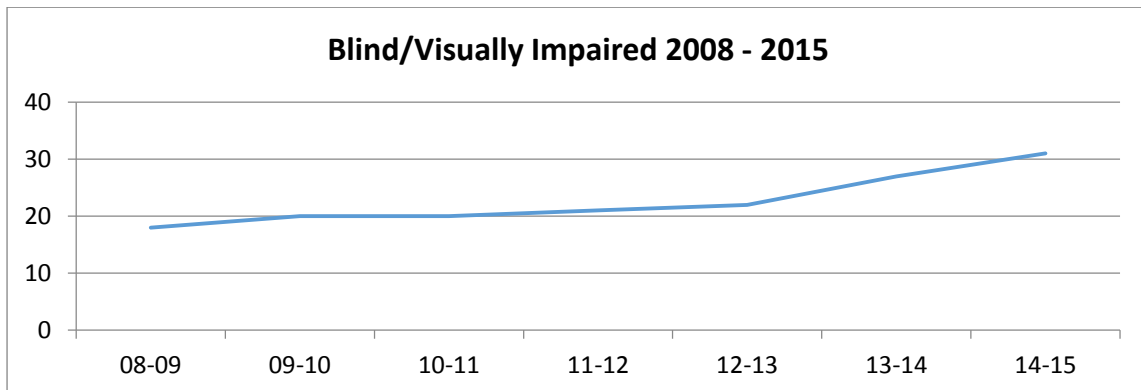
**Chart 7.3 Students registered by disability type 2012/13 to 2014/15**

Charts 7.4 to 7.11 illustrate the rate of increase or decrease of student registrations by disability type over a seven-year period 2008/09 to 2014/15. The numbers of students with physical and sensory disabilities continues to remain low and under-represented compared to other disability types. Deaf/hard of hearing students enter Trinity in very low numbers. The majority of this group are hard of hearing and are not dependent on note takers or ISL interpreters. As a group Deaf and hard of hearing students face considerable difficulties in post primary education, are less competitive at admissions and in HE are at higher risk of withdrawal than any other group by disability type.



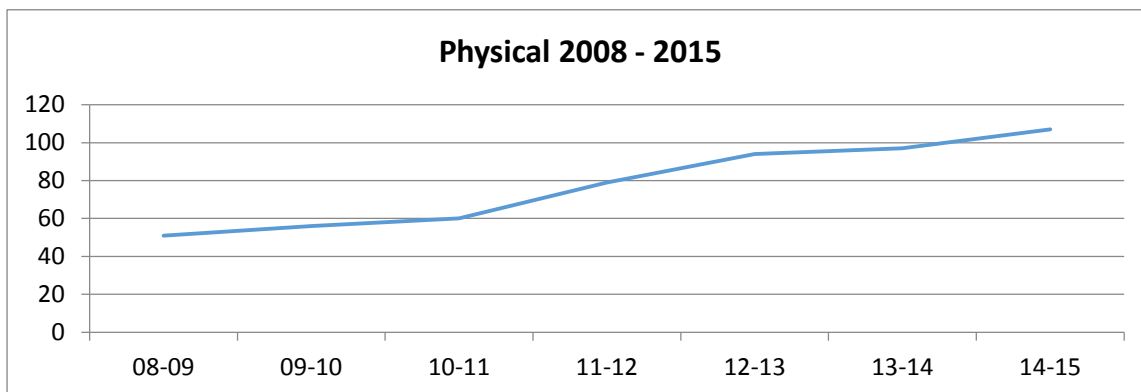
**Chart 7.4 Deaf/Hard of Hearing students 2008/09 -2014/15**

Students who are blind or visually impaired also enter in low numbers. In contrast to those who are Deaf or hard of hearing however, they are at low risk of withdrawal.



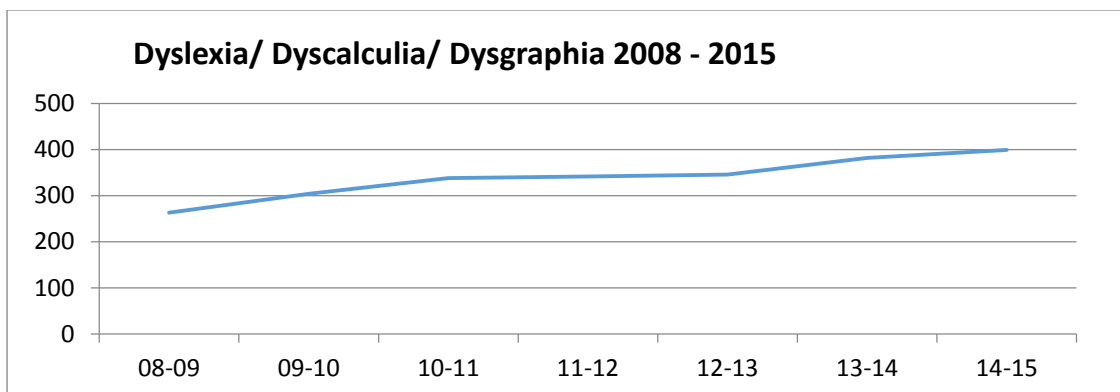
**Chart 7.5 Blind/Visually Impaired students 2008/09 -2014/15**

Students with physical disabilities are under-represented in Trinity and HE nationally compared to other disability types (Ahead, 2016; HEA, 2015a). However, in recent years the numbers have increased somewhat compared to those with sensory disabilities.



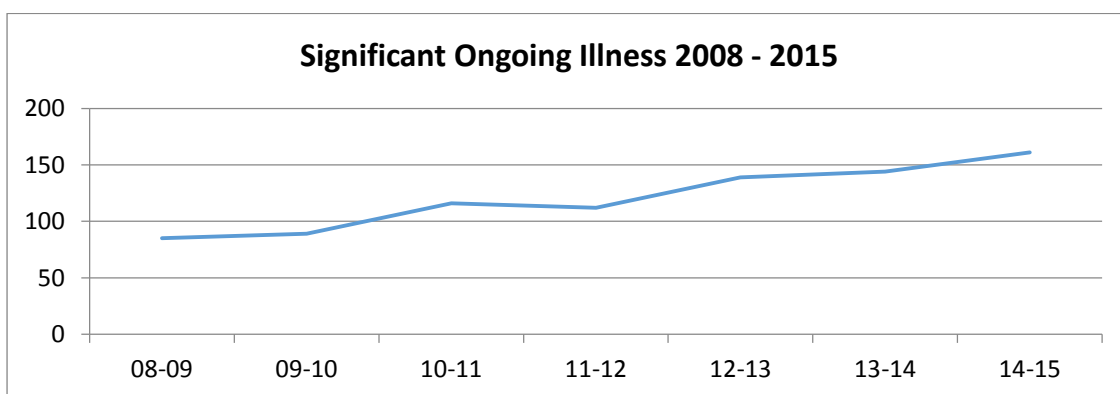
**Chart 7.6 Students with physical disabilities 2008/09 -2014/15**

The number of students with specific learning difficulties has increased marginally over the past 5 years but there has been a proportionate decrease compared to other disability types. The decrease is due mainly for two reasons. Firstly, the increase in the diagnosis rates of ADHD, ASD and DCD has lessened the numbers seeking a diagnosis specifically for dyslexia. Secondly, the criteria for DARE ensures that only those with two or more literacy difficulties (at or below the 10<sup>th</sup> percentile) can be eligible for a points reduction at admissions.



**Chart 7.7 Students with specific learning difficulties 2008/09 -2014/15**

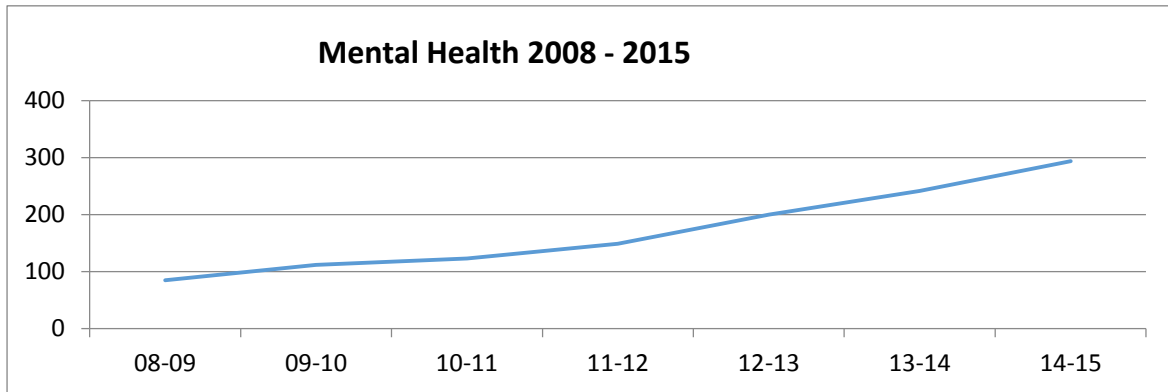
Students with significant on-going illness (SOIs) represent the most varied disability type as they are categorised by the broadest of criteria. There is no definitive list of all medical conditions that could be considered SOIs and there is also overlap between some SOIs and other categories of disability. For example, arthritic conditions vary and can be considered a physical disability due to the impact on mobility; epilepsy has more recently been considered a neurological condition and mental health conditions can overlap with fatigue conditions. These discrepancies in categorisation make it difficult to think of the SOI group in clearly defined terms.



**Chart 7.8 Students with significant on-going illnesses 2008/09 -2014/15**

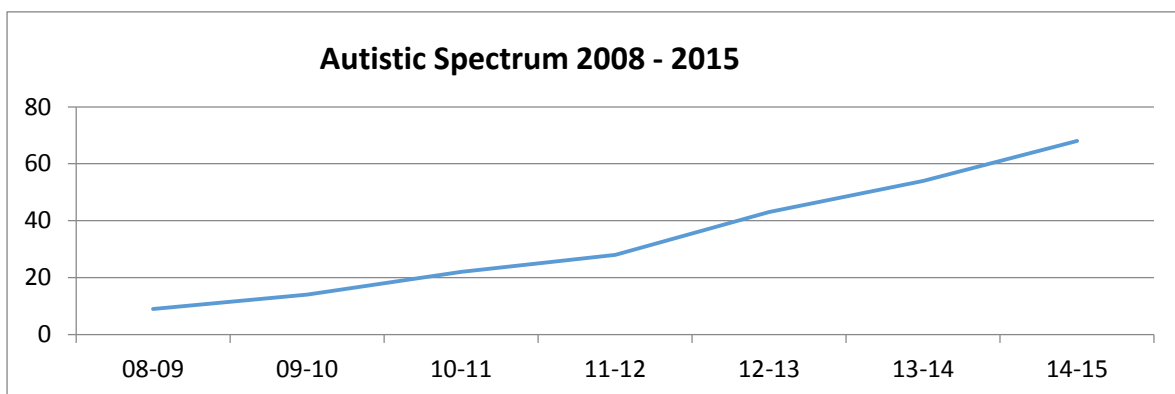
Trinity has the highest number and the highest proportion of students with mental health difficulties of any HEI in Ireland. There are a number of factors suggested to explain this. Firstly, mental health conditions are regarded as the most prevalent of all disability types and therefore it is likely that they are simply under diagnosed and under disclosed in other HEIs. In Trinity, there are considerable resources available

to diagnose and support students with mental health difficulties. The Health Centre provides a psychiatric service and the Disability Service provides Occupational Therapy support. There is also a Counselling Service and tutorial service and collectively these supports have created a reputation that attracts a higher number of students with mental health difficulties among CAO applicants.



**Chart 7.9 Students with mental health difficulties 2008/09 -2014/15**

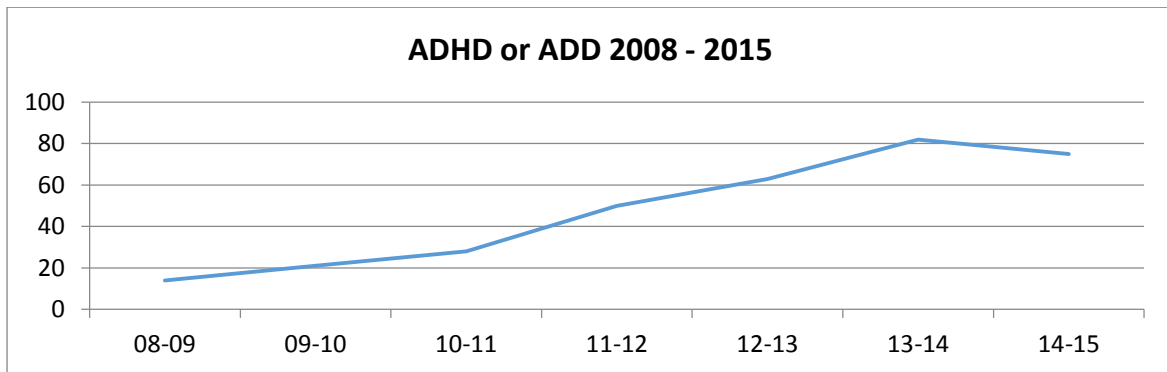
The increase in students with ASD attending Trinity is significant, albeit from a very low base, since 2007/08. Similar to the rationale suggested above for students with mental health difficulties, there was a legacy of under diagnosis and under disclosure to catch up on. Also, through the work of a number of staff and students in various departments over the past decade, Trinity has gained a reputation as a supportive environment for students with ASD.



**Chart 7.10 Students with Autistic Spectrum Disorders 2008/09 -2014/15**

Students with ADHD are an emerging group in the last decade. Similar to students with ASD and DCD, as a group they previously would have been more likely to have

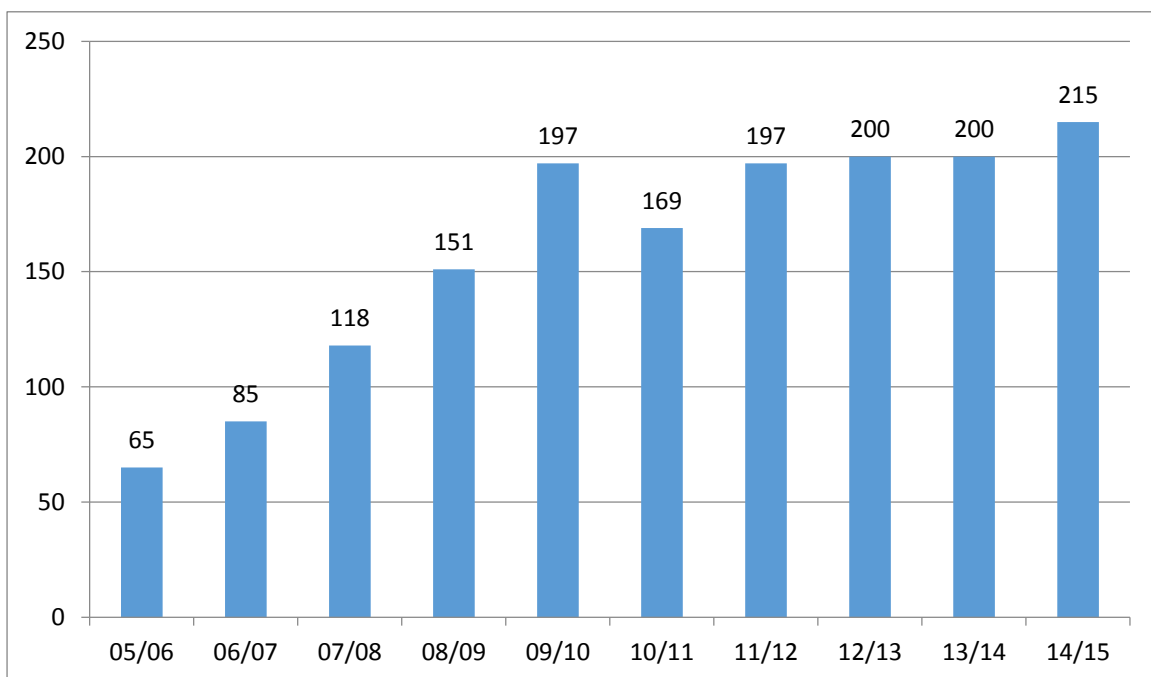
been 'hidden' among the general student population or among those with Specific Learning Difficulties.



**Chart 7.11 Students with ADD or ADHD 2008/09 -2014/15**

### 7.3.3 New first year undergraduate registrations

The majority of students registering in any one year are first year students. Since 2009/10 the number of students registering as first years has averaged 196. Chart 7.12 illustrates somewhat of a 'levelling off' of the number of 1<sup>st</sup> year students registering over the past 5 years.

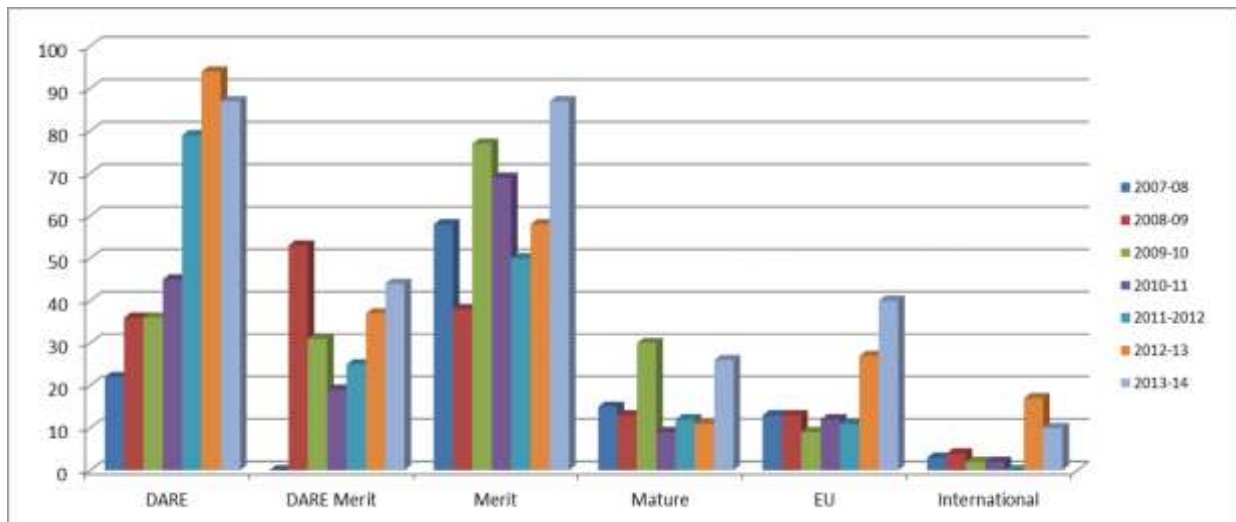


**Chart 7.12 First year registrations 2004 - 2014**



### 7.3.4 New first year undergraduate registrations by entry route

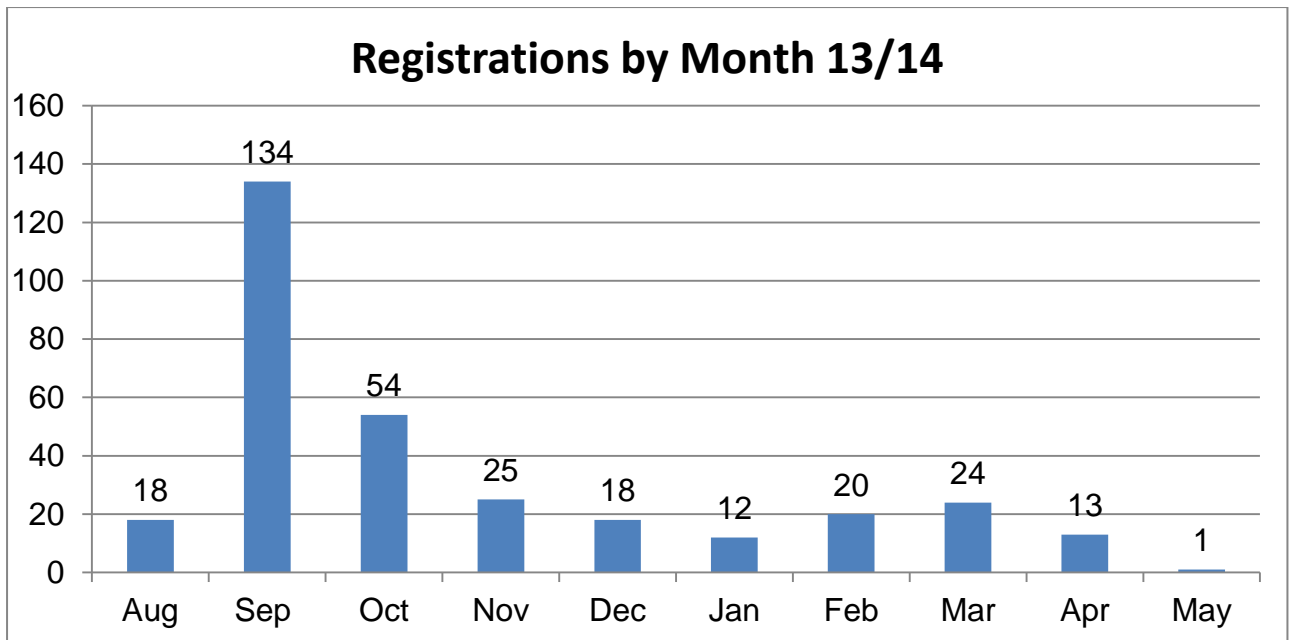
Tracking the entry route of students is important in addressing the issue of equality of access. SWD are considered a disadvantaged group in themselves, however, they also transcend every student category including those that are also considered non-traditional or disadvantaged. Chart 7.13 compares the entry routes of SWD across six entry routes over the period 2007/08 to 2013/14.



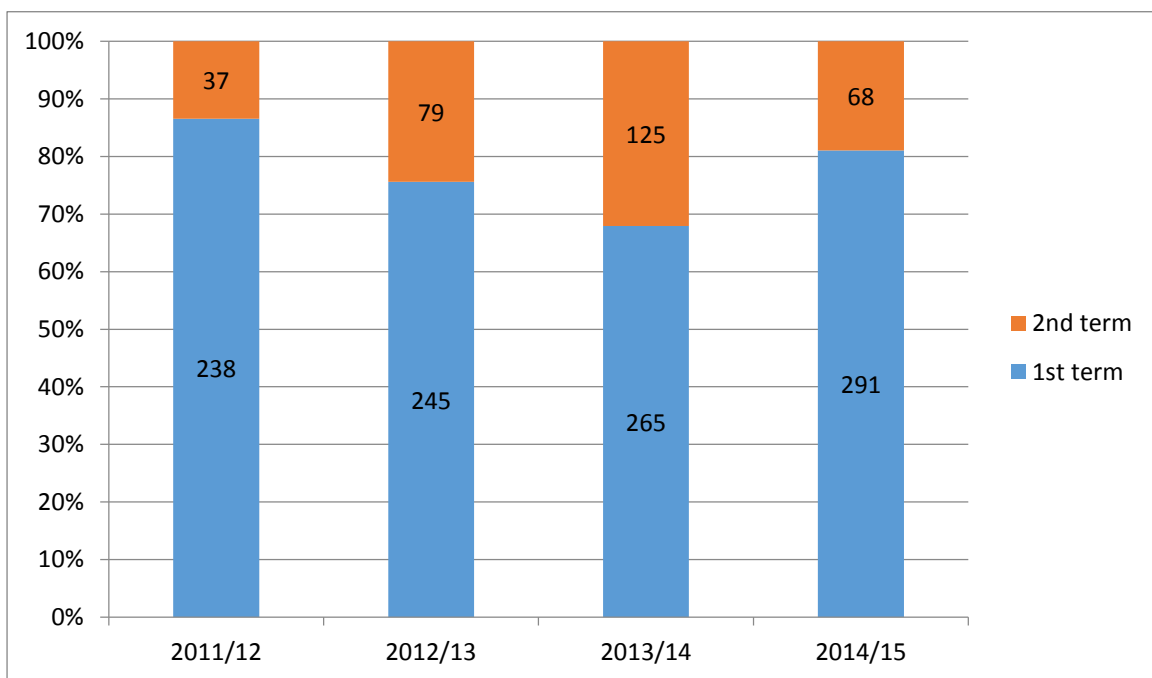
**Chart 7.13 New first year undergraduate registrations by entry route**

### 7.3.5 When do students register with the Disability Service?

Knowing when students register with the Disability Service is useful because certain groups tend to register early and others later. It is also useful to consider how supports and resources are 'front loaded' at the start of the academic year. More than half the 319 students who registered with the Disability Service in 2013/14 registered in the months of September and October (188). The remaining 131 students registered in comparatively low numbers throughout the other months of the year. Chart 7.14 illustrates this trend for 2013/14 and Chart 7.15 shows this occurrence on an annual basis since 2011/12.



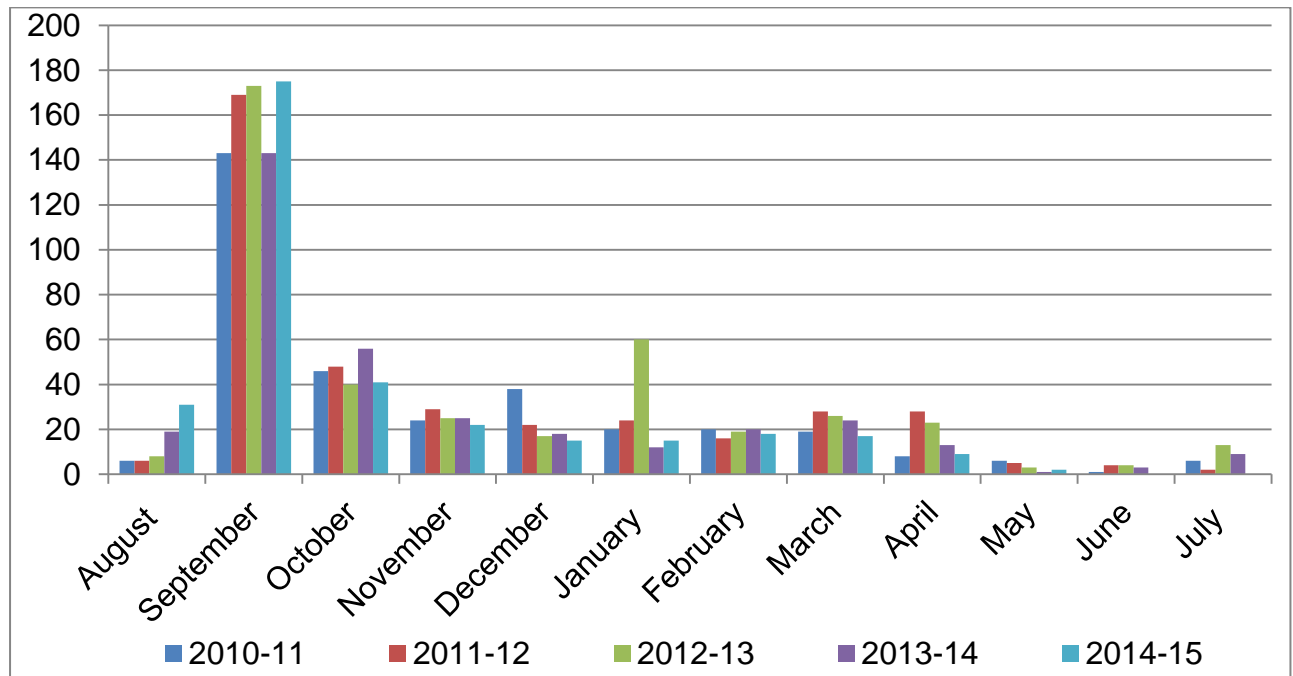
**Chart 7.14 All registrations (319) by month in the year 2013/14**



**Chart 7.15 Registrations by year and term**

The majority of the registrations occur in the first half of the first term between early September and late October. This is significant because it demonstrates that the large majority of SWD have the opportunity to register for and use supports. It also shows that the workload for the Disability Service follows a consistent pattern

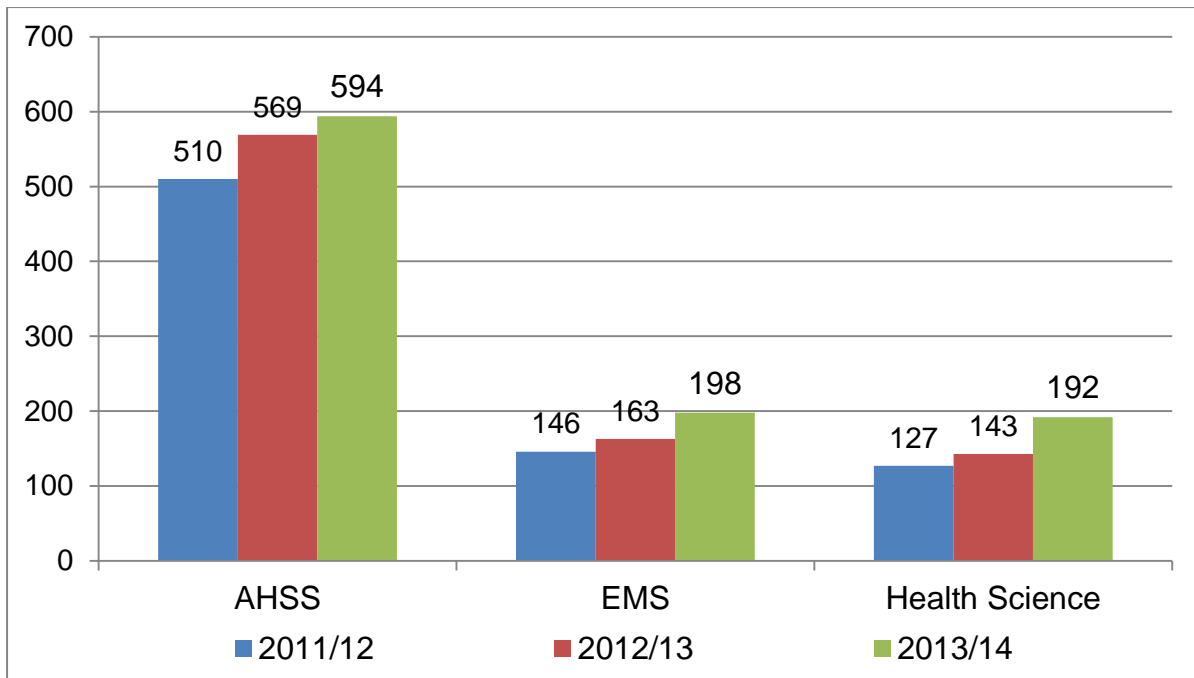
annually and that procedures and practices need to allow for this. Chart 7.16 illustrates the pattern of registrations by month over the 4 years from 2010/11 to 2013/14.



**Chart 7.16 Record of registrations by month from 2010/11 to 2014/15**

### 7.3.6 Students with disabilities represented by faculty

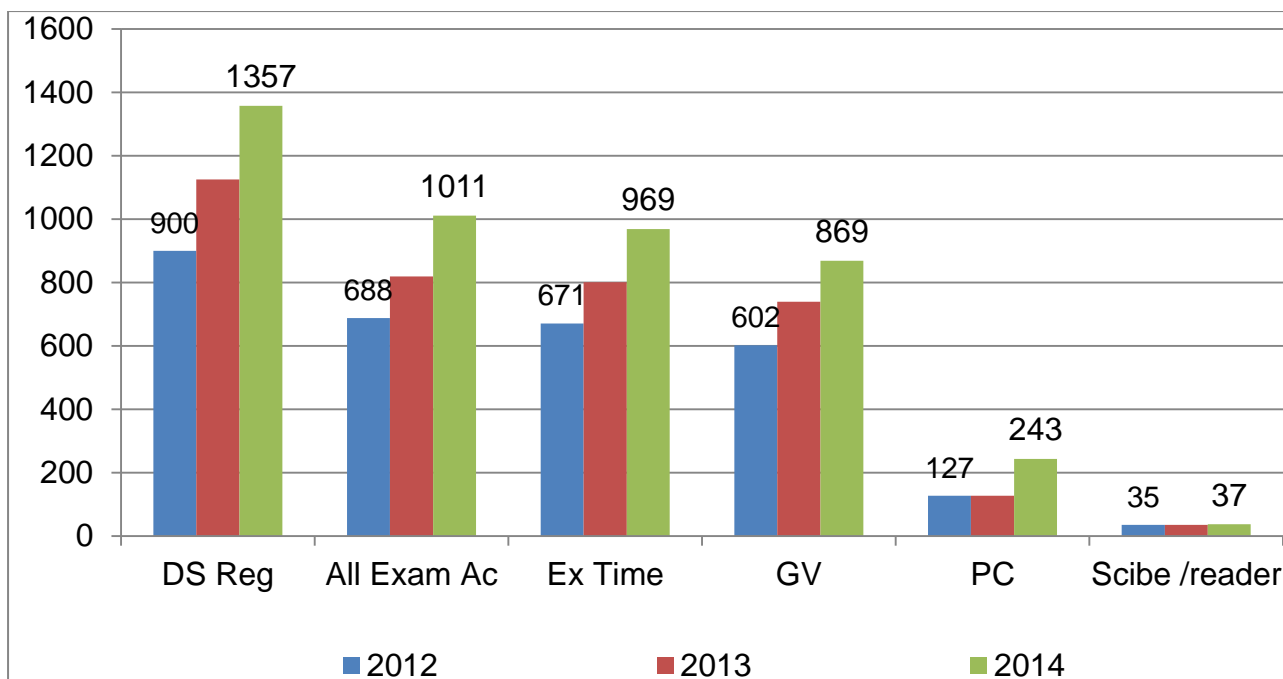
Chart 7.17 illustrates the rate of increase in disclosures per faculty across 3 years from 2011/12 to 2013/14. While increases are evident in all three faculties, the rate of increase in Health Sciences is proportionately higher. This follows a prolonged period of significant under-representation of SWD applying to and taking up courses in Health Sciences (Ahead, 2014). This increase is partly due to the success of DARE which promotes HE for school leavers with disabilities and offers the potential of a below points offer. Since 2012 there has also been a strategic effort by the Disability Service to encourage greater disclosure and uptake of supports among SWD on professional courses (Reilly, 2013).



**Chart 7.17 Increase in disclosures to Schools 2011/12 to 2013/14**

### **7.3.7 Increases in the provision of exam accommodations**

Examinations are one of the key 'make or break' factors when it comes to completing a degree. As can be seen from chart 7.18, the increase in the provision of exam accommodations over a 3 year period from 2011/12 to 2013/14 demonstrates the majority of SWD use exam accommodations of some kind, with extra time being the most common. The rate of increase is in line with the increase in students registering with the Disability Service over the same period.



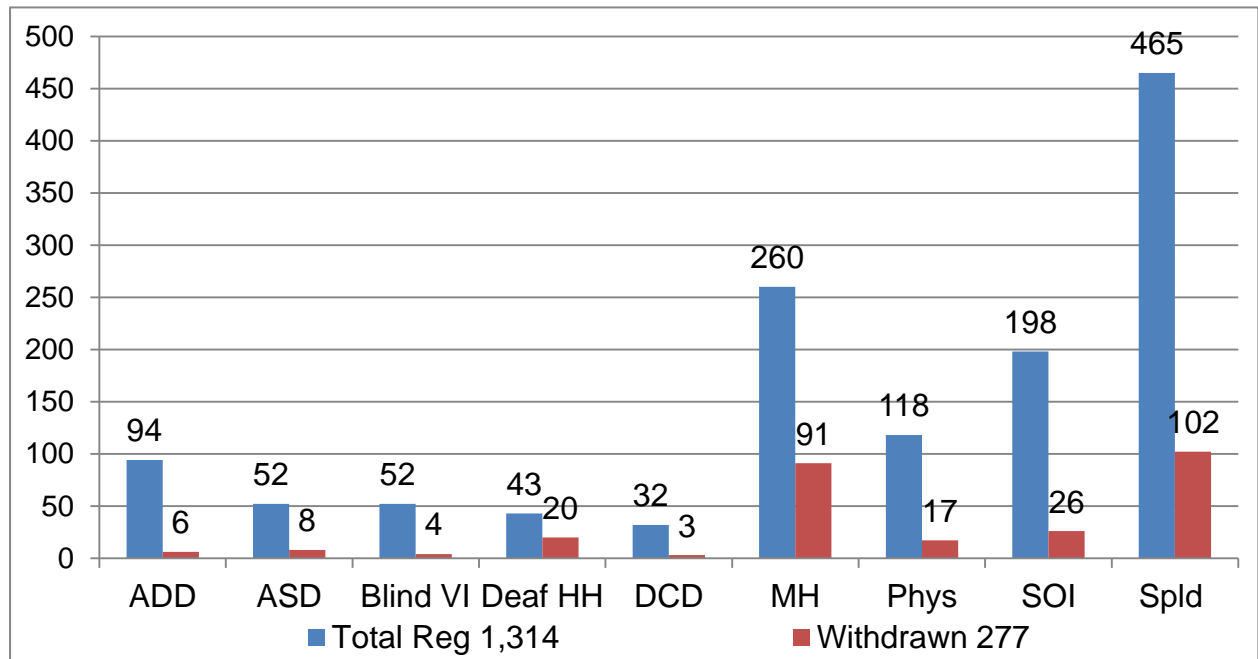
**Chart 7.18 Increase in exam accommodations from 2011/12 to 2013/14**

Legend: All students registered with the Disability Service (DS Reg), students with exam accommodations (All Exam Ac), students with extra time (Ex Time), students who attend a Group Venue (GV), students who use a computer in exams (PC), students who have a scribe or reader in their exams (Scribe/reader).

### 7.3.8 Number of withdrawn students by disability type

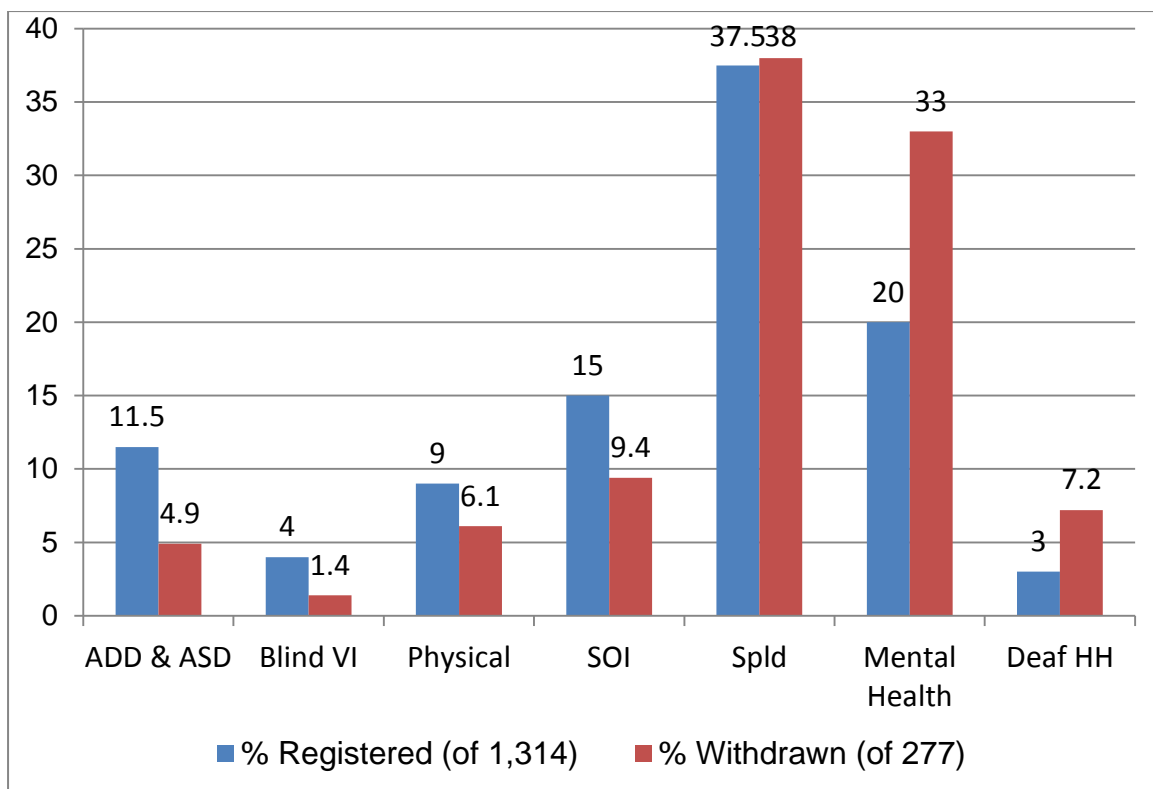
As detailed in Chapter 4, student retention is considered a key indicator of university benchmarking and quality. Transferring this indicator to SWD is a useful way to monitor the effectiveness of access initiatives, supports and reasonable accommodations. By comparing SWD as a group to the general student population and by comparing sub-groups of SWD with others, it is possible to identify consistent patterns which in turn provide insights and raise important questions. Chart 7.19 illustrates the number of students (277) by disability type who have withdrawn from Trinity between 2007 and 2013. As a comparison, the number of students (1,114) registered in 2013 by disability type is also shown. Proportionate to the numbers registered by disability type, students with mental health difficulties and Deaf/hard of hearing students are at highest risk of leaving early. All other disability types have high retention rates in comparison with the average withdrawal rate of 17%. This was calculated by finding the percentage of withdrawn students (277) from the total of the

registered students (1,314) plus the withdrawn students (277). If we recall from Chapter 4 that the withdrawal rate for the general student body in Trinity was 15% annually from 2005 to 2010 (Senior Lecturer’s Annual Report 2010/11, 2012), this indicates there is a 2% greater withdrawal rate among SWD.



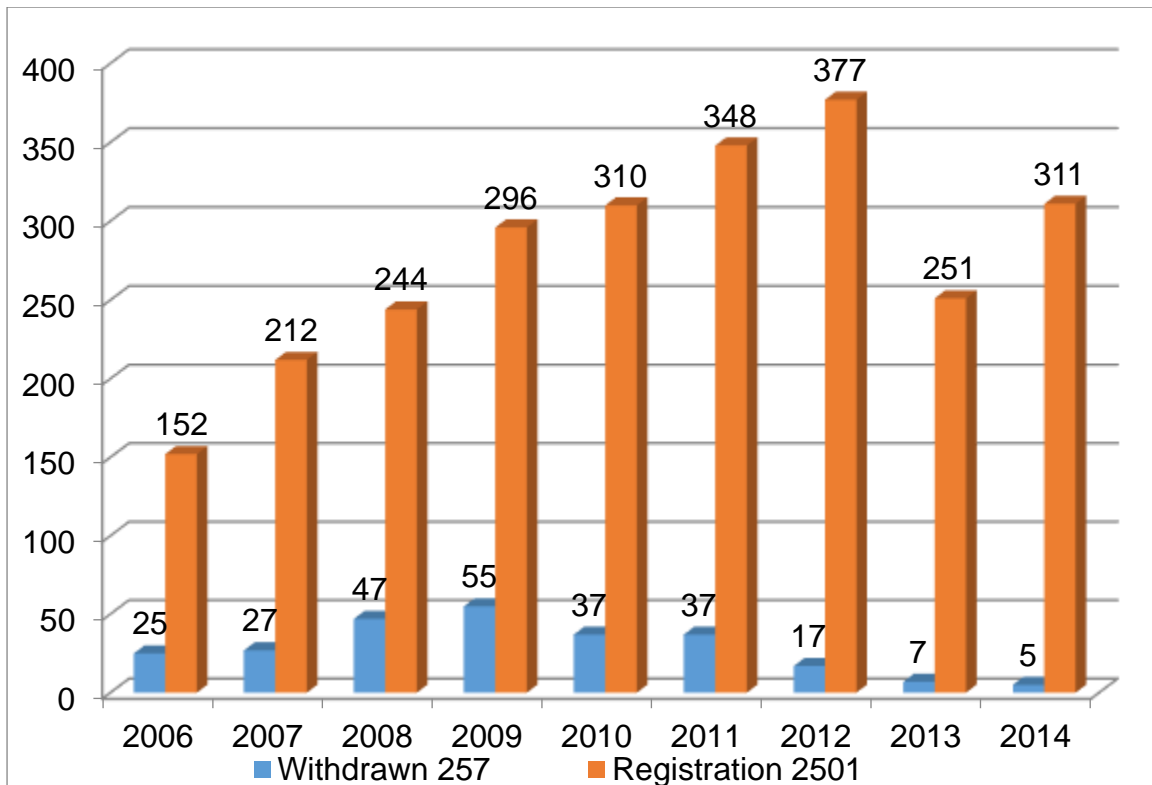
**Chart 7.19 Number of students who withdrew by disability type 2007 to 2013 compared with students registered in 2013 by disability type**

Another way of showing the withdrawal rate of SWD is to look at disability type and compare the percentage of students registered with the percentage of students withdrawing. Reading from left to right, chart 7.20 shows students in the ADD/ASD, blind/visually impaired, physical and SOI categories all withdrew at rates significantly lower than their rates of participation. For example, the SOI category make up 15% of students registered with the Disability Service but only 9.4% of the students who withdrew. In contrast, students in the mental health and Deaf/hard of hearing categories withdrew at higher rates than their rates of participation. The Spld group was the closest to equal representation in rates of registration and withdrawal.



**Chart 7.20 Percentage of registrations by students withdrawn by disability type**

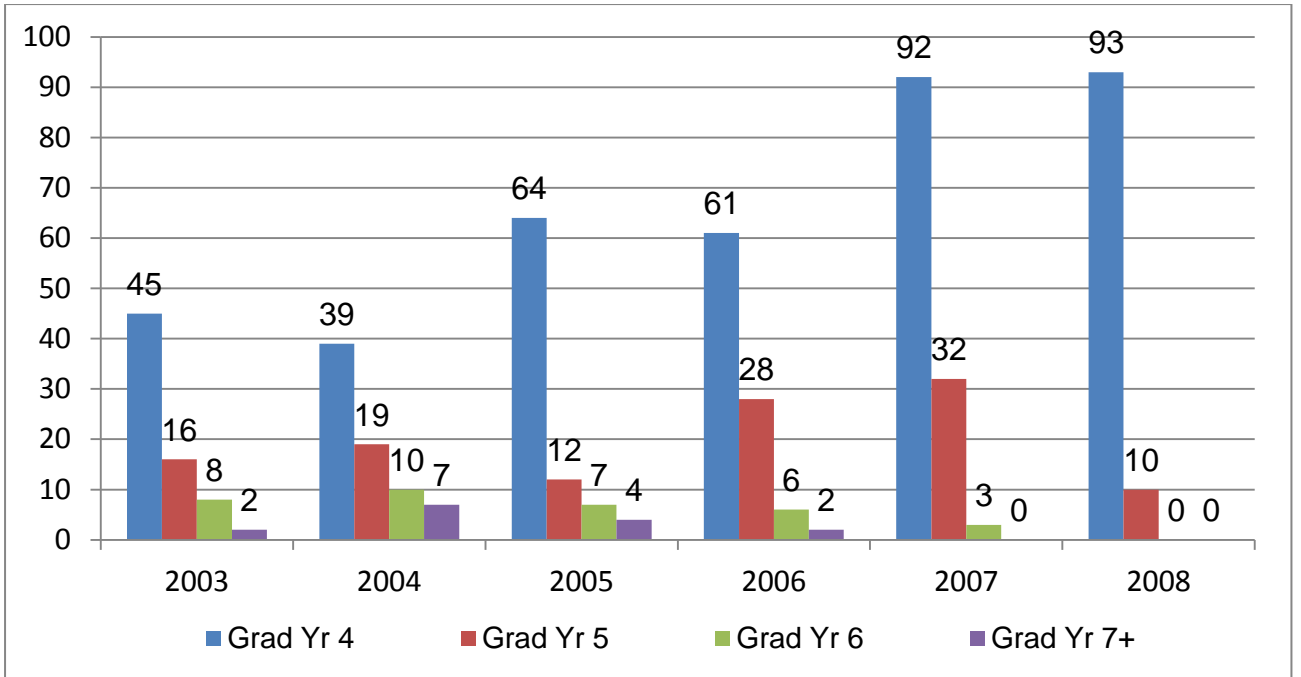
A final way to illustrate the withdrawal pattern of SWD in Trinity is by year of intake. Chart 7.21 illustrates the number of students who entered Trinity in a given year from 2006 to 2014 and compares them to the numbers of students from that intake cohort who subsequently withdrew. Unlike the majority of withdrawals from the general student population who are recorded as withdrawing within a year of first entering (Senior Lecturer's Annual Report 2013/14, 2015), SWD in Trinity who withdraw are more likely to withdraw considerably later. This later withdrawal peaks 4 to 5 years after entering. Shown in this way, withdrawal rates appear to increase from 2006 to 2009 but then decrease from 2010 to 2014. However, this interpretation is explained by the fact that the intake and registration rates increased annually but the corresponding withdrawal rate lags 4 to 5 years behind. This chart demonstrates that the rate of withdrawal for SWD in Trinity is low in the initial years, but increases to a peak 4 to 5 years after the year of entry.



**Chart 7.21 Withdrawing SWD by year of intake 2006 to 2014**

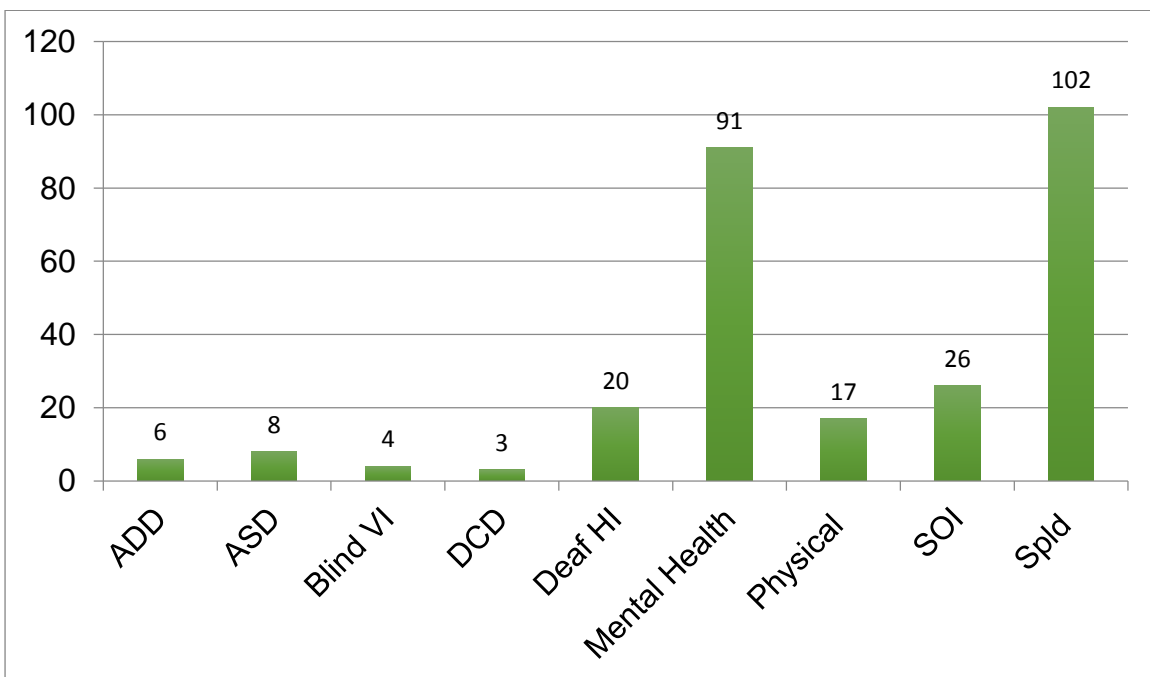
Chart 7.22 illustrates the number of students who graduate in 4 years or more by year of intake from 2003 to 2008. The majority of students graduate after 4 years and the increasing student numbers over the period is reflected in the numbers graduating 4 or more years later. SWD are more likely than their non-disabled peers to take longer to complete their degrees due to periods of illness, medical repeats and time off books. The *Senior Lecturer's Annual Report 2013-14* (2015:91) records a progression rate of 93.43% for new entrants across all faculties.





**Chart 7.22 Undergraduate year of intake by year of graduation 2003 to 2008**

Chart 7.23 and Table 7.3 show 277 withdrawn SWD by type of disability between 2003 and 2013.

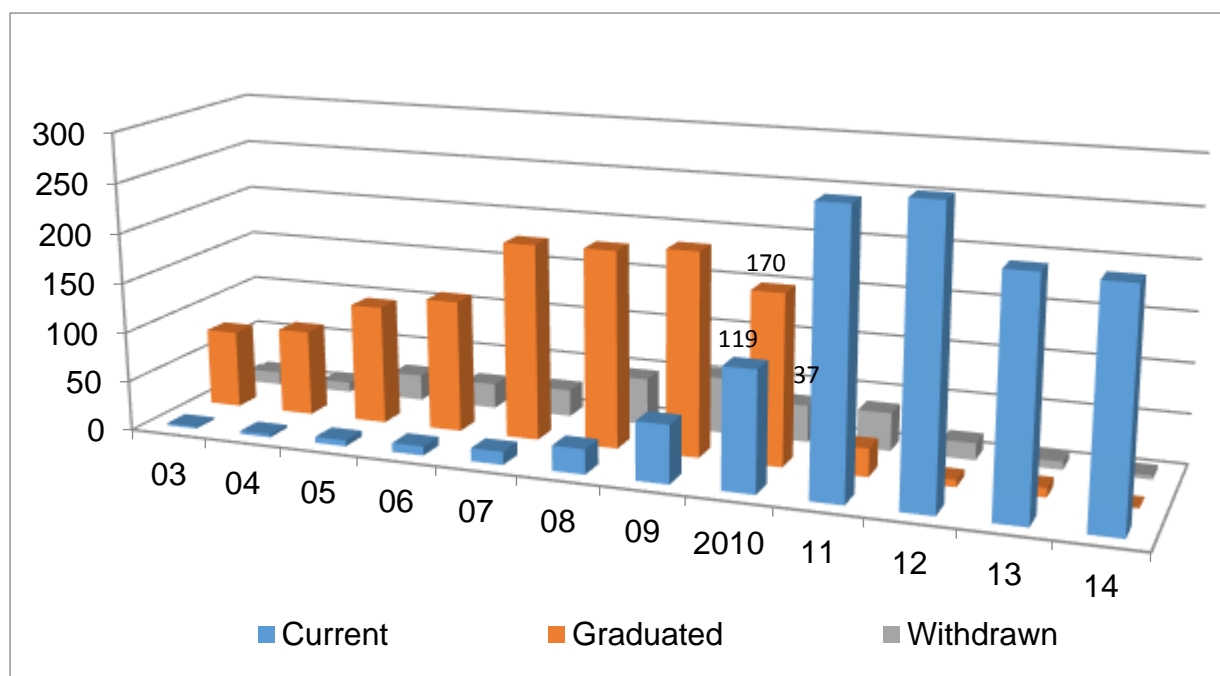


**Chart 7.23 Withdrawn by disability type 2003 to 2013**

**Table 7.3 Withdrawn students (%) by disability type 2003 to 2013**

Disability type	ADD	ASD	Blind/VI	DCD	Deaf/HI	MH	Phys	SOI	Spld
277	6	8	4	3	20	91	17	26	102
%	2.1	2.9	1.4	1.1	7.2	32.8	6.1	9.4	36.8

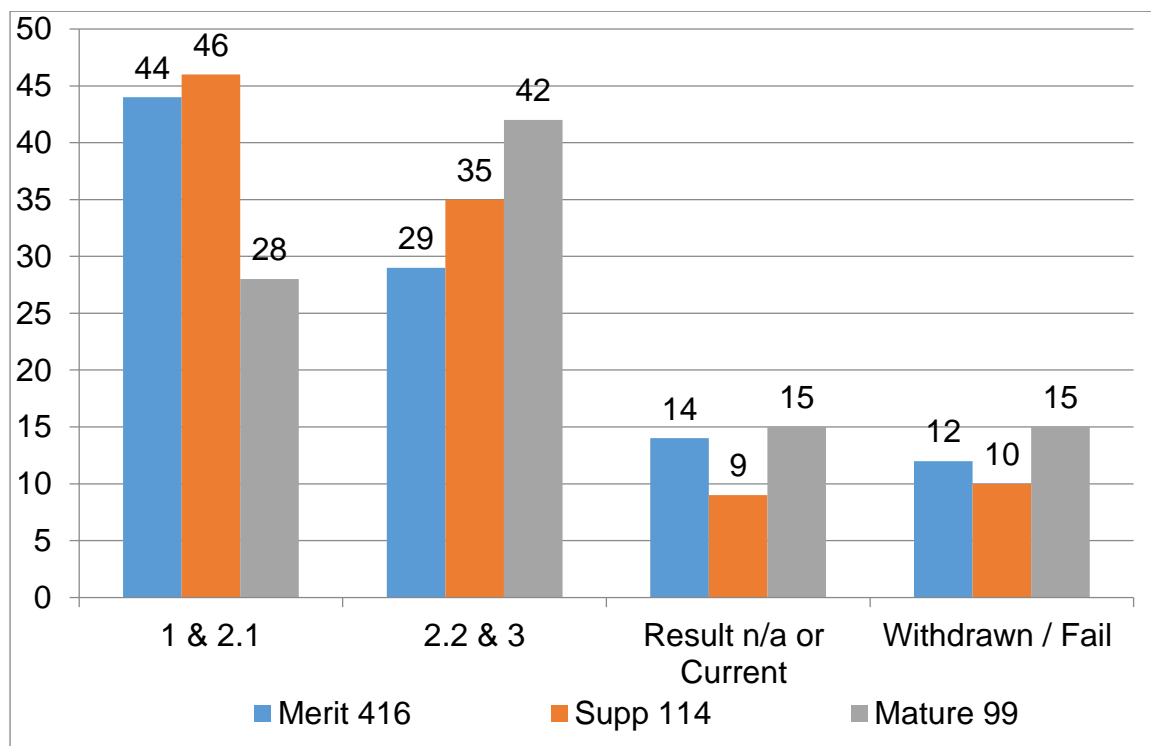
Chart 7.24 captures SWD in December 2014 as per their year of entry to Trinity and their status as current, graduated or withdrawn. The chart shows that by December 2014, of the SWD who entered in 2010, 119 were still current students, 170 had graduated and 37 had withdrawn.



**Chart 7.24 Progression rates by student number – December 2014**

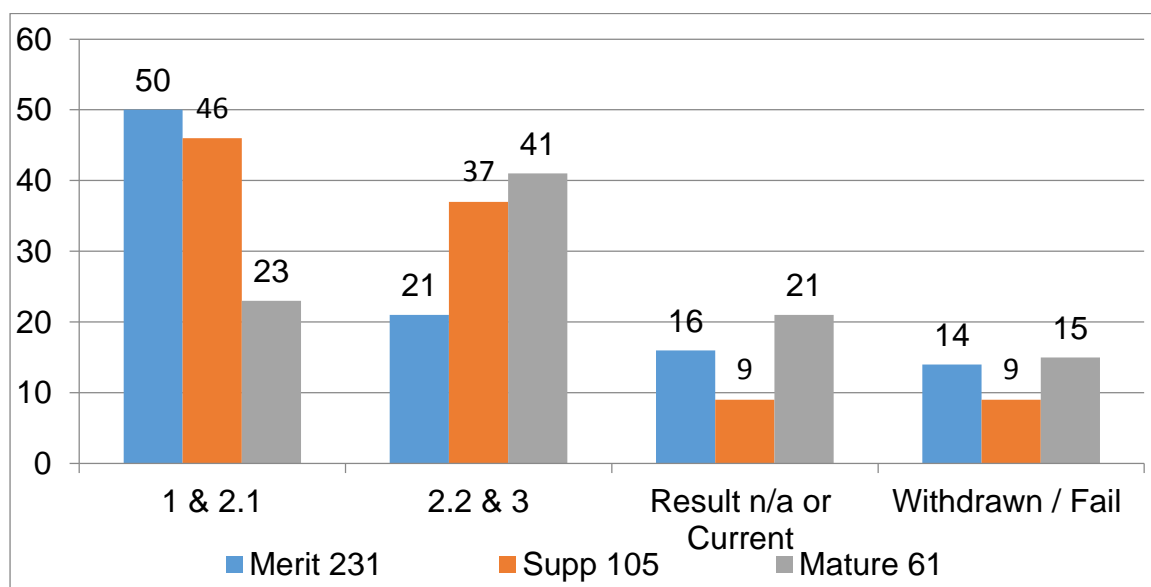
Chart 7.25 illustrates the final grade obtained across 3 entry cohorts for all '07, '08 and '09 students registering with the Disability Service. Across the three years, the total per entry cohort was 416 merit (achieved required CAO points), 114 supplementary route (below CAO points) and 99 mature (over 23 in year of entry). The merit and supplementary cohorts were most likely to obtain 1<sup>st</sup> class or upper second class honours (44% and 46% respectively), while mature students were more likely to obtain a 2.2 degree or pass (42%). At the time the data was gathered

(December 2014) between 9% and 15% of students had either withdrawn, final grades were not available or they were still on their courses.



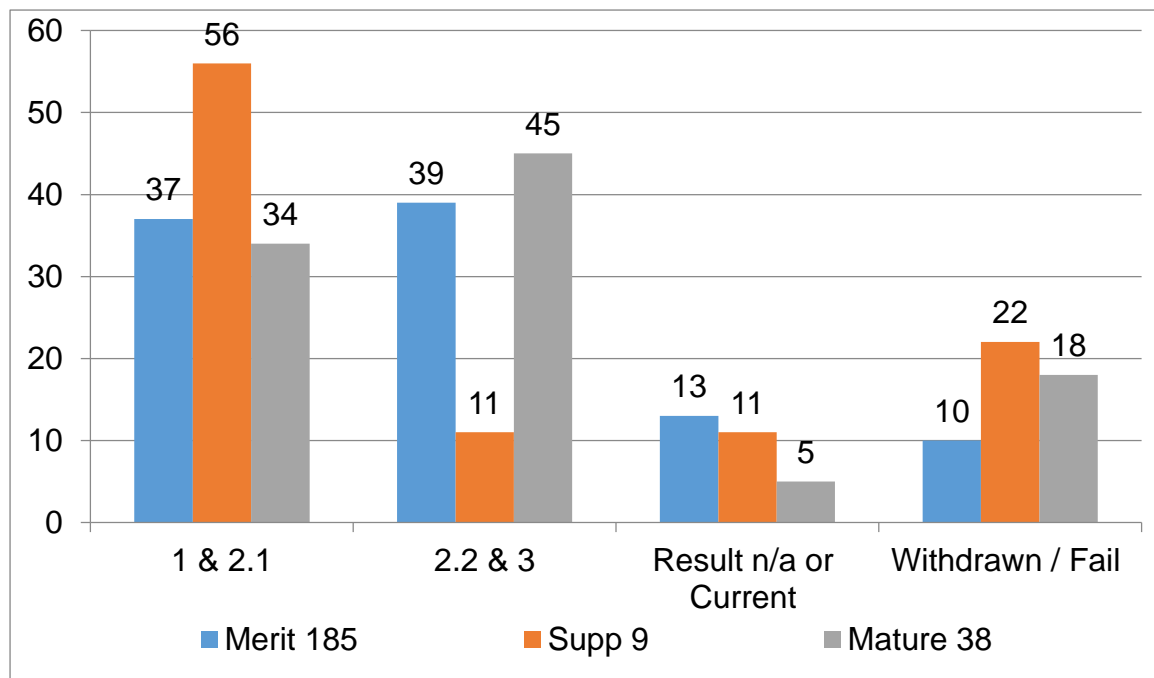
**Chart 7.25 Final grade by entry route 07, 08 & 09**

Chart 7.26 illustrates the final grade obtained across 3 entry cohorts for students who registered early (in the first year entry to HE).



**Chart 7.26 Final grade by entry route 07, 08 & 09 for Early Registration (within 1<sup>st</sup> year of entry to HE)**

Chart 7.27 illustrates the final grade obtained across 3 entry cohorts for students who registered late (after 1<sup>st</sup> year of entry to HE). Students registering late tend to obtain lower final grades. Of the 185 merit students, only 37% attained a 1 or 2.1 compared to 50% who registered early. Although 56% of the supplemental cohort registering late obtained a 1 or 2.1 this was only 9 students out of 114 so the significance of this data needs to be interpreted with caution.



**Chart 7.27 Final grade by entry route 07, 08 & 09 for Late Registration (after 1<sup>st</sup> year of entry to HE)**

Students graduating late tend to obtain lower final grades. Of the 185 merit students, only 37% attained a 1 or 2.1 compared to 55% getting 1 or 2.1 taking 5 years+, compared to 70% who complete their degrees in 4 years.

In summary, SWD in Trinity are not a homogenous group. Academically, in terms of the impact on educational attainment, not all SWD are disadvantaged and those that are - are not equally disadvantaged. They do not always enter with a disability or support need but these can emerge at any time prior to graduation (a drop in grade outcome is more likely for this cohort). SWD are choosing to disclose more often than students did 5 to 10 years ago (especially those with mental health difficulties) and they do better academically when they register for support early (use or uptake of support varies considerably). SWD often take longer to progress through HE

compared to students without disabilities. This is most often due to the impact of a disability and results in medical repeats or going off books.

More than half the students registering with the Disability Service do so in a 6 week period between late August and early October. Students with specific learning difficulties such as dyslexia and students with mental health difficulties continue to register in high numbers compared to other disability types. Students with physical and sensory disabilities continue to register in low numbers and – according to Ahead (2014) and the HEA (2015a) - continue to be ‘under-represented’ nationally. Students with mental health difficulties and Deaf/hard of hearing students are at highest risk of leaving early. All other disability types have high retention rates. Mature students tend to register late - after November from the year of intake – compared to younger students. Students who take longer to complete their degrees tend to obtain lower final grades: 55% getting 1 or 2.1 taking 5 years+, compared to 70% who complete their degrees in 4 years. Of the students who register early with the Disability Service, those who enter via a supplementary route tend to obtain higher grades slightly less often than those entering on merit. However, when compared to peers who entered on merit and registered later, they tended to do better. This suggests that lower CAO points have a marginal impact in terms of grade outcome in HE. It also suggests that those who entered on merit but registered later were doing so after a drop in their academic standard or following a period of difficulty without the benefit of supports.

#### 7.4 Overview of Participant data

The final set of data presented in this chapter focuses on the 37 participants who were interviewed during this research. Having considered data on SWD in Trinity, the context is now set to focus on the demographic and quantitative data of interview participants. Table 7.4 shows the breakdown of participants by disability type, gender, level of study, faculty and status at time of interview. Greater detail on individual participants is provided in Appendix G.

**Table 7.4 Participants by disability, gender, course type, faculty and standing**

Disability type	Gender	Level:	Faculty*	Status **
Physical 11	8 female 3 male	6 UG. 5 PG.	9 Arts, 1 EMS, 1 HS.	2 C. 7 G. 2 W.
Deaf 6	5 female 1 male	5 UG. 1 PG.	5 Arts, 1 HS.	3 C. 3 G.
Visual 7	3 male 3 female	4 UG. 2 PG.	5 Arts, 1 HS.	3 C. 2 G. 1 W.
SOI 4	3 female 1 male	3 UG. 1 PG.	2 Arts, 1 HS.	2 W. 2 G.
Mental Health 4	3 male 1 female	3 UG. 1 PG.	1 Arts, 2 HS, 1 EMS.	2 W. 2 G.
Spld 3 (ADD 1) (ASD 4)	3 female 3 male	5 UG. 1 PG.	3 Arts, 3 HS.	2 C. 3 G. 1 W.
Total 37 (3 had two disabilities)	37	37	37	37

\*Arts = Faculty of Arts, Humanities and Social Sciences; EMS = Faculty of Engineering, Maths and Science; HS = Faculty of Health Sciences. \*\* Status at time of interview: C = Current, G = Graduate, W = Withdrawn

#### **7.4.1 Gender and age of participants**

Of the 37 participants, 22 were female and 15 male. Their age ranges at the time of interview was; 17 to 24 years (13), 25 to 44 years (14) and 45 to 63 years (10). The total age in years of all 37 participants was 1,253 years and the average age was 34 years. The date of birth was available to the researcher for all 37 participants.

#### **7.4.2 Nationality**

34 of the participants were Irish and 3 were from other countries. There were 2 from North America and 1 other country. As the remaining country has a very small participation rate in Trinity, I have chosen not to identify it.

#### **7.4.3 Disability type**

Of the 37 student participants with a disability, 11 participants had a physical disability, 7 had a visual impairment and 6 were deaf or hard of hearing. 4 participants had a mental health disability, 4 had a significant on-going illness, 4 had

ASD, 3 had a specific learning difficulty and 1 had ADHD. 3 of the participants had more than one disability.

The participation of so many students with a physical or sensory disability in this sample requires further comment. As a group, they are considered under-represented in HE in Ireland (Ahead, 2014, 2015a, 2016), (HEA, 2008: 28). To have 24 of 37 student participants (64.8%) in the sample from a group considered under-represented is surprising, at least statistically, because they are out-numbered in their participation rates in HE nationally and in Trinity. Chart 7.3 demonstrates their continued low level of participation compared to other disability groups into the academic year 2013/14. As a group their physical and sensory disabilities are readily visible to others and they tend to be students who require a consistently higher level of support than students of other disability types. For example, a student who requires electronic reading material is in regular weekly contact with a support worker employed by the Disability Service to arrange converting reading material into electronic format. So their level of supports needed and used could be linked to their willingness to participate in the research.

Eighteen participants had a congenital or lifelong condition or disability and 21 had an acquired disability. Two participants had acquired a 2<sup>nd</sup> disability while their primary disability was a lifelong condition. Although as many as 50% of students that register with the Disability Service do so post registration in any academic year, the majority of the participants had made contact with the Disability Service prior to entry or shortly afterwards.

#### **7.4.4 Entry route to Trinity**

The response rate of the mature students targeted was much higher than was anticipated. Ten out of the 26 undergraduate participants were mature students (38.5%). In addition, 2 of the postgraduate students had been mature students during their undergraduate years in different HEIs. Nationally, in 2012/13 and 2013/14 the percentage of mature new entrants to HEIs in Ireland was 13% of all new entrants (HEA, 2015b:23). In universities the percentage of mature new entrants was 8%. In Trinity 124 or 4.9% of the 2,824 new entrants were mature students

(Trinity 2014: 31). The increase in the sample to 38.5% requires further comment. The relative high representation rate of mature students in the sample is also statistically surprising. Mature students may have more of a story to tell and may be more interested in telling it compared to their younger peers.

#### **7.4.5 Supplementary entry and DARE**

10 of the 26 undergraduates had entered with a reduction in points. Seven of the twenty six undergraduates entered directly via the CAO with the points required. One participant had entered their course via the Trinity Access Programme. Two of the six postgraduate participants were current students at the time of their interview and two had completed their postgraduate degree. In addition, 2 of the postgraduate students had also completed their undergraduate degree in Trinity.

#### **7.4.6 Grade outcome and further progression**

Although the focus of this research did not set out to capture outcome data for the participants and it did not form part of the interview schedule, the data was available and therefore a brief outline is provided in Table 7.5. As has already been demonstrated above, mature students and those with disabilities tend to achieve 1<sup>st</sup> class honours and 2.1s at a lesser rate compared to their peers. Also, SWD tend to take longer to complete their degrees. As some of the participants who were 'current students' at the time of interview have since graduated, their final degree grades are provided. Those who are still current students have had their latest grade attainment provided. Finally, where relevant, the last grade attainment for the withdrawn students is also provided.



**Table 7.5 Participants by standing and grade outcome**

	1st	2.1	2.2	3	Other
Graduates	G4, G9, (2)	G2, G3, G5, G6, G7, G10, G15, G16, G19, (9)	G8, G12, G13, G14, G17 (5)		G1, G11 (2)
Current (latest grade)	C7 (1)	C9 (1)	C10 (1)		
Current (now graduate)	C2, C4 (2)	C1,C3, C5, C8 (4)	C6 (1)		
Withdrawn	0	0	W4,W7,W8 (3)	W2 (1)	W1, W3, W5, W6 (4 Withdrew before sitting exams)

In summary, this Chapter has presented quantitative data from a range of sources that demonstrates that SWD are participating in HE in increasing numbers. The numbers and statistics presented from DARE applications to Trinity and on the students registering with the Disability Service create a quantitative context from which the participant data emerged from. In this sense, the participants are embedded case studies and the countable aspects of their varying student journeys through Trinity serve as a means to ground and triangulate the qualitative aspects of their interviews which now follow in Chapters 8 and 9.

## Chapter 8 Striders, Strugglers and Strikers part 1

### 8.1 Introduction

While the previous chapter analysed the quantitative data and created a wider context for the rationale of this research, this chapter and the next will focus on the qualitative data and tell the stories gathered from the 37 interviews that were carried out with participants from March to December 2013. These two chapters are broadly structured around the general format of the interview questions which asked the participants about their educational journey before coming to higher education, their experience of their course and university life in general, the barriers they faced, what supports they may have used and to what extent they believed that the playing field had been levelled for them.

The participants are also categorised into three groups depending on their overall experience as they reported in the interviews. As case studies they can be thought of as ideal, marginal and critical case examples, but I have termed them striders, strugglers and strikers as these provide a better description of the variability of the experiences as students have entered, progressed and completed their educational journeys with the university. The striders fared best in terms of reporting the most positive experiences and progressing with the least difficulty. In contrast, the strugglers were those who tended to report more negative experiences and who encountered delays or set-backs to their progression but nevertheless persisted. Finally, the strikers are those who withdrew from their courses due to challenges that for them had no other solution. To give an insight into these categories and to avoid fragmentation of individual cases, I will begin with three summarised case studies that have been chosen to illustrate an example of a strider, a struggler and a striker. The remainder of the chapter is structured under the student journey themes with specific responses chosen from participants to illustrate key points and variability. The application of ANT will be taken up in the final chapter which focuses on discussion and analysis.

## 8.2 An ideal case: The Strider

I have chosen this case study as an 'ideal' example because it represents students who have had the smoothest transition, experienced the least amount of difficulties and reported the most straightforward progression from post primary to HE. Such students effectively stride through their course and the associated processes of supports and reasonable accommodations. In this example, the participant reports an overall positive experience as a blind student who was highly motivated and suited to her course of study. She was well supported and encountered very few setbacks. Although barriers still existed and some negative factors remained, these were secondary to the wider context of appropriate supports that were fully utilised by a focused and determined student. This case is structured as a single summary of the participant's interview transcript. It is described from the student's perspective with my commentary given at the end.

### 8.2.1 The educational journey

I had very good supports in secondary school. In terms of disability support it was second to none. I had a full-time special needs assistant, I had all my books provided either by (name of school) for the visually impaired in (name) followed by my assistant literally sitting down manually typing everything you need, embossing with their own Braille embosser. So I had a very good experience. I had no qualms about coming to third level in terms of support because I've heard from other people who had support here. I heard very good things about Trinity. I chose (name of course) because I've always been interested in (name of subjects), they were always my strong subjects. So that was why I chose that.

### 8.2.2 Experience of student life

Very good overall, you are always going to get, unfortunately, there is always one, as in usually every year there is one lecturer that just doesn't get it, just doesn't understand you know that I all I need is the notes provided electronically, or that you can't come in with something an hour before class, into the disability service hand it to them, and say, 3 pages long, in illegible, photocopied three times print, and say I need this in an hour. There are always people who just do not get that. And I don't have a problem if they try to understand that but it just doesn't make sense to them. But there are some people who just willingly do not make the effort to willingly understand. I just find that very frustrating, I don't think there's any need for it. But other than that I've had a very good experience. You can't let one...one or two people...one person per year is all I've had is a problem. So overall that's fine.

The course has been very good. I would say there has been a lot more emphasis on literature than I would have previously been informed of. When we started the course I didn't realise how much literature there was, mainly because you weren't really told. But at the same time, I think you do really learn a lot about how to appreciate literature. And it has really worked out in the end. But it has been very good.

### **8.2.3 Barriers faced**

No I actually don't think there are any others. No, genuinely people are great you know, I think if you don't have good people nothing else can ever work. If you don't have those people who are willing to support you, willing to listen to be flexible and understand that this is how I work best and if you are willing to accommodate that then it will work fine. Just like I do the work but you provide me with the working format I can do it in, you know. It has to be give and take.

### **8.2.4 Supports used**

Definitely having an academic assistant - the educational support workers, I had one for (name of each subject). It has been absolutely brilliant. If I didn't have them I would never have gotten an essay written simply because I wouldn't have been able to access the research material that I needed without them being willing to scan and read and all this kind of stuff. The alternative formatting was fantastic because I would never have gotten anything if that hadn't have been put in place. The assisted technology I couldn't fault. It was very good. The Braille display particularly has made a huge difference because I've always been a reader. The Braille display is a very recent invention so obviously I didn't have access to one. But when the AT officer suggested it I never imagined how much difference it would make but now I wouldn't do without it. Yes you know it has been very good, the only thing I would say is that I have had situations where my assistant has not had... she hasn't been able to use the more up-to-date versions of Windows or Word she's had issues with editing things, and I think sometimes some kind of training should be provided to the academic assistance so that they can cope more readily with that because it has delayed things and slowed things down when really it shouldn't have.

### **8.2.5 Do supports level the playing field for students with disabilities?**

Yeah I think they are very successful. Because if you look at the number of students with disabilities they say it's been continuously rising. Now it still can always improve, it can always keep rising. It would be fantastic if it could be up as high as it could possibly be taking into consideration intellectual disability and the fact that a lot of people have multiple disabilities but I really think the more accommodations are put in place, the more they can be worked in different combinations for different people, it's obviously going to make a huge difference. I know somebody who did a degree she's totally blind and she did her degree 20 years ago just even getting her books was a nightmare because the people weren't open to it. I think the more people who go through education the more people's attitudes will improve and they will

look at people with disabilities and say you have a degree or a masters, you have a Ph.D. you are obviously academically very capable so why shouldn't you be capable in other areas.

### **8.2.6 Thoughts of leaving**

No not at all.

### **8.2.7 Remaining concerns**

I'm not concerned at all, I've only got six weeks to go and if I have gotten this far I might as well keep going. (Compared to first year) Yes I did have a lot more uncertainties because moving from secondary school where it is a very protected system and everyone knew me and my SNA (Special Needs Assistant) because we were constantly joined at the hip because she would happily carry my books, there were so many of them they didn't fit in my bag, that kind of thing. When you come to college you become a lot more anonymous and that's true for everyone. I think that I was worried I would just slip under the radar and then I get a laptop and the stuff I had in secondary school and that would be it. I learned how the system here worked and how you ask for things, how you explain what you need. I think it's a really important learning curve for people coming into college, coming into disability because you have to learn to advocate for yourself. You have to hit the ground running, but at the same time if you ever need support its great that you can just walk in here. That's fantastic and if that ever changed I think that would be a very bad idea.

### **8.2.8 Lessons learned for the future**

Definitely that will be a factor, it has taught me to educate people, from the very basics of what a screen reader is, how to use a computer to more complicated stuff like formatting, alternative formats and structuring documents. If you don't learn to explain all of this yourself you are not always going to have someone else to do it for you, you have to be able to do it yourself. And I think I've learned all that as I went along here.

### **8.2.9 Commentary**

The factors that make this an 'ideal' case are the persistent elements of self-awareness, adaptation, development, engagement and progression. The educational journey shows clearly that a range of challenges from inter- personal, practical and technical, were overcome with appropriate use of the supports available. These elements, combined with the student's academic strengths, ensured that difficulties were minimised. The participant's insights that, 'I think if you don't have good people nothing else can ever work,' and 'it has taught me to educate people' illustrates that getting things to work depends on getting through to the right people and having a clear message to communicate to them. Finally, two objective benchmarks,

completion rate and grade outcome, were selected from the quantitative data available. In this case the completion rate was 4 of 4 years and the grade outcome was a 2.1 honours degree.

### 8.3 A marginal case: The Struggler

In contrast to the previous example, this case study describes the more common experience of SWD who struggle and experience on-going or intermitting difficulty, yet they persist and eventually complete their degree. Never fully flourishing or without significant challenges for long, yet never giving up, these students struggle in the wide marginal zone between glowing success and outright failure. The marginality between ideal and critical is easily identified in cases of students who are not ideal because they have struggled so much but they are not critical because they persist and eventually complete their course of study despite the challenges. In the following case, while supports were utilised, they were often applied on a trial and error basis and the student admits he could have used them more. This case is representative of a lot of participants who struggled with their decision to persist while coming very close to making the decision to leave.

#### 8.3.1 Educational journey

I started primary school young at four. I didn't get on well and my parents thought they started me too young so I repeated that year. Having talked about my problems having had Asperger's syndrome, it didn't suit me as well because I had a lot of problems, I learned to read fairly well, my parents helping with that, but I never developed good writing skills, some people would think that the school wasn't very helpful or sympathetic because early on, I did have some problems getting on, developing at the right pace.

I was interested in (subject area) from when I was very young. To realise I was going to do (name of subject), I thought about it and I liked the idea of doing (name of subject) in Trinity because it was in Dublin, that appealed to me. It was easier to go on the Dart and Trinity appealed to me. It was probably a good thing that my assessment for Asperger's had been done in Trinity. So we knew there were good supports there and that they would be available.

#### 8.3.2 Experience of student life

I really, really liked it, I loved going to lectures and tutorials. I found it very stimulating. The fact the library was there to do all the reading. I loved being in the middle of Dublin and been able to go out to the book shops and have my

lunch in a cafe, it was more exciting, it gave me more of a sense of independence than I had in a very structured school.

### **8.3.3 Social engagement**

It wasn't my highest priority to be social. The academic side did come first. But when I did join the clubs and societies, partly I was with people who shared my interest. Most people in secondary school are going to think that is nerdy. Fewer people (in subject area) are interested in sports or if they were interested, there is a more tolerant attitude towards not caring about sports. That definitely wouldn't have been when I was in secondary school. But I could connect partly because once I was doing either in a club (examples named) they were more people who were like me who I could talk to. We had more common interests.

Part of the thing with Asperger's is I think they come at it differently and a sort of certain tolerance for people not having the top level social skills. Last year I was on holiday with this friend who has Asperger's and his dad talked about how he sleeps a lot. He gets tired, and he just said you know, I think that it's an effort for him being with all those people all the time, being normal.

### **8.3.4 Barriers Faced**

(In Trinity) I always had an occupational therapist to talk to and that helped me along my first year, but as time went on, unfortunately I got into the habit of sometimes not doing the work, partly because I had grown dependent on the discipline of school, on being closely supervised, I'd never worked well with the project, you know 'now here's a big thing sometime in the future...a few weeks in the future... go away and come back in a few weeks,' to be honest, that had never suited me, it required a lot of self-discipline that I didn't have and I'd had problems just not getting the work done. And I have to say as far as the support went I didn't utilise them as well as I could have because I kept these problems to myself to a great extent, I think I didn't like to admit a weakness, or I just put things out of my mind, and that was a lot of the problem, not getting the work done and then concealing it and then having to repeat it.

In my second time doing first year I had the exam supports and they were very useful because I did find writing hard, basically bad handwriting, I still do and slow, and I think being able to go by myself in a room and especially the way it occurred, have a drink of water, go to the toilet and have that extra time was enormous help in getting the exams, sometimes you get physically uncomfortable.

We decided that the scribing was best because I could think clearly and sometimes there was a gap or a blockage getting the words in my head into paper, I spoke it out better. We decided I spoke better without having to actually concentrate on the actual typing because I felt it very hard, I was a slow typist. So the typing didn't suit me either, so we thought the scribing was the best thing.

### **8.3.5 Supports used**

I would say Unilink because it helps me in a variety of ways, academic and socially, and the exam supports was the main one, I had my tutor, which helped me, but I don't think that was the disability supports specifically, but thinking through it, and thinking aloud now going through the things, and, the careers help was partly provided by the disability service, you know this intersection between the two, that was very helpful for deciding what I wanted to do after college and getting me towards this degree and doing now which I'm very happy with.

I think that (disclosure) was a great help getting them to understand my difficulty because they did make a decision that I could repeat. Actually, that would probably be the, now that I'm reminded of it, the fact that I could repeat the year, get a medical repeat, it wouldn't have usually been the case, but there was a lot of people fighting for me, there was an understanding that I had certain difficulties which in the department they haven't had that understanding. I would have been in a much worse situation having not done the work in third year.

### **8.3.6 Do supports level the playing field for students with disabilities?**

I think it does it very well and having been in the social group I could talk about other people's experience and it seemed to have helped them very well. I would say that it is up to students to utilise the supports as much as possible. My problem, I suppose you might call it a psychological problem compared to a physical problem, you have to make the effort to help us to help you. I should have been talking more to Unilink. But I think it does it very well like if you have the innate ability to get a good degree but if you have difficulties getting the work done, if you can't type, so that capacity isn't trapped in you by some problem, like your disability isn't stopping you from realising your full potential and that I think is what levelling the playing field means. You have developed in your head, say you have the knowledge and the skills to do the analysis, you can think and learn things, which is what doing a degree is basically about, which is doing the course, doing the lectures, actually doing the work, and if you have difficulties doing that the service will work very well in overcoming that.

### **8.3.7 Thoughts of leaving**

I think I did have some dark moments, revealing to my parents that I hadn't done any work in third year and there were questions about whether I would be able to continue or not, especially since I already had repeated 1<sup>st</sup> year, and then actually my mother did ask me directly, (name) do you really want to do this, do you think it is worth doing, have you put too much effort into it? And I was thinking well, is this just a waste, but I did think, I thought and thought about it, because it did seem a misery to go through it all again, but then I thought, one small thing is, I do like it. Another thing is, if I don't do it, all that I have done would be a waste, I had done 4 years and that would have gone down the tubes if I didn't finish it, I did know that based on work I had done in 1<sup>st</sup> year and 2<sup>nd</sup> year, I can do this. I'm able to do it, I just haven't done it and I



knew that if I properly utilised the support, Unilink and things I would particularly be able to do it, if I had difficulties all I had to do was to come to Unilink, but it was scary and intimidating, but I did have thoughts when things got difficult of just dropping it and being free of it.

### **8.3.8 Recommended changes or improvements**

One thing I've already mentioned is, particularly if there was a student with a psychological difficulty like mine, they have to help the disability service to help themselves. They have to understand that they are still doing their own degree, they're just been helped to do it, they are still an adult that is ultimately responsible and maybe they have difficulty getting work in...ask them, 'do you have difficulty doing a long term project'. Maybe some level of closer supervision which of course they would have to give consent to and in these days when everything is being taken away because of cuts, you know, try and keep what you have, the same level of support, be imaginative and keep the same level of support, quite possibly with less money.

### **8.3.9 Commentary**

This student took two additional years to complete his course of study and admittedly did come close to withdrawing. However, he engaged regularly with supports and persisted through academic failure and difficult family circumstances. His grade outcome was a 2.1 honours degree. Struggling in the marginal zone between the striders and the strikers, this case is representative of the very many students from the findings of the previous chapter, who encounter significant and often on-going challenges that interrupt their progress and yet they persist and complete their course of study. Such cases are a testament to the determination of the students but also to the effectiveness of supports which provide both encouragement and practical intervention in enabling students to persist and progress through circumstances that otherwise might not be possible. The dilemma of the struggler who persists beyond the first set back is the 'sunk cost' phenomenon. This is captured by this participant when he says: 'if I don't do it, all that I have done would be a waste.' The struggle to persist rather than give up is based on seeing a benefit at the end, something worth struggling for. In contrast, the striker in the next case study saw nothing in their course worth struggling for.

## 8.4 A critical case: The Striker

This case study describes the experience of a student who did not complete his first year in Trinity on a professional course. He managed the academic requirements of his course initially but he had poor social engagement and experienced significant difficulties on placement. He realised the course did not suit him and decided to leave before getting the results of his exams. His experience is representative of other students who have had a significant mental health difficulty or other personal problems and withdraw either in first year or as a result of their first year experience. The case was selected as critical because it identifies an area where current practices and supports need improvement and where larger questions need to be asked about career guidance, student recruitment, transition planning, admissions processes and internal transfer options.

### 8.4.1 Educational journey

I was in primary school in (name of town) until I was 12 in 2003, and then I moved next door to the post primary and when I was 15 I got ill and then I was diagnosed with a mental illness in (year) and at that point I decided I would like to help people like me. So I decided to do (name of course) and that led me to Trinity because it was the only place I could access from (name of town). So I could have gone to UCD as well I chose Trinity because it was easier to get to.

### 8.4.2 Experience of Student life

I think that the theory stuff was fine, I was fine with that. I was quite enjoying it. Everything was fine. I got along with the lectures, the assignments were all fine and I passed my Christmas exams. Then we went on placement in January for 10 weeks. It was two wards, five weeks in each ward. And when I got there I was actually really looking forward to it and then I just found it wasn't for me. It wasn't for me at all. I didn't enjoy it, I failed both placements. And then after that I just didn't want to do it anymore. But I did sit the summer exams, but I didn't even look at my results. I just didn't want to.

### 8.4.3 Social engagement

It was fine. There was a few of us that would meet for lunch when we were on the campus and in St. James's as well. We only mixed with each other, there's some people who get along really well, they were delighted and we had the main lectures with all the other (name of course) students and a lot of them were girls who had known each other in school and I was there, there was one guy from school there, but we didn't get along so we just ignored each other so I was left sitting at the back of the lectures. So the time I was

still having occasional panic attacks and I sat right at the back, I would be able to run out if I had to. Even if the social life had been fantastic, there would have been no point in continuing on the course if I didn't like it, you know I could have made the best friends there and it could have been amazing but if I didn't like the course and I didn't like the placement, and even if I had friends on the ward I don't think that would have changed the experience because they couldn't stop me from being tired, they couldn't stop me from losing concentration, they could help me, they could poke me awake or whatever, but I don't really know what happened socially, we just didn't click. I think it is most telling that I didn't stay in contact with any people in Trinity once I left, so I think that says a lot doesn't it. I didn't particularly enjoy the Trinity experience, I didn't really like it for some reason, maybe it was just the year group I was in or the course I was in because I wasn't actually on the main campus.

#### **8.4.4 Barriers faced**

I'm quite good with the academic work. I don't leave it till the last minute. I never have. I mean though some students when they get an essay they do it two days before it's due and I'd have a first draft of an essay done two weeks before it was due so I never had any problems in that regard. It was more the practical stuff that was a little bit difficult. I wasn't particularly good at finding blood pressure. I eventually got the knack of it but getting there was difficult. I went into the course thinking I would love it. You know, I got the train in, it took 40 minutes. I could have a nap on the train. I didn't have to get up quite so early.

One of the big factors was the medication I was taking, it makes you very tired. You have to be on the ward at 7:20am, which would have been fine but I was on medication and I was knackered the whole time but I had to get up at 5am to get the bus in at 6 so I'd be there early because the late bus was too late but the early bus was too early. So I had to get the early bus and I was just knackered, I fell asleep a few times and they weren't particularly delighted with that.

#### **8.4.5 Supports used**

I saw an occupational therapist from time to time. I can't remember any names. He helped me draw up study timetables and essay strategies and things like that. I got extra time and smaller exam centre. (For the end of year exams) I didn't want to do that, I didn't see the point of studying. I wasn't even going to do the exams. But my mother said that would look better if you said I finished the year at Trinity instead of saying I dropped out before the exams. And it looks better on a CV as well, you know, studied at Trinity instead of dropped out of Trinity.

#### **8.4.6 Do supports level the playing field for students with disabilities?**

I didn't actually know any other students with disabilities while I was here, so I can't really gauge that. I don't think I used the service as much as I could have done. I think in hindsight, I could have used it more. I could have repeated the

placements, if I had arranged it, but at the time I just didn't want to. I didn't want to repeat them, and then fail them again and that would have been too late to apply on the CAO to (name of HEI). The only thing could of helped was if I came off the medication which I wasn't going to do because it was the only thing that was working.

#### **8.4.7 Student experience prior to leaving**

I discussed it with my parents and they were disappointed that I was leaving Trinity, and so was I. I wanted to like it but I mean there's no point in flogging a dead horse. My parents could sense that I really didn't want to do it. So they did say it's not great, but it's better than going and doing the three years, four years actually and getting a job that you don't like and sticking on a course that you don't like for a job, you don't want. That's just pointless. I had a tutor in the (name of school) and she was the one who had me sign the forms for dropping out.

#### **8.4.8 Commentary**

This student's mental health condition was significant and the impact of his medication directly clashed with the demanding requirements of his course. While the supports provided were under-utilised there are clearly questions to be addressed around whether more appropriate supports and interventions should have been identified and trialled, for example, placement planning. This case is critical because it highlights the limits of the university and supports to 'level the playing field' but it is also instructive because it identifies a need for supports and interventions that previously had not been addressed. In this particular case, the student subsequently completed a course in another HEI and in another field of study so his decision to withdraw proved beneficial. He did not struggle on because, in his own words, 'I wanted to like it but I mean there's no point in flogging a dead horse.' In terms of benchmarks, he withdrew late in his first year after sitting exams.

#### **8.4.9 Summary**

These three cases, chosen to identify ideal, marginal and critical student cases, can also be viewed as embedded cases among the full sample of 37 participants. These cases are the focus of the remainder of this chapter and the next. The primary themes raised in the interviews are also found within the quantitative data of the broader group of SWD represented in the previous chapter, namely; students, impairments, barriers and reasonable accommodations. How these variables interact and develop over time determines how, in particular case examples, a student's

educational experience can be seen as ideal, marginal or critical. For the strider in the ideal case above, the impact of the impairment was a constant factor that could be planned for months in advance. It didn't fluctuate or create unexpected problems. In this case, the student's individual characteristics meant she was particularly well suited to her course of study. The course requirements and barriers were also known in advance and the supports were provided with little difficulty. For the struggler in the marginal case the impact of impairment and individual characteristics were more volatile. The student faced challenges that were not easily predicted in advance and as a result, the supports provided and used were sometimes insufficient and progress through the course was delayed. For the striker in the critical case the impact of his impairment and the barriers he faced were a challenge from the start. The supports and individual characteristics did not match and consequently the student had a poor experience and decided to leave. Having looked closely at a summary of three participants interviews which were categorised as ideal, marginal and critical cases, the focus of the remainder of this chapter is on the responses from all 37 participants.

## **8.5 Getting in – how the educational journey begins**

The educational journey prior to entering Trinity was the starting point for all of the interviews. These journeys provide an insight into the complexities of entry, progression, retention and completion of SWD in HE and add considerable qualitative weight to the numbers and statistics highlighted in the previous chapter. The headings chosen to organise the findings follow those of the summarised cases with phrases associated with ideal, marginal and critical responses. Themed in this way while it is evident that cases on the whole are readily aligned under one category they also have elements from one or both of the others. This allows for a more nuanced analysis which reflects the complexity of issues as they emerged.

### **8.5.1 Smooth transitions**

Being prepared for HE in advance increases the likelihood, but does not guarantee a smooth transition. As the previous chapter identified that 60% of SWD enter Trinity

directly through the CAO and DARE, they have had some time to prepare for the transition from 2<sup>nd</sup> to 3<sup>rd</sup> level education and take the impact of a disability into account. However, many students also enter HE without a disability and only acquire a disability post entry. For one such participant going to university was never a doubt:

So I grew up in an environment where education was, is a big thing, you can bring it with you no matter where you move around. So also just being in that environment where it is expected. That's my impression, it's just natural. Of course you will progress to university, there was never any doubt that I was going to a good university, G2.

The following participant, although ultimately withdrew from their course, described good supports and smooth transitional experiences entering Trinity:

Well, I had a very good experience of both primary and secondary school. My teachers were very accommodating throughout everything. I had extra classes and I knew that if I had any sort of problem I could always go to them and it was also a very safe environment for me, it was very sheltered and I never felt any different, W4.

Another participant, who had acquired a disability during post-primary education, when asked if he ever had a sense that his aspirations and ambitions had to be modified in any way because of his visual impairment, gave the following response:

No, I think partly because of the school I went to, they were very clued in around that sort of stuff, I had resource teachers and things, so there was resources available, so the fact that there was a laptop organised and there was a place I could store that and charge it and I could just come and collect it and use it for certain classes, and the fact that you can disclose a disability on the CAO form as well and then there are allowances made for that. So certainly in my case there was no particular barrier in either the senior cycle, or going through into third level, G8.

### **8.5.2 Struggling through turbulent times**

In contrast to those who transitioned well and reported positive experiences, others struggled and reported negative educational experiences before coming to Trinity

which ranged from a lack of support and low expectations to experiences of discrimination and bullying. These students persisted in their transition to HE despite their previous education rather than because of it, as the following six examples show:

Primary school here at the time in my opinion was woefully inadequate, C3.

(there were)...poor supports in primary school for the visually impaired, C6.

Secondary school was painful on multiple fronts, limited support, handwriting was difficult, staff under qualified and an atmosphere not supportive of academic achievement, G5.

I came to Trinity despite my education rather than because of it. Practically from day one in school, I hated it. There was constant bullying through national and secondary school and that pretty much shaped my attitude to school and education. I came from a so-called Gaeltacht area where the only people who spoke Irish would be the school teachers or the odd fanatical republican, yet they persisted with the charade that they were an Irish speaking area. But it wasn't, meaning that for someone with problems, was a bit of a slow learner, with no aptitude for maths or languages, I fell behind very fast, and in national school my headmaster insisted that with the exception of English, everything else was taught through Irish and you would be beaten or verbally humiliated if you got a question wrong, G6.

I always felt capable of attending HE but others told me I wasn't G11.

Hated school, ran away from several schools, was either expelled or ran away, it was not a happy experience, G4.

These negative experiences denote failures within the education system but they also demonstrate the persistence of the individuals who struggle through. Despite having considerable negative experiences in her educational journey, one participant expressed a long-standing ambition to attend HE:

It was always an ambition of mine to attend higher education and coming to Trinity was the fourth course that I had attempted. I completed all three before and thankfully I completed the one here as well, G1.

### 8.5.3 Scenic routes

Thirteen of the participants took what might be considered the 'scenic route' to HE as opposed to the more traditional single step from post primary school into HE via the Leaving Certificate and the CAO. Mature students and older students on postgraduate courses naturally have a greater period of life experience to reflect on. However, when reflecting on their educational journeys they tended to be characterised by a unique mix of circumstances particular to them as individuals with disability not featuring predominantly:

I did a national certificate in legal studies after the Leaving Certificate. Then I worked for 28 years in insurance prior to attending Higher Education, G10.

I suppose in about 2005 I got to hear that there was a possibility for mature students coming to Trinity and I knew nothing about that, before I always had a bad experience with education, G4.

I got chronic fatigue. I mean after 10 years of being a single parent of four children and working, I couldn't go any more. My body just came to a stop. I just couldn't do it any more, G14.

The impact of a disability and the level of self-awareness about it can vary considerably. The following participant described their lack of awareness in relation to being hard of hearing and not realising there was an issue until she moved to a different school environment:

I suppose being hard of hearing was never really an issue throughout, from starting primary school, right up until I went to a mainstream school, I had no inkling of the deaf community, I thought I was the only deaf person in Ireland as far as I was concerned, G15.

Another participant described a positive experience of education overall and attributed this to her aptitude for learning, despite a lack of supports that were clearly needed:

Yes, I think my educational experience in general was quite positive because I was always quite good in school, I liked school and I always loved reading and learning in that sense, I wouldn't have received any supports as such, my



parents wouldn't have been very informed on what supports were out there, well I think they weren't out there when I was born, G19.

Changing schools due to the impact of a disability can complicate an otherwise smooth transition and in the following 2 examples, participants describe why they changed school due to the impact of a hearing impairment:

Okay well I was at a mainstream school in (name of area) in primary school and they found out I was deaf...I decided to stay in mainstream school because I was doing well. I wasn't behind or anything like that, I was at the top of the class and there was no reason for me to go to a special school for the deaf which is (a number of hours) away from my house. So when it came to about twelve (years of age) when everybody was getting ready to move to post primary school, everyone was doing their aptitude tests, all that kind of thing, I kind of felt like you know I didn't really belong, I didn't really feel like I had an identity, I didn't know if I was to be here because I've never met any other deaf children like me before, only my mum and dad are both deaf but that was with deaf adults not deaf children. So I said to my mum, I want to see the deaf school to see what it's like so she said okay. So I went to (name of school), it was the first time I'd ever met any deaf children. It was really interesting because all their signs were different everyone looked happy nobody looked out of place, that sort of kind of thing. So I told my mom I wanted to come here from my post primary. I wanted to be a boarder, C7.

So just bad experiences...that was quite a big primary school and then I moved to a smaller school and there...having a small class with an interested teacher that makes much more the difference. For me changing primary schools at that stage I do remember that being a big impact on my education because I went to that school in fourth class, and I can remember from then but prior to that I had no interest in school really, C8.

#### **8.5.4 Impact of acquiring a disability**

Acquiring a disability at some point prior to entering HE proved to be a significant factor in some of the educational journeys of participants. In the first example a participant describes how a spinal cord injury put his plans to attend HE on hold:

I had a standard education up to Leaving Certificate, had an accident at that time preventing progress to Higher Education. I intended to go back to Higher Education but had a career for 26 years. I had a spinal injury accident playing rugby. So I had a very high level injury in my neck, which resulted in me being a quadriplegic, what's called a quadriplegic, it's called something else now. But it affects four of your limbs. So that's what I mean by changing my

possible subjects that I would study in third level education from a practical point of view. If you like, when I had my accident, I was kind of made for going to third level education. So I actually was in the hospital and while I was there a former patient who was either studying as a postgrad in either UCD or Trinity or he was lecturing and I cannot really remember which but he came and gave us a talk on it. And I thought that was something I would like to do. But I went to work...I suppose I wanted to get out there and do something straight away so I started work, C9.

Another participant describes how, after acquiring a visual impairment, he made some adjustments and was able to proceed in school with supports:

Okay, so I suppose I started secondary school like anyone else, and then when I got to about the beginning of second year I ended up having retinal detachments so there was various operations and things and as a result of that I had to give up playing sport, but it meant then when it came to doing the Junior Cert I had been in touch with the school and they had given me various supports so I did the exams in a room by myself and I had enlarged fonts, so the Jr. cert was the first point when I got support services, G8.

A third participant spoke about how he switched schools after his accident because his friends had all moved on a year while he was out for a year:

So I went to (name of school) initially and then I had the accident which led to the disability I have and I actually changed school after that because everyone had moved on 2 or 3 years, I moved to a Leeson Street kind of school and it was a problem with my leg so I was allowed to put my leg up in certain classes, and it was such a raw injury at the time, it's been getting better and better over the years. So there I needed to be on the outside desk so I was accommodated there is the whole way through. Even during the leaving cert I was allowed to have my leg up and stuff like that, G13.

### **8.5.5 Summary**

Where students have come from and how they got into university is fundamental to their experience of university. For the participants in this research their educational journey before coming to Trinity can be viewed through the categories of strider, struggler and striker. Those with the smoothest transitions tended to have stable disabilities, good support networks and clear pathways in mind. Those who struggled in HE tended to experience difficulties in school, have fewer educational supports and encounter lower expectations from educators along the way. A mix or overlap in these categories occurs with those who took what might be called the scenic route into HE. These are the students who pursued alternatives to HE after leaving school

or attended other courses or HEIs before entering Trinity and their current course. Many of these students were older postgraduates or mature students at undergraduate level. They tended to be less certain of their future career paths and were more likely to be completing HE for personal reasons. While some of these students flourished in HE and could be considered ideal cases or striders, the majority struggled but persisted. A final group identified were those who acquired a disability during their educational journey. These students also overlap with the striders and strugglers but the key feature of acquiring a disability allowed them to reflect on the before and after. These student's experiences were highly individual as the impact of acquiring a disability, both personally and educationally vary hugely depending on the severity of the injury or illness, the length of time involved and the personality and circumstances of the individual. Of the eight participants who withdrew from their courses, six had acquired a disability before coming to Trinity.

## 8.6 Factors influencing the choice of Trinity

This section focuses on the points in the educational journey when Trinity and a particular course emerged as choices for participants. Looking more closely at these transitional choices also provides an opportunity to consider how Trinity attempts to 'level the playing field' in areas such as admissions policies, outreach initiatives, alternative entry routes and transition planning. It also provides an insight into the factors applicants consider when choosing HE.

### 8.6.1 Location and reputation

The geographic location of Trinity in Dublin city centre and the reputation of the university were two factors frequently cited by participants as reasons for choosing Trinity. As Dublin is at the centre of a national transport hub and a third of the nation's population live within the greater Dublin area, Trinity's accessible location makes it a practical choice as well as an attractive option for reasons based on prestige or reputation. For example:

Well, I guess Trinity in the first place because of the prestige associated with it. It would be one of my main reasons to come here, G13.

Having been here in Trinity years back in the '90s when I did my diploma in computer programming, and I actually absolutely loved Trinity and that was the only place I could go for the masters was Trinity and that was fine, G18.

The factors that influenced me on where I went were universities with a good reputation, universities that had courses that I was interested in...universities that could facilitate me and in helping me what I needed and also ones that were in areas where I was like you to get work afterwards, so Dublin was a good call on that front, G5.

That was on my own doing really kind of, from the family thing as well, like I had cousins go here. I just wanted to go here. I heard it was the place to be and all the rest of it. So that was my desire to go to Trinity, C8.

There is a negative side for students who may choose Trinity on the basis of convenience or reputation without considering a particular course more carefully. For two students who came to Trinity and did not complete their courses, institutional reputation was a key factor in their choice:

I put more thought into where I was going rather than what I was doing, W4.

I spoke to my dad and I said when I leave school I want to go to Trinity College... I said I know it's a really historic place... W7.

### **8.6.2 Course or subject area**

Three participants placed a greater emphasis on the subject area they were interested in when thinking back to why they chose a particular course. However, placing a greater emphasis on a particular course or subject did not always lead to students completing their courses. While not ruled out as a factor, the reputation or location of the university was much less a feature in these cases:

I wanted to go to third level and Trinity was the only one that did the course that I applied for..., W1.

My interest, my absolute interest has always been languages, I love language and as a result of that, that is what I wanted to look at here, W2.

I always had an interest in the medical professions. I wanted a career that involved helping and working with people. I would have preferred to study

(name of subject) in NUIG but my only options were TCD & UCC. I chose Trinity due to the fact that I had plenty of relations in Dublin to support me through my first year at college. In addition, the transport links are better from Dublin as opposed to Cork, W3.

In addition to the reputation of the university or a particular interest in a course or subject, some students cited family members or family circumstances as factors implicated in their subject choices:

I suppose I'll go right back to primary school level, it's relevant maybe to say that my mother herself was a primary school teacher in a special school in (name of town) so throughout my childhood I always heard her comments and met kids if we had a day off school and we had to go to school with her, so it's something I was sort of brought up to have an interest in, W2.

My mother was a (name of subject) professor and one of my uncles became a mathematics professor, and I perhaps felt like I shared their strengths. I also showed a relative aptitude for mathematics at a young age and an interest to pursue mathematics and philosophy further, e.g. I was working ahead in mathematics books and sometimes toyed with creating my own arithmetic functions. By the time I started secondary school I was certain I would go to university. By age sixteen I was certain I would go to Trinity to study mathematics, G3.

The influence of family or recent family events proved to be decisive for one participant who had a long-standing vocation to pursue a professional course but switched CAO choices on the suggestion of a parent following a family bereavement:

I always had (name of course 1) first and I had various other... courses but to be honest I would have taken (name of course 1) if I had gotten the points but about 6 weeks before you had to submit your final course choices my uncle died of cancer, so my mam said you know you should really put (name of course 2) down, it is really worthwhile, blah, blah...so I looked at the points and I said I will never get those points, but I put it down to make her happy and then I got the points, W5.

Another student referred to the profession of her mother, identifying with her and having worked with her:

Well first of all, my mother is a (name of profession) so I always wanted to be like her. She has her own (name of business), when I was staying with her I worked in her (name of business) and I enjoyed the role, C2.

### **8.6.3 Impact of disability**

For three students, their disability was a factor in choosing HE. This was rationalised by them as either a means of increasing their employability, as a chance outcome from intervention or as a way of compensating for previous negative experiences:

Well I realised early on that with my vision, the way it was, I'm not going to be a builder, so this for me, to be independent I need as many qualifications as possible because the only real thing I have that's useful is my brain. So going to third level, there was no thinking about it, you just had to do it, C3.

For one student, a particular interest in a subject emerged from the therapeutic interventions received as a child due to the impact of a disability:

I started in I think in pre-primary school, originally I started for physio and put voice training to go around my disability. Originally, I was sent to a special school to learn how to deal with my hands and my voice and stuff and when I became too advanced for that and didn't start emulating habits from people with mental problems I was sent to physiotherapy and then a Montessori teacher separately and the Montessori teacher offered to take over the role because she was trained in these areas and I stayed with her doing lessons and therapy until I was seven and then her sister set up a school and I got into it through that and then transition year when I was in secondary school, I started doing my own stuff and then I realised I could do things independently and I got thoroughly addicted. And for university I realised that if I was going to do something for the rest of my life I might as well do something that made me happy and Trinity offered one of the better programmes in the country so it was high on the list, G5.

For another student, who completed an undergraduate degree as a mature student and then went on to complete a Ph. D the negative experience of school added to the determination to get into and stay with HE for as long as possible:

I think after my school experience, I said to myself, if ever I did get in, because I made several attempts to get in to College one way or another and failed, if ever I get in I'm staying there until they throw me out, G6.

#### **8.6.4 Reputation of supports for SWD**

The reputation of supports for SWD was also cited by three participants as an additional factor in choosing Trinity:

So I had a very good experience. I had no qualms about coming to third level in terms of support because I've heard from other people who had support here. I heard very good things about Trinity, C1.

It was probably a good thing that my assessment...had been done in Trinity. So we knew there were good supports there and that they would be available, G16.

I was told that Trinity was very good for the supports provided. I was told about how much they provide for people with physical needs, with people who were on the autistic spectrum, C5.

#### **8.6.5 Summary**

This section focused on the educational journey when Trinity and a particular course emerged as choices for participants. The diversity of factors influencing the choice to attend Trinity have been themed into four main areas with two relating to the university and the course/subject area more broadly and two relating to disability. Regarding Trinity, the location and the reputation were common factors reported by participants in attracting them. While other participants focused more on the course/subject area in their responses, this does not undermine the influence of location or reputation which could be considered a ubiquitous influencing factor. The participants who spoke about the impact of disability as a factor in influencing their decision to attend HE also referred to the university factors which brought them specifically to Trinity. However, in their cases, they were conscious of and reported how the impact of a disability was an additional motivating factor in their educational decisions. A final group of students spoke specifically about how the reputation of supports at Trinity for SWD was a feature in their decision making.

### **8.7 The social experience**

As identified in Chapter 4, social engagement while at university is a key indicator of the overall experience of HE. The most common response to the question about engaging socially in Trinity was one of positivity:

My experience of College was utterly fantastic, I could do pretty much what I wanted, a lot of different societies very active campus life, very friendly, very fun, yes, G5.

My experience of college was very positive, G1.

I loved just coming in. And I love the whole sense of space you get when you came in under the arch. I just like feeling I'm part of this, you know, the sense of belonging when you walk in and I'm in my own environment, G14.

One participant described a very positive social experience in Trinity despite the clear difficulties he experienced personally and academically:

I had an unbelievable time purely because I had those two years behind me. The first year I failed and the second year I repeated (name of course) and I already had a core group of friends that were actually in (name of course). Probably only 4 or 5 of them, I know that's not a lot looking at the whole College but those four or five people were in the surf club and the ski club and they literally dragged me by the neck into both of those and my College experience just flourished, G17.

### **8.7.1 Doubts and fears of mature students**

When asked about how they experienced Trinity in a social context, four of the mature student participants expressed similar accounts of having doubts and fears when starting off and settling in:

Yes I think in Trinity people are really nice, the students are so friendly. When I came first I was a mature student compared to them so it was really hard in the first few months to mix with them but then after that, after they knew me after we know each other, I have a very good relationship with them, C2.

So I was quite excited coming here because again I was starting a course proper. It was all new, lots of things when you start just like all the rest of the people in the class, but as a mature student I had some doubts, several times I wondered if I would struggle at this point, I was glad to know that several other students were having similar doubts, so we had a little meeting together and organise ourselves into small weekly 10 minute meetings around lunchtime to see where we were and what we had to deal with. These were mature students, so that was beneficial, C9.

I had difficulties with subject choice in first year and being isolated as a mature student who was younger than most 'retired' mature students. I suppose for me, the sense of isolation, I found it a very lonely place actually.



Yes, you are surrounded by people; yes you have friends - but at the end of the day how real are your friends, at the end of the day I would say you could count on the fingers of one hand of all the people you know in here or are acquainted with, there is only...a handful that you could really rely on as friends, G6.

Where to start...first-year I was absolutely terrified...there wasn't any really any huge direct contact with the (name of school), until I actually started. However when I came to college I was terrified of failing. I was convinced that because I hadn't done so well in my leaving cert and everyone else was younger and whatever, that I would just be at risk of failing very easily, I think a lot of mature students are terrified of failing because everybody around you has put so much effort into actually starting that the fear of failure is huge. So that was a huge pressure, the fear of failing, C10.

### **8.7.2 Good but...**

Three students responded initially with a positive overall comment but then provided a clarifying negative aspect to their experience of engaging socially with academic staff. In this first example, a participant compares Trinity to another HEI:

I really liked Trinity as a place. I liked the campus, and I like the friends I made definitely. I don't know, I think, in contrast to (another HEI) the staff are a lot more approachable in (another HEI) then they would be here, W4.

In the next example, a participant spoke about the impact on the class from a lecturer who only gave negative feedback:

Loved Trinity, the (name of department) were great, very supportive of students, (name of another department) were more old school, one lecturer never gave any positive feedback only negative, the class found that demoralising, G14.

Another participant talked about the general lack of response in her class to the lecturer's attempts to engage them in the material:

I found that there was some of the lecturers weren't happy with the way the rapport with the students were and when they asked a question there was silence and I suppose being a mature student and with my nursing background, I'd be inclined to fill the silence. So myself and another person, he was mature as well, we would always be the two talking in class trying to

answer, you know, philosophy questions and psychology questions and you would be thinking, oh let somebody else do it for a change. In first year very few people spoke, W8.

### **8.7.3 Negative social experiences**

Students who reported several negative or strongly negative social experiences spoke about isolation, either physically or interpersonally, and how they lacked social skills or didn't feel they could relate with others on their course. Although a range of disability types featured in relation to negative social experiences, the following three examples highlight how for deaf students, problems with verbal communication can impact significantly on social engagement with peers:

No I didn't join any clubs or societies because the Centre for Deaf Studies was based in Drumcondra at that time. Obviously because we were so far out...you couldn't just pop into the library on your lunch. So we were kind of isolated in that kind of sense we didn't feel part of Trinity, C7.

Horrible, no, I don't mean that. I think like I didn't find school academically difficult, but socially was my big thing, so I didn't think of myself as particularly shy, but obviously I came across that way, and also I didn't think I was not a nice person, or whatever, so I decided for me college was going to be about spreading my wings in that sense...but just from day one things didn't really go with my little plan to become more social because I'd never been to a nightclub or a bar until I arrived in college and I remembered they were organising the first night out and I was completely afraid of this and I was not sure how I would manage being able to hear, C8.

I meet with maybe two or three mates at a time. That I can handle because I can keep my eyes on who's talking, and I can participate. If I'm in a group of say 10 people it is so hard to participate because you are sitting wondering who's talking and by the time you've found out who's talking you've missed the first couple of sentences and to your great embarrassment that your repeating something that somebody has already said and everybody is looking at you thinking somebody's already said that, you know. So it is a really difficult one, G4.

One mature student made the following comment about why she didn't join any clubs or societies:

Never did any of that and most of the mature students didn't, we just felt we didn't have time to do it. Also do you know, when the young ones come to

college, for them then it's also a growing up experience, there was none of us growing up, we had already done it and most of us had children their age and it is the kind of socialising that they did and that the societies did, wasn't really what mature students were looking for, G4.

A student with a visual impairment spoke about how their opportunities to socialise with peers was limited by a difficulty in recognising each other:

And again the size of the class, it took me a long time, I say a long time but I don't think I ever got to know most of my year, I met two or three people who are doing English and the other subject, whom I became friendly with, interesting who to sit next with in a lecture, I might chat to somebody and I mightn't even see them again for a month. It wasn't like I could spot them and say 'oh there you are', G19.

#### **8.7.4 Negative social experiences before withdrawal from course**

Although only eight of the participants interviewed had withdrawn from their course five of them reported negative social experiences on their course prior to leaving. Here is a sample of three responses:

Everyone was nice, I don't think I really fit in with them, they didn't like the same things that I was into, they were all into clothes or whatever and I wasn't bothered talking to them about clothes, W1.

I found college life very difficult to adapt to. I was very lonely, homesick and depressed. I found Dublin city daunting and so much duller compared to (name of home town) W3.

The arts block, I forgot how badly lit it is, it's a very dull place, and even just walking through it was very hard for me to identify faces, and I remember that was a huge issue for me, you know not been able to spot friends, W4.

One participant who was interviewed as a current student had withdrawn from a different course previously:

Going to college was such a big change, such a transition coming from an all-boys school, even just seeing girls around the campus. It's just strange, such a large transition. I guess, I think also when it comes to BESS it has a lot to do with presentations. I think you have to be very socially gifted to do that course and I think just at that time I needed to work more on my social skills, G12.

### 8.7.5 Summary

The predominant experience of social engagement in Trinity was reported by participants in positive terms. The four examples selected to illustrate these cases were from graduates with a complete student journey behind them. I would term three of these cases as 'striders' because as students, they flourished and encountered few problems that interrupted their progress or held them back. The extracts selected from four of the ten mature participants expressed doubts and fears of entering HE as a mature student but they reported that the social support of other mature students was a key factor in dealing with these uncertainties. While a majority of participants reported social experiences in positive terms initially, several of these students then continued to speak about specific negative social experiences. In two of the three examples selected, the participants withdrew from their courses. The participants who spoke most negatively about their social experiences were either deaf, hard of hearing or had a visual impairment. For them, the barriers in communication, particularly in informal social settings, proved overwhelming and resulted in them largely avoiding social interaction in group situations. Finally, the extracts selected from the students who had left a course in Trinity demonstrate that social engagement was a challenge for them and also a factor in why they chose to leave.

### 8.8 The academic experience

Similar to the social experiences, how students engage academically is a key indicator of the overall experience of HE. The majority of participants (21 of 37) reported positively about their academic experiences:

The academic side was very good, very interesting. The people who taught were clearly very knowledgeable. I really don't have anything to complain about there. It was interesting, I enjoyed it, the teaching staff were accessible, I enjoyed it, it was good, G2.

In my second year most of the lecturers help me in my modules and they were of great support and they understand that you are mature student, that you are a foreigner that you might struggle, so basically I really contacted the lectures here more than the lecturers in my own country, C2.

I'm enjoying college life thoroughly. I'm often asked by other people who might be thinking about it. I would say go for it. I would recommend this, C9.

I love Trinity and I love the course that I picked especially because it was the only course I picked, W8.

### **8.8.1 Mixed academic experiences**

The attitude or neglect of some academic staff was cited several times as a negative part of an otherwise positive academic experience. Although negative academic experiences were not reported as the norm, it is significant that participants volunteered to speak about negative experiences even if they occurred as single events several years before. Two examples are provided here:

Very good overall, you are always going to get, unfortunately, there is always one, as in usually every year there is one lecturer that just doesn't get it, just doesn't understand you know that I all I need is the notes provided electronically, C2.

The staff are overall very supportive, sometimes one or two members who I won't name, sometimes didn't really acknowledge certain problems with the department and wouldn't help and also the department would suffer hugely from understaffing, a huge amount of pressure would fall onto three teachers to deal with nearly everything in the department and that caused knock-on problems for classes for students for uses of space, for access to teachers, during reasonable hours and times in which essays and other assessments could be dealt with. But otherwise it was good, we had staff who largely did communicate with us, largely, not across-the-board, but did communicate with us. The course did also largely have no set curriculum. It was subject really to what staff it had. Different modules would disappear and reappear on a yearly basis, G5.

One participant spoke about the demands of a professional course on mature students and getting to grips with electronic course material:

(name of course) is not that suited to mature students due to other responsibilities. The course is very demanding and there is huge reliance on blackboard and I always feel behind the ball, it takes a lot of time, I found it scary, C10.

Another participant contrasted the experience of undergraduate to postgraduate work and the different academic and research skills needed:

The first year here was dreadful, I suppose in many ways. When I started the Ph.D., it was a sort of solitude thing, there was no regular meetings with other students or anything like that...so I found first year very hard. Ph.D. work for me, it's very different for me from undergrad because at undergrad, you get a booklist and pick out some of the books...but suddenly doing research work, it's you who determines what you're going to read and you go find it. And all of this, I suppose it took me awhile to get used to finding the journals....and I wasn't meeting up with people. I wasn't discussing these problems at the time. But I worked my way through that and I got...technology wise I was very fortunate, I had actually begun to feel a little bit more comfortable with it and I had the necessary...I had a laptop, was provided with the necessary software and that definitely helped because it made computer work easier, G11.

### **8.8.2 Negative academic experiences**

A significant number of participants who reported strong negative or mostly negative academic experiences on a particular course had withdrawn from that course. In the last of the following three excerpts the participant had withdrawn from his first course, re-entered a different course and was interviewed as a graduate:

(the course) ...was quite tough, like I got a fair bit of the content but a lot of the time we really didn't know what they were talking about because sometimes the lecturer would be using all fancy language and you don't know what he is saying, or you wouldn't know where things are, you don't know where the libraries are or where your books are in the library, you don't know what books might be relevant to you, stuff like that, W1.

(name of course) was an extremely intensive course and required an incredible amount of hard work. I think PBL is mostly to blame for that. There was a deluded obsession with the benefits of independent learning, so much so that the boundary between what I was required to know and what I did not need to know at all became completely blurred, W3.

I didn't really feel like my heart was in that, I didn't really feel comfortable. I never really found my feet in that (first) course, G12.

### 8.8.3 Specific academic experiences reported

Several participants spoke more about specific academic issues in great detail when asked about their academic experience overall. Honing in on a particular aspect defies categorisation into simply positive or negative terms. However, these contributions offer an insight into the complexity and richness of student experience. In the following example one participant provides an insight into how they found certain aspects of assessment difficult.

I loved the work, I hated exams, I didn't mind the pressure of essays, I researched for a number of weeks and then you handed in the results of your research in the form of an essay and I always did really well in those; and exams, I got through all my exams, but they would wipe me out, afterwards I would be totally and absolutely fit for nothing for months, two months afterwards you know. I found that very, very hard. I've recently discovered in the (name of department) that they've eliminated exams for sophister years on the basis that once you're in junior and senior sophistry that your focus should be on research not exams and I just went, how civilised, isn't it? G4.

One participant provided an analysis of the course structure on a postgraduate programme:

Okay it's a new course, in its second year and this is not knocking anybody who set up the course, they're great people. It's a new course. It's got a lot of teething problems going on with things that shouldn't be there. I was involved in the setting up of a course in (another HEI) so I know how this works. You set up a course, you got to run it by all these committees, there's all these little bits that are put in by people who really don't know what they are talking about so you end up with bits that just don't gel. You end up with a grading system that is kind of all over the place and then you have the course going in different directions. And one of them is called the taught, sit in the classroom, get your lectures, do your continuous assessment and the other is research and they're not gelling well at all, C3.

Another participant spoke about the elitism she experienced on a particular course and described the academic attitude and culture that she experienced on her course:

Yes, elitist would be a good way to describe it, I think particularly in (name of course). Some of the people who are doing it would either have an international background themselves, either they would have lived abroad, or they would have had foreign parents. They would have had a strong

emphasis on language anyway, or those people who are just naturally very intelligent and then there was a few of us who are just sort of clinging on there, were doing okay. But definitely we were never going to be firsts would have had to fight very hard for a 2.1. So it was those bottom few people including myself, who kind of got the worst end of it, because we were never going to be the darlings, W4.

#### **8.8.4 Summary**

Of the four participants who reported predominantly positive experiences academically three were striders who had few difficulties in progressing through their courses. The fourth participant withdrew from her course due to financial reasons. Participants expressing mixed academic experiences were the largest group. Although their overall experience was positive, it was not uncommon to hear mixed reviews about academic experiences. Unsurprisingly, the participants expressing the most negative experiences academically were those who had withdrawn from their courses. Finally, cases were chosen from participants who provided specific insights into their academic experiences. These insights demonstrate the complexity, diversity and richness of how students perceive and interact with the culture and demands of the university and their coursework.

### **8.9 Conclusion**

This chapter has focused on the student journey of the 37 participants who were interviewed. Their experiences have been categorised initially using case studies defined with the abstract terms of ideal, marginal and critical. A detailed case example was provided which helped to describe these categories. The categories were further refined with the terms strider, struggler and striker so that the participants experiences could be better described in words more in keeping with the language used by the participants in the interviews. This chapter followed the format of the interviews from questions about the educational journey prior to coming to Trinity and continued with the student journey and student experience in terms of social and academic engagement. The next chapter takes up the interview format at the point where participants were asked about the barriers they faced in Trinity.



## Chapter 9 Striders, Strugglers and Strikers part 2

This chapter continues to follow the participant's responses to questions about the barriers faced, supports used and about whether or not they believed that the playing field was being levelled. It also takes account of their thoughts of leaving, the reasons why they persisted and any remaining concerns or recommendations they had. Where appropriate, comments are provided in relation to categorising the responses under the rationale and terms developed in the previous chapter.

### 9.1 Barriers faced

A central question in this research is about the barriers that were experienced by SWD in Trinity. There was a wide range of responses to this question by participants. The initial arrival to Trinity was often described as overwhelming and presented a barrier to many students. In the following example, it is the overly high esteem in which lecturers were held by one participant that created a barrier to communicating with them:

When I was coming to college I had the sense that these people were pretty much in it only for the research and they had to give you the lectures and they weren't particularly fond of it. So whenever I had to approach the lecturer about say when I can use a dictaphone or asking a lecturer for notes or talking to a PA about using a laptop in class, it was something that was always very nerve wracking for me because well, these were people who were larger than life in my imagination, these are people who were academic geniuses who had really done well in the field, and I was just a little student scurrying around, C5.

In the following example the participant initially registered for supports due to handwriting difficulties, but when asked about the barriers experienced the response was very different:

I have this problem in my hand (but the barrier) is not my writing, the first barrier I found is the language barrier, how to understand the lecturer because they are speaking in Irish accent. So this was the first barrier and the lecturer advised me to join the disability service, C2.

Another barrier mentioned by some students concerned the attitude of staff. There was little consistency in how students experienced attitudinal barriers, in how they conceptualised such barriers and how they attempted to generalise from them, as demonstrated in the following examples:

The biggest barrier would have been the course director but I broke that down very successfully myself, G1.

Lecturers will be the key one. It's always lecturers and it's not that they don't care. They don't have a vendetta against you because you have a visual impairment. The thing is that you have kind of a cohort of lectures...it is because of contracts. To be a lecturer you have to do teaching and research. There are some lectures that are good at research, you can have the best one-to-one conversation with them, they can send you in whatever direction you need from a research point of view but they cannot teach to save their lives. They are absolutely woeful. Communication with people is not what they do. These people live in dark little rooms and don't want to come out. Then you have the opposite, people who are great teachers, great educators but they are really bad at research, they don't like to do it, it's not what they do, C3.

### **9.1.1 Physical barriers**

Another heading under which participants encountered barriers was the physical and built environment in Trinity. Two participants with physical impairments reported barriers in the built environment:

Physical barriers mainly, the course it was up and down stairs the whole time, flip up tables on the sides of chairs, an overcrowded room, some lecturers didn't allow recordings. The physical impact contributed to fatigue. It was awkward to open doors while carrying bags, no one offers to help, also people left coats and bags on the floor in computer rooms so there was a fear of tripping over them, so it was easier to avoid going in, G18.

From the off, barriers I've had to face, they kind of turned me off a bit. I joined several societies which I think you do on impulse, a lot of student societies might meet in some of the rooms in Trinity, which are totally inaccessible. They are in the older buildings and maybe up on the 3<sup>rd</sup> or 4<sup>th</sup> floor. What I couldn't understand was...the student union (book) shop is on the first floor...so whenever they had a book sale there was no way I could get to it. I also had an issue when there was a general book sale in the exam hall. I

think that was a mix up with access to it, because since I have got access to it. I know when certain things are on I check and I look and if I know they are on in a certain place I am not going to bother going. Now I have to take into account that this is an old campus and some of the buildings are...you can't do anything to access them, C9.

### **9.1.2 Disability specific barriers**

Some barriers were more common amongst participants with a similar disability type. Unsurprisingly, hearing what was being said in lectures, tutorials or in groups was frequently reported as a barrier by participants with hearing impairments. However, they frequently cited additional external factors that exacerbated their difficulties, environmental factors such as the spaces where teaching takes place or the accents of lecturers:

Hearing in lectures was a barrier, sitting at the front helps. A lot of mature students do this. But some lecturers don't speak clearly or have an accent. It is possible to record lectures but you need to ask for permission, G4.

You know, it wasn't that all the lecturers talked very low and then the acoustics in the room were bad, I'd say it was just me because it can now impact in anything. If I was having a meal with somebody they would have to be sitting at this side of me at my good ear or if I am walking you have to be on this side because I don't really hear anything on the other side, G10.

Even in lectures, I found it, tired, and when you're tired you have to concentrate a bit more and I found those lectures tiring, you know at the end of the day you have to double listen, it probably did, it probably has hindered, G10.

One participant spoke about the frustrations of dealing with staff in Trinity outside of the course and how communication was often a problem:

Sometimes I pretend to understand so that I won't delay them. Sometimes I don't have the interpreter with me or maybe I prefer paper and pen to make sure, that's how I can really be sure, I use the paper, it's proof of what the person is saying rather instead maybe I'd go up and I'm not sure what way I'm supposed to go. C4

Participants with specific learning difficulties identified a range of barriers in the area of teaching and assessment. From organisational difficulties and learning style to concentration, taking notes and handwriting:

I tend to fall off the wagon easily. The teaching style does not suit my learning style, C10.

Oh yes, problems concentrating, exams and handwriting, my handwriting was particularly bad. If I'm in a hurry and under any sort of pressure. It's very, very, bad, G6.

One participant spoke about mental health difficulties and the problem of reconciling a seemingly positive set of circumstances with an inner reality that required the use of huge supports to keep going:

It was very difficult because there were times when I would sit back and say what the hell is wrong with me? I'm going out with my friends all of the time everything is rosy, absolutely fine, I'm on the best course in the world, I'm in Trinity, my family are all alive, we all have our health, so to speak, there were so many reasons to be happy... but then I said, there's two counsellors, an occupational therapist, the disability service, the psychiatrist, there's also the GP I have to see every month - I was told to because my weight was going up and down, I wasn't really able to look after myself properly and there was these questionnaires I was filling out for different things... And it was all very difficult to accept these things... you think that you are absolutely normal, you think you're absolutely fine in one sense, and then (there are) supports keeping you afloat... It was all very difficult to accept all of those things, G17.

Two participants said the library was the main barrier for them but for different reasons. They had print disabilities; dyslexia and visual impairment respectively:

My biggest barrier was always the library, I found that really difficult. I found it very hard to find books. Reading, it just takes so long and when I get a little bit into a book and then I have forgotten what I read. The only way I can retain anything is by writing it all out ... I write out books. Then once I've written out a book then I can talk about it like an expert and I suppose because I'm kind of a visual learner, once I have everything written down and coded with my highlighters and that then I'm fine, but it's just time consuming, it just takes me so long, W2.

The library that was one of the first issues I had, just been able to find books. That was one thing I really did struggle with it. Something I still struggle with now though to be fair, W4.

### **9.1.3 Wrong course choice**

One participant talked about how the wrong course choice was primarily the biggest barrier they faced, despite acknowledging that their disability had a greater negative impact on the second course they re-applied to:

I think it is the one deciding factor, you can get around other things, in terms of my (type of disability), (name of 1<sup>st</sup> course) was definitely easier. If you are going into practice it's 9 to 5, 9 to 6 hours, whereas in (name of course) you are doing 13 hour shifts, you could be doing nights and you are doing your bank holiday hours on top of that, it's exhausting. You are getting up at 5:30 and you are not getting home till 11 and you are working on top of that, so I couldn't have picked a worse course in terms of my (type of disability) but I knew there was no point going into a course that I didn't feel passionate about again because I'd just be throwing my money away and wasting the lecturers time, W5.

### **9.1.4 Barriers on professional courses**

Two participants talked about the negative outcome of disclosing on professional courses and how, in an attempt to overcome or allow for a perceived or assumed barrier, staff inadvertently created additional barriers:

Anyway, she was going to say instead of doing 3 x 13 hour shifts, you split it up into 4 x 9 hour shifts or whatever, but you know, working as well, it's not really practical, I'm just going to have to work the extra day anyway to make up for it. So I don't really know what's the best way to go about that because they're very reluctant to put me on nights, whereas nights suit me better because I have (name of condition) and getting up earlier in the morning is especially very difficult for me so working nights is actually easier for me, W5.

... by disclosing kind of created more barriers in a way because you're scrutinised, you have to do things differently or you can't do that because we don't have consent and all this kind of stuff came into place. Disclosing brings attention to things that otherwise are not considered important or might have gone unnoticed, G19.

### **9.1.5 Impact of disability linked with other factors**

Two participants spoke in particular about how the impact of their disability linked with other factors to create barriers. How these factors combine is often highly individual. In the following examples, one participant felt too young and was overwhelmed by all the responsibilities of living away from home while another felt that being a mature student was a barrier:

I had to cope with living independently for the very first time in my life at just 17 years old. In retrospect, I feel I was not ready to leave home. I was interested in the things I was learning but there was just too much of it. The students in my course were very nice but my illness, phobias, lack of confidence, stress and difficulties socializing got in the way, W3.

I would consider being a mature student as a barrier...it was hard now coming in as a mature student, a seriously mature student and not knowing anybody and being in the class with the other mature student who was 23, G14.

For one participant, who regularly experienced fatigue, a daily commute of nearly three hours posed a huge problem until a solution was found by locating budget accommodation in Dublin for two to three nights per week. But this solution was temporary as financial difficulties took over:

Yeah, if I hadn't been refused by the county council, if my grant hadn't been removed, I could have stayed in Dublin. I found...accommodation so I was able to overcome the late evening lectures. So with the disability service and my initiative for accommodation, I had overcome two big obstacles. So the only obstacle that struck me was the finances, so that won out in the end, W8.

### **9.1.6 Section summary**

The attitude of academic staff towards students and their awareness and sensitivity towards the needs of SWD varies considerably. Consequently, staff attitudes do not always meet the expectations of students. Physical barriers in the built environment of Trinity are complicated by the age of the buildings and the planning and space restrictions in place. However, the specific accounts reported here suggest that greater frustrations are caused by inadequate foresight into the planning and organising of venues, room layouts, timetables, events and the communication of

these. As these are considerably more controllable, the failure to increase accessibility in these areas is a bigger barrier than the inaccessible buildings. Students who were deaf or hard of hearing faced consistent barriers in communicating, particularly in social and informal settings when supports were not provided and the sound quality of the environments were uncontrollable. Other barriers related to specific aspects of and requirements of professional courses.

## 9.2 Supports and reasonable accommodations used

A wide range of supports that were used were discussed by participants. These are broadly set out under a number of headings below. While supports are chosen and trialled on the basis of need and the impact of a disability, the experience of using a support and its' overall benefit to the student is ultimately determined by interactions with other factors and not simply about matching impairments to supports.

### 9.2.1 The human factor

A key factor in the effectiveness of supports was often described in terms of the dedication of the person providing the support and the quality of the relationship that emerged over time. In the following two examples, the reporting and evaluation of a support used was closely related to an evaluation of the person providing those supports:

The library support is the best thing ever because it's just having somebody, well (name) was available and I don't know if he is still here...and he was brilliant, I could email him or whatever and he'd leave books on the tray for me and I had two different people over two years, that was just brilliant because it meant I didn't have to go trekking in the library myself, it took pressure off me, G1.

I think the equipment I got from (name) and the discussions we had around it were great because you know, I think once me and (name) kind of reached a point where we realised we are both nerds here, we both understand what we need, I went and I said, 'give me this machine I will never bother you again', C3.

One participant described how he often had two people supporting him at the same time during lectures:

They provided...a proof reader for my writing essays...how to improve, that was good and they provided a note taker for some of the lecturers do talking and I have an interpreter to relay what the interpreter is saying. That means I have two, the interpreter who signing what the lecturer said and a note taker for writing down, C4.

### **9.2.2 Subject specific tuition**

Two participants talked about the use of subject specific tuition. This is a support for students who miss lectures due to illness or medical appointments, or who have a particular access difficulty in a specific subject due to the nature of their disability. They are linked with a tutor who is a subject specialist and they meet for a set number of hours to cover the content of lectures. The following examples from participants were selected:

I think that the help from the disability office was because they offered someone to help me and in some modules as well there was no other student would talk to me, I was at the stage where you need to know some people and I found I just come here find a support and people help me they were so nice with me and without them I would not have been able. I'm now in 4<sup>th</sup> year because they were great support for me, C2.

I think just sometimes coming up to exams with the level of studying I felt a bit under pressure... because of the problem kind of got active in the eyes and I was kind of worried about the exams but the service provided extra tuition and I thought that was that was a massive help and at the start I thought it was a barrier, because I thought, Oh God, how am I going to get through this and will I have to repeat the year or something, but the extra tuition was brilliant it really brought me right through it, you know, C6.

### **9.2.3 Assistive technology**

There is often a high level of abandonment in the use or take up of Assistive Technology (AT). Ensuring students are appropriately matched to the intervention and take up of technology through a needs assessment decreases the chances of abandonment. In the following two examples, participants spoke about the ways in which they experienced assistive technology:



Assistive technology and the access to somebody that was familiar with technology worked brilliantly for me and any time I had something that... you know if something came up that I suddenly, let's say a PDF that I couldn't access, if I made contact, there was always a solution found to the problem using technology available, which really benefited me and I have become a lot more confident with technology over the period of time of doing my Ph.D. Some of the assistive technology that I tried to use didn't always work and I suppose part of that was, I didn't have the time to make it work when I was trying to do my Ph. D at the same time, G11.

The ATIC is just a great facility for the likes of me to use. Something I was going to mention this year is that there seems to be a couple extra wheelchair users around this year. There is one spot which I use in the computer room, I know it's a kind of a fight between me and another guy, so I will have a word with (name) over that (laughing), C9.

#### **9.2.4 Unilink**

Unilink is an Occupational Therapy based support that is based in Trinity. It offers 1 to 1 support to students who require assistance with meeting academic and personal goals. While the majority of referrals to Unilink are students who have mental health difficulties, the service is available to any student registered with the Disability Service who needs a high level of on-going support. While six participants spoke positively about Unilink, the following two examples are typical:

So for me probably the very best thing has been Unilink, and (name) was made my link person and that met my need much more than anything else in college because I could go and see him whenever I felt I needed to. I could drop by not always with an appointment because the nursing schedule is not very predictable and you are away on placement and your weeks change every week and you can't keep regular appointments. So the fact that I could go and see him on an irregular basis, or whenever I felt the need, as opposed to every week was extremely helpful, and he helped me stay organised, talk through things and tease things apart, in what practical things I needed to do. Sometimes even voicing them and just hearing myself was enough. But Unilink was a very levelling thing for me...that service was absolutely a wonderful thing for me, it was exactly what I needed, C10.

One participant linked an example of how he overcame a difficulty or barrier, which was interpersonal in nature, to the quality of the Unilink support received:

...that was a typical thing for me, but thankfully I managed to get around that because I had Unilink. They gave me plenty of strategies around the correct way to email lectures, how can you phrase things best, C5.

### **9.2.5 Exam accommodations**

Formal written examinations under strict time controls can create barriers for SWD. Without appropriate supports and reasonable accommodations organised in advance, students can experience increased anxiety and the possibility of an unfair assessment. While elements of providing exam accommodations clearly have an objective benefit, such as additional time or the use of a computer, a not so obvious benefit is its anticipatory value in functioning as placebo. Regardless of whether or not students use their additional time, just having it available helps students to deal with exam pressure in the weeks and days in advance. A number of reasonable accommodations are arranged for examinations depending on particular needs. Two participants spoke about their experiences of using exam accommodations:

Having extra time to write in exam periods might have made the difference for me between going to graduate school or giving up on an academic career, G3.

Exam accommodations definitely, I remember getting photocopying cards as well, but it was mainly around exam accommodation at undergraduate level, G6.

### **9.2.6 Library supports**

The Library in Trinity is the largest in Ireland and students can find using it a daunting experience. A range of supports are in place for SWD and several of the participants spoke about how they used them:

I had the support of a library assistant and a note taker from the disability service, photocopy cards and all the support and things needed to make it happen. It was fine from then on, G1.

I used photocopy cards and told some of my mates about my disability and they were very supportive, G4.

As I said the ATIC is great. I'm able to get more books than your average student which I find very helpful because I can go in and get double the amount of books and take them home, so that's helpful, C9.

### **9.2.7 Respite space**

Two rest areas are provided in Trinity for SWD. They can be booked in advance for up to two hours and provide a place to rest during the day for students who experience pain and fatigue. One participant spoke about the benefit of using the respite space:

Like there was days when I was coming in...and I'd pulled all-nighters, there was one day when I was just outside the Hamilton block and it just came onto me like a wave of tiredness, like I was going to collapse and then like going up to the respite just to take an hour just to put some energy in the tank, I did use it quite often, but there was a good few times that I used it and just to get that hour or two when it was needed or...yeah I'd say I used it 5 or 6 times in total and I only started using it this year...and it was really helpful to have it there because there is nowhere you can go if you do feel tired there's nowhere around college where you can go, G12.

### **9.2.8 Living on campus**

Having rooms on campus was referred to by participants who had found commuting to Trinity particularly difficult in previous years. Disclosing a disability in an application for rooms on campus gives students with physical disabilities an increased chance of securing a room. Two participants gave their account of living on campus:

I suppose, the arthritis got worse, and out of the blue, it never even crossed my mind before, out of the blue, I get these ideas like somebody dropping a penny in a piggy bank, and I said I can get a room, my children were in Galway and could get rooms, and it never dawned on me that I could make life easier for myself, but that's a sort of a mammy thing as well, you I realise life could be a lot easier as well and that was a brilliant decision and I had my savings and I said I'm going to do it and I'm not a bit sorry, G14.

I definitely missed some lectures, because you know at home you definitely have your mom on your back trying to get you up for lectures and that kind of stuff, so there were some days when my leg was just sore and if I was at home I would have been pushed in, you know what it is just go and do it. But

there were days and stuff for 9am lectures you just go no, no way am I getting out of bed today kind of thing, so that was kind of bad in a way, but there was nothing I could kind of do because I couldn't hack it some days, G13.

### **9.2.9 Parking permit**

There is an allocation of permits for staff car parking on campus and a total of 351 car parking spaces, including 11 spaces reserved for disabled drivers. Students in general have no parking permission on campus. However, through the Disability Service, students who hold a national Disabled Parking permit can apply for a parking permit for on campus parking. One participant with a physical disability spoke about the benefit of this:

I was able to get a parking permit and park on campus. That was fantastic. It meant I could put everything in my boot, G18.

### **9.2.10 Section summary**

In this section a range of support were identified by participants. A key finding was the added benefit of the ways in which human support featured. In subject specific tuition, the one to one opportunity to discuss academic queries was used to prepare for examinations. The process of matching people and technology relies on the communication between student and AT officer. The role of the Occupational Therapist was identified as the key benefit of Unilink. The one to one aspect of it was what one participant described as, 'exactly what I needed.'

The additional time provided to students in exams has an obvious practical benefit but it has a psychological benefit too. Similarly, the library supports fulfil an obvious practical function but setting these supports up and utilising them through engaging with library staff ensures that students develop their role and their identity as students of the university. Living on campus for SWD has multiple benefits, but on the negative side, as one of the participants noted, a lack of family support is not easily replaced. A support has a transcendent potential because it is not always

possible to predict or control the outcomes. While supports are intended to be positive, they may also have unintended and negative impacts.

### 9.3 Did supports remove barriers for you?

Having asked about the barriers they encountered and the supports they used, participants were asked if supports removed barriers for them. This question is asking participants to reflect on the impact of the supports they used and to evaluate their effectiveness in removing barriers. More than any other question, here participants are directly addressing the central line of inquiry in this research. Four positive responses from participants are given here with reasons for their answers:

Always I get emails from the disability office if you need any help there is a meeting for students with disabilities. So I feel much supported. I felt there is someone beside me all the time besides my lecturers, C2.

I think that's definitely taking place, even in terms of the paths in front square and taking up the cobbles, and is the fact that when there are events going on there certainly more aware of people's access requirements, so even in terms of peer mentoring the email inviting people to training would always say, please let us know if you have any accessible requirements, G8.

Completely, completely, I don't think I would have been able to complete the course if I hadn't had the assistance, G14.

The service provided here is five-star, it's really excellent, W2.

One participant who struggled throughout his time in Trinity attributed his getting his current job and his wish to participate in the interview to the level of support he received while attending Trinity:

There is no chance in hell I would be where I am now, absolutely zero chance. I can't even put it in words, yeah, like I don't even want to think about it. I'm just delighted that I have everything and that's why I'm here, G17.

Two participants acknowledged the support received but also described the limitations of that support and how barriers are not entirely removed:

They try and they try very hard, most of the time. It's whether what the disability service often put in place is taken on board within the various departments is what will make it level the playing field, you know you can provide all the assistive technology you have, but if the various schools don't give you the written information in an appropriate time, the person with the vision impairment has always going to be playing catch-up, G11.

I used a note taker, it is a great service, it definitely helped, but it also hid the problem in a sense to me...that academically I wasn't strong enough, so it assisted me as a student, but it probably didn't help me as a person, if that makes sense, W4.

One participant who withdrew in the first year of their course stated that there were no supports for students with mental health difficulties but went on to mention the counselling service and Unilink:

I'm not sure really because I do not know what you could do differently but for mental health really there was nothing because I know there is the counselling service but took me awhile to actually get the courage to access that. Well I kept attending full-time until I left but I did mention it to Unilink and to the head of discipline and then she got me to speak to the tutor as well and they were basically like what do you find difficult what are you going to do now when you leave, W1.

Another participant who had a visual impairment and had completed a degree in another HEI, stated that the only barriers that remained for him were about employment:

No I don't think there are any barriers to me per se for me finishing my degree. There are some huge barriers in terms of employment and they'll always be there, whether that will change I doubt it, C3.

Another participant spoke positively about relying on the service to provide support if it was needed:

I think it's a great service having a Disability Officer, having somebody to discuss your needs with and you can go back and review every few months or whatever, and then present that to the department and troubleshoot and there was always a sense here that you had the four hours a week. There was

never a sense that we are going to refuse you if it was needed, you know, provided it was a justifiable need it was provided, G19.

### **9.3.1 Section summary**

Participants reported positively and with various examples of the ways in which barriers were removed by the provision of supports. Through regular communication, by citing the accessible pathways through the cobblestones and by attributing the completion of the course to the supports they received, many participants readily linked their course completion to the supports they received. However, other students were quick to point out the limitations of supports and that other barriers, such as employment, still lay ahead of them.

## **9.4 Are we levelling the playing field for students with disabilities?**

Having asked participants if supports removed barriers for them I also wanted to find out if their experience had influenced their perception of how other SWD were supported. This question explores the connection but also the difference between experience and perception. While many students receive supports they are generally arranged and used in isolation. Asking participants to consider if the playing field is being levelled for other students focuses specifically on whether or not they can draw on memories or perceptions that involve the needs of other students. Two participants were able to say without any hesitation that they believed the playing field was being levelled for other students and made reference to examples or evidence for their claim:

By using the ATIC area you can see that a lot of students have access to it and avail of resources, C9.

Well, it definitely helps level the playing field taking disability with their application (CAO). So even from when they first set foot in the door they may be reducing the points requirement, they are levelling the playing field by getting somebody to third level in the first place, G8.

For others, the response did not look far beyond their own experience, stating that they didn't really know about other students but could acknowledge the presence of a wider group:

Yeah, it's kind of a neat phrase that kind of sums it up, like okay, like I can't really speak for other people, but I always wanted was, ... never like an unfair advantage, but just to be up to that same level as everybody else, G9.

The disability office keep in touch with the students, there is an email...there is a survey, or there is a workshop for work placement, so you feel like you have more opportunity, C2.

No I didn't, (know other students with a disability) and I suppose that's privacy. No, I suppose in a way it's a tricky thing to talk about, because you don't want to lump everyone in together, but at the same time you don't want to make people feel like, like they are different. I know there are supports available but it's not something I know anything about aside from when I sit exams and there are others there who have used the Disability Service, W4.

Two participants were positive overall about the work of support services but raised issues or questions of their own in relation to the term 'level playing field' and about the public perception of how SWD are supported:

I think the problem with the 'level playing field' is it's kind of a loaded term, I'm sure you know that...yet I think the disability services, this one, the ones in (two HEIs named) you guys do a great job against great odds, C3.

I do think they are successful in removing barriers. But sometimes I wonder, just how the public, if the public really understand the concept of reasonable accommodation, I think the public still have an idea that providing students with a disability with reasonable accommodations will give them an advantage, G1.

Two participants responded to the question of a level playing field by referring to other students they knew about:

Like there's one girl I know, she has post-traumatic stress disorder and depression and in first year she was very reserved and finding it very hard to focus on study but she registered with the disability service, got loads of occupational therapy and support and she is doing very well these days. She had a debilitating sickness she had gastroenteritis and that would really mess



with her ability to go to work. But the disabilities supports gave her a fantastic ability to keep up with her work and she did very well, C5.

Yes, I was in one of the subjects that I have and I remember that there was two people that had disabilities and they had two different aids in the class, and I loved seeing that because everyone has different needs, it was just nice to see that they are being provided for and knowing that I was, G17.

A common response was that there was a lack of awareness of other SWD so it was difficult to speak about what was happening for them:

Well in some ways I can't speak to that, because I don't necessarily have those experiences, C10.

To be honest I don't really know any other students with the disability service, G12.

A participant who had worked in an area related to disability and education admitted not being aware of the needs of SWD before starting their work:

When I was in college I didn't really know much about other disabilities and stuff like that, I knew like dyslexia but I never knew what it meant or what other supports they would get, whereas now because of the job, I understand that a bit more, for a person with dyslexia there is so many different levels, some need different coloured paper or they need a scribe, pens that read things out, the Jaws software, I mean all that is brilliant, C7.

Another participant compared her experience in Trinity to that of her daughter's experience in another HEI:

My general perception around college is that Trinity is very good and keyed in with what people actually need, asks them what they need, doesn't tell, like my daughter is in another college like her needs are not typical. And so they almost blamed her for not having typical needs, there was no kind of 'what are your needs, how can we actually help you?' My impression in general is that it is much more a feature of this college, even in the provision of Unilink, but also in access and the fact that in the library, you know the area where you can go and people with sight difficulties and other things have got specialised technology. They're ready and willing to help and there is a general attitude of, 'sure why shouldn't people be here?' There is a feeling of people being considered just people and I think that's really important as well, C10.

In the next example, one participant stated that having a disability while being a student did increase their awareness of others with disabilities and that he assumed they were as well supported as he was:

Yes it has probably heightened my awareness now from seeing people around college because I do see people with disabilities and if I go on what I got, I can only assume that they get the level of support that they need, and you know, it's actually great for people who actually have disabilities, and they can go to College and feel that they can and they have the same opportunities as anyone, G10.

One participant admitted to not being aware of the needs of SWD before coming to university, but afterwards became more aware of students who got supports and who might not have got through university without the supports:

I would say it was something I wasn't aware of before, I had no experience of the kind of provision of help and support that there was, until I suppose I needed it. I actually went as a volunteer to help people because I actually used to work with blind people, and I know some others who got help and it just makes it possible. This one person in my class...I don't think she would have made it without the support she got and there is another young girl as well, we were queuing up to register in first year and she's in a wheelchair and she's really happy, completely supported and I think it's marvellous, because people who would have been excluded not for lack of ability...not for lack of intelligence or ability to participate, but because some physical or other type of disability would have excluded them before, I know that people would have been excluded, G14.

One participant compared her experience in Trinity to that of another HEI she had attended:

I think it's fantastic actually, I do, having come from (name of college) if I can talk about that. There was absolutely no support in (name of college). I mean, I had to go for my graduation and kind of be writing for six months to get a little handrail put in so I could go up and get my degree. So there was absolutely nothing. There was no technology. There was no Disability Officer. I went in, they had me add a little study desk for exams and I needed more room because I can't hold the paper, so I said, look, I just need a bigger desk and that was like I had to go all the time and get letters from my doctor and everything else to get that whereas here it was much easier and the assistive technology room that was very good...I just found the disability services were fantastic and there is awareness around college of disability, G18.

#### 9.4.1 Section summary

It is clear that the participants quoted in this section had positive experiences and perceptions about how well the playing field was being levelled for other SWD. There responses were nuanced with particular comparisons to other HEIs, with references to other students they knew and how receiving supports in Trinity increased their awareness of other students who were also supported. However, there were also participants who had little or no experience to draw on in response to the question about how other SWD were supported. This indicates the often hidden aspect of SWD, barriers and supports. The needs of SWD are often experienced in isolation with no sense that there are others with similar experiences and in need of similar supports.

#### 9.5 Thoughts of leaving

This section deals with the responses to questions around difficult experiences while in HE and whether or not students had considered leaving their course, the university or HE altogether. Understanding how SWD deal with periods of increased difficulty is crucial to understanding the quantitative differences in the retention, progression and completion rates that were evident in Chapter 6. Not surprisingly, the strugglers were more likely to consider leaving but it is also evident that those who were seemingly doing well – the striders - also had thoughts of leaving. The following extracts are from the few participants who were clear that they had never considered leaving and gave the following replies:

I never really considered leaving, but like I said last year when the problem got active I considered kind of maybe taking a year out because the doctor said the problem was actually quite bad, they didn't know they could get it under control. But then I was kind of worried - how am I going to do the six exams? But then the fact that they split the exams up from June to August was a massive help, because I only had to worry about the three subjects I'd already learned from the previous term. So I think that kind of enticed me to get the problem solved and move onto the following year, C6.

No. But to be honest if I ever did consider leaving there was no way I was going to because I was back in for the second time, but to be honest, it never crossed my mind, C8.

No, that was never in the equation. In my first experience of higher education it was tough and there were no supports, G1.

I never thought of leaving. I was too embarrassed by failures to reflect on them, G3.

Two participants were less certain and stated that although they probably would not have left or have not thought of leaving, there were times or there could be circumstances in the future that would make leaving more likely:

It was tough but I don't think I would have left. I found that it was to do with my disability. But I was finding it physically hard, especially in winter you know traipsing up and down, carrying bags, I'd be in bits like physically in bits, G18.

Have not considered leaving but financial, health or family circumstances could change that in the future, C9.

Seven participants quoted here, from the graduate and current student groups, did describe thoughts of leaving and stated a variety of reasons:

In the first few months when I came to Trinity because I have no friends basically I was planning to leave the course but the thing that let me stay is that my lecturers were of a good support to me, they understand the situation and they understand that it was hard to take the notes during the lectures because I don't normally speak English so they consider to give me help on that, also the grind I got from here, the lecturers were of help to me so I said there is someone beside me to support me, so I said just to stay another few months things might get better, C2.

When I was in first and second year I thought about dropping out quite a bit, I think that's quite common, C3.

I probably did yes, yes, (laughing), probably towards the end of second year because I found I took on Schols (scholarship exams) and found it a little bit too much, G5.

There would have been days naturally you would feel like throwing in the towel, there was no plan B, there was no alternative. My attitude was, it had taken me so long to get this far I can't turn back, I never knew how far I could go, I felt that I was constantly pushing my luck, G6.

Going through it, there were times when you just wanted to throw in the towel, but in hindsight, I have to say I was just thinking when I was coming in the gate one of my nieces is coming up, and she doesn't know if she wants to go to Trinity or UCD, and I said, you know, think about the course and whatever she wants to do...she should come to Trinity because it's in the city. There is a lovely buzz about it, G10.

Many times is probably the short answer. At times it was very difficult and I did consider dropping out, G11.

I left the first course. I think I definitely did, there was definitely some rocky roads, G12.

Three participants, who remained on their respective courses and graduated, spoke about how they thought of leaving at times when they faced additional health difficulties or when their disability flared up:

Well, definitely at that point, when I had the thing on my face, and everything started spiralling downwards and definitely considered just jumping out and thought it would be good to find a job or something, G13.

I was really in a bad way and the arthritis spread, my knee was very bad, my spine, all my bits that I need to move were stiff and I went off books and I did consider leaving. But the solution was to get rooms on campus. I don't think I would have been able to continue to fight if I didn't get the rooms, G14.

Well, as I said already, I was diagnosed with depression and it was just a crappy time and part of me being depressed was that I didn't want to see anyone, I didn't want to talk to anyone, I basically locked myself in a room for three weeks and that was probably the reason why I didn't want to come back, I didn't want to have to face people, G15.

One participant spoke about the emotional impact of experiencing difficulties on a course and it made her question the value of what she was doing:

I literally stood at the bottom of my stairs in my house and couldn't get up the stairs I was so...I mean I had been coming home crying every day, it was a very hard time and I was thinking is this really worth it, I am sacrificing my life here, I wanted to go on and have children, and do all the other things in my life that I had not done yet, is this really worth it, G19.

As students, these participants were clearly struggling at times to stay on their respective courses. It is instructive to compare these accounts with the responses of the following two participants who found their respective courses difficult and withdrew from them. Here they recall their experiences and thoughts in deciding to leave:

It was really mixed feelings because I was thinking I like this but am I realistically going to be able to manage it because there's no point in staying if I don't think I'm going to finish, W1.

Didn't think of leaving in the first two years but knew I didn't like it and wanted to switch. I just knew it wasn't the right fit but my parents would not let me switch. Also, I was quite stubborn, I said this is difficult, but I'm going to keep doing it anyway, W4.

In addition to the eight withdrawn participants who obviously made a decision to leave their courses, fourteen of the remaining participants did consider leaving at some point during their course. The difficulties they experienced and the thought processes they reported clearly demonstrate the fact that they struggled to persist on their respective courses while enduring academic set-backs, periods of ill health and repeat attempts at exams and coursework - sometimes with significant changes to their functional abilities and the supports in place. The participants who claimed that they never considered leaving were more likely to be the striders. A majority of participants (25 of 37) including those that did withdraw, did consider leaving their course at some point and reported a range of negative experiences that preceded these thoughts. These experiences included academic set-backs, periods of ill health and repeated attempts at exams and coursework. The thoughts of leaving were often countered by obligations to persist, either coming from parents or by the realisation that the years already completed would be considered a waste. A key factor for those reporting significant difficulty either in leading up to withdrawing or in thinking about it was the deterioration in emotional and psychological well-being. In two of the quotes selected above (G19 and W1), the psychological challenges lead to questions of the value of staying on the course.

## 9.6 Reasons for staying or experience prior to leaving

Having asked participants if they considered leaving, I also wanted to hear from those that stayed about the factors that encouraged them to stay. I wanted to see if there were any patterns or differences in the decision making process that students go through once they consider leaving; what differences, if any, exist between the strugglers - those that decide to stay and the strikers - those that leave. I also asked the 8 participants who did withdraw from their courses, what was their experience like in the months leading up to the time they decided to withdraw. The following two examples are from participants who stayed and completed their courses but who, at one point or other, seriously considered leaving. They had good reasons for considering leaving but also were able to see good reasons to stay:

Yes in first year I wanted to get out of there. It wasn't for me. But then I was like well I'm here now, I got in. If I go out, there is all that financial stuff that comes with that and there is only a certain amount of chances you are going to get. It probably also helped that the economy fell out my summer of first year. So I thought I am going back into (name of course) now so they are probably going to start cutting everything and they did. So, you know, I made a choice, C3.

Mates kept me going and also after second year the fact that I got so far and it was as far to go back as it was to go forward and I knew that I enjoyed the learning and that kept me going and I was getting such good marks for essays that I really thought I really can do this. That was also another factor in keeping me going because I knew that I loved research and writing essays and stuff. For me that was no mean accomplishment, G4.

One participant spoke about regularly thinking about leaving their course but countered this with thoughts of how fortunate she was to be on the course and the regret she would inevitably have if she did leave:

I did, loads of times think of trying again. It was just, it wasn't so much the college it was just, you know, I had a lot of problems. I kind of said flip me, I was fortunate enough to get in and I'll regret it if I don't, G10.

Another participant talked about her desire to complete her professional training and the dilemma she went through when it became extremely difficult to stay on the course:

I absolutely knew what I wanted to do, and I'm also very stubborn, I suppose my life passion, I would take the road less travelled, if possible, I'd put the work in and wouldn't give up if during a bad time if you like, and once I start something I tend to finish it. I think for myself what came up which was really my commitment to doing this career. Also there was no other positive option, I mean dropping out would have been the end of my career, G19.

Reaching a certain threshold involving others and being so close to the end were also cited by participants as motivating factors to continue despite the difficulties:

I did consider dropping out, but once I had interviewed participants I felt I couldn't let them down. That was a motivating factor, G11.

I did consider leaving the course. I considered it up to about six weeks ago (laughing). The fact that I was so close to the end was a factor, C10.

Encouragement and support from friends and staff were also given as factors for why one participant returned after being absent from the course and having seriously considered not returning:

(name) helped me break it into step-by-step, or that this could pragmatically work, and that was the first thing and then I spoke to (name) and he also encouraged me as well, but also my tutor got in touch with me, some of my old classmates got in touch with me and said, you have to go back, come on let's go back, one of my CPC's from one of the hospital's I worked in got in touch with me when I was down in the hospital and she strongly encouraged me to come back and helped me talk through the reasons why I wouldn't, and I was thinking I'm too old and I shouldn't have done this course, and what was I thinking and who will hire me...and one of my lecturers even just emailed me in the summer and said how are you doing I've just been thinking about you. I hope you're coming back and just encouraged me. So it was a combination of other students, lecturers and the disability service and Unilink and placement. I got a lot of encouragement, C10.

One participant spoke about specific factors that for him were reasons for staying:



A reason that encouraged me to stay was the value of...because we were just coming into a recession around then...of having a degree, and if you didn't have a degree you had very little in this country, but also the more I saw from the scene around Dublin was that training shows to whatever degree you have it, it shows; people who aren't, everything comes across more amateurishly, they have less confidence and less experience to know what they are doing. I think that was the big thing that held me here apart from vastly enjoying my campus life, G5.

While another participant spoke about why she stayed on her course for three years before deciding to leave:

I think to be honest the reason I did hold on for two years (before leaving) was because I liked so much of it. Overall I really liked Trinity and I liked a lot of things about it and I think it made me stay on for as long as I did. Being stubborn and pressure from parents were factors in staying for three years before leaving, W4.

### **9.6.1 Section Summary**

In this section participants reported that the real or perceived challenges which lead to thoughts of leaving were reconsidered in the context of whether they were permanent or temporary, the response of the university in terms of supports and reasonable accommodations and what the alternative route was to staying on a course. Reaching a specific threshold such as interviewing participants, was a decisive point for one participant in deciding to continue, while for another being close to the end helped put the challenges in context. For those that did leave, either the challenges were overwhelming or the alternative options were more appealing. A common dilemma faced by the strugglers and for the strikers who persisted for a year or more before eventually leaving, was the recurring consideration of reasons for staying weighed against reasons for leaving.

### **9.7 Remaining concerns and/or recommendations**

The final question for participants who were current students was about what concerns remained for them in the completion of their course and what barriers did they think still lay ahead of them. For those who had graduated or withdrawn, they

were asked if they had any suggestions or recommendations for Trinity or the Disability Service in how things could be improved or changed for SWD in the future.

### **9.7.1 Concerns of current students**

Six of the ten current students stated they had no barriers or concerns ahead of them in the completion of their course. As one participant put it:

The only impediment to me completing my degree is me, (laughing). There is no barrier for me. I don't see huge barriers for me, C3.

One participant stated they had no concerns about completing their courses but did have concerns about employment as a potential barrier in the future:

No I don't think there are any barriers to me per se for me finishing my degree. There are some huge barriers in terms of employment and they'll always be there, whether that will change, I doubt it. C3.

Another participant was able to say that supports in Trinity have raised his awareness about what can be requested in employment:

I have no concerns. I suppose I would have been somewhat awkward about going into professional academic development because of my (name of disability) but all the supports that I've gotten from Trinity have actually done a lot. I liked it because I can do things in the future. They let me know about how I can request reasonable accommodations from my employer, C5.

One student stated he was confident of completing his course but that one concern was that ill health could return to cause problems:

I'm confident that I will graduate. I just hope that the problem that I had doesn't come back again to stop me or prolong it. That would be the only thing. I hope to go on to further study after my degree so hopefully I'm confident I should be okay like the level of supports that are there already, I think it is manageable, C6.

### **9.7.2 Barriers remaining**

Three participants did identify barriers that remained, but these had less to do with the impact of a disability or a lack of supports and much more to do with personal and financial circumstances:

I'm not sure really. The most barrier I have at this stage now is the language barrier. Mostly I understand them, you know the scientific thing but I can't ever understand every word in English and I would say even my friends the Irish friends when they go to interview they will struggle to get to answer say for example, one time did you show some leadership can you explain that, they find it hard, they say they need to sit and prepare stuff. So for me it will be double hard, so I'm not sure I didn't get any interviews this is why I am worried, C2.

Having the job meant I felt I had a bit more security and I could save up a little bit as well so I mean, I do want to come back, I do want to finish my degree, I only wish my course was part time because I really enjoy my job and I really want to stay, I love having the money, I love the people, I love what I do, but I also really want to finish the degree, C7.

I've been to the Minister, I've been to MABS, I've been to citizens advice, I forget where else I've been to, but anyway, if you can think of anywhere to go to negotiate I've gone there, community welfare officers, and the rules just aren't there, there is no provision for mature students or students who have to do the placements as part of their academic training. So...that was a big part of me not wanting to come back to college, afraid to come back. I did want to come back because I have huge responsibilities. I still have children at home, which I'm supporting myself...so the system is just not set up for us, C10.

### **9.7.3 Recommendations from former students**

Participants who had graduated or withdrawn from their course gave a range of suggestions for how things could be improved for SWD in the future:

One thing that always strikes me is that as an institution, universities and ITs, generally see disability as a separate issue, I don't agree with that. I think a holistic view is very much needed. I think that needs to be continued to be developed particularly around areas like teaching and learning and diverse teaching methodologies. I wouldn't like to see it become so inclusive that there would no longer be a need for disability services, I wouldn't see that happening anyway, but it should become everybody's responsibility, both staff and students, G1.

I think your location could be improved. Currently it's kind of like you know, I will find a corner here, and I think that says a lot in terms of the impression that disability is given in the college, G2.

One participant who had a handwriting difficulty recommended a specialised software for all maths students so that assignments and exams could be completed electronically:

Mandatory courses in LaTeX should be given to all mathematics students in first year, but it would matter even more for students with dysgraphia or similar disabilities. Proficient users of LaTeX could be assigned a computer with the appropriate typesetting software to use for their mathematics exams, G3.

Another participant recommended that students considering returning to education should complete an access programme:

If someone said to me "I'd love to go back to education, what's your advice", I would tell them to do an access course because I know a few people that found it really difficult, G10.

One participant suggested a support that was already in place and it was clear that he was not aware of its existence during the time that he needed it:

A fatigue room, somewhere you can lie down for an hour or two, just like between lectures, because when I was living here after lectures I go back to my apartment and lie down and have my leg up and it's goodbye to the lectures then in the evening if that's how the day worked out, but when you are up here without an apartment there is nothing more you like than be able to lie down, G13.

A suggestion that first year students should be linked with 4<sup>th</sup> year students as a means of peer support was recommended by another participant:

I suppose if there had been things like you know here is a fourth year, who has done three years here, who has managed but might not even have had the same disability, but just somebody who can understand how your difficulties are different to other people's difficulties, W4.

Another suggested that building social ties in first year was difficult and most likely contributed to students dropping out:

First year can be difficult to settle in and the social contacts and are not always easy to build up. I would not be surprised if that might be a contributing factor to people dropping out. That's one observation I would make and to me it's an important one, G6.

#### **9.7.4 Section summary**

Comments about remaining barriers and recommendations made by participants demonstrate once again the range of barriers faced and the variety of specific areas where difficulties are experienced and supports and solutions can be applied. Apart from those who cited increased ill health as a reason to delay their academic progress, almost all participants cited factors beyond the immediate impact of their disability. Areas such as finances, the need for more mainstreamed supports, better transition planning, a higher profile for disability issues in the university, difficulties for first year students settling in; these were considered the remaining barriers and the areas where participants recommended where improvements could be made. Without stating it explicitly, the participants have articulated a strong social model of disability in their responses.

Four of the current student participants quoted in this section were in the latter months of their final year at the time of interview. For them, they did not see any barriers ahead in completing their respective courses. However, barriers were envisaged in the transition to employment for two participants who were close to course completion. The risk of deterioration in health was also a possible barrier to progression expressed by participants. For those who did identify barriers that remained, these had more to do with issues outside of the impact of disability area. Area such as language barriers, commitments to work and financial difficulties were cited by participants in this section when asked about the barriers that remained for them.

Participants who made general recommendations for improvements suggested that staff should encourage disclosure and registration with the Disability Service that a holistic approach to student support should be provided that the location of the service could be improved. Other recommendations were more specific, focusing in on course specific software and the benefit of the Trinity Access Programme. A couple of suggestions were made for support readily available. This highlights the difficulty in achieving full communication.

## 9.8 Conclusion

This chapter concludes the qualitative analysis of the participant interviews. There is a multitude of possible cross case links available to explore within the data. Primary links can be sought from the data that emerged in the quantitative chapter on disability type; entry route, gender, age, course type and student status as either current, graduate or withdrawal. These two qualitative chapters also raised the issue of educational journey, social and academic engagement, barriers faced, supports used, thoughts of leaving and recommendations for the future. The heuristic of the strider, the struggler and the striker have been used to bring to life the more abstract categories of the ideal, the marginal and the critical cases. Table 9.1 represents the key features of the case subtypes in terms of five indicators; impact of disability, individual characteristics, reasonable accommodations, the completion rate and grade outcome. While acknowledging that overlap occurs in some cases, for example; where strikers entered other courses and became strugglers or striders, or where first and second year strugglers became striders in the second half of the course, the broad categorisation creates a sense of the student experience and addresses the question of whether supports remove barriers and level the playing field.

**Table 9.1 Summary of the Strider, Struggler and Striker constructs**

	<b>Striders - the ideal cases</b>	<b>Strugglers - the marginal cases</b>	<b>Strikers - the critical cases</b>
Impact of disability	Likely to be stable and predictable	Likely to be episodic and unpredictable	For some stable, but for others, overwhelming
Individual characteristics	Has a purpose for doing course.	At times questions why doing course	Often unclear about why doing course
Reasonable Accommodations	Likely to use supports consistently	Likely to use supports intermittently	Likely to under use supports or be too dependent on them
Completion rate	Likely to complete course on time	Like to take a year or more of books	Likely to repeat a year before deciding to leave. Likely to be a first or second year.
Grade outcome	First-class honours or 2.1 most likely	Most likely to get 2.2 and/or sit repeats	Most likely to fail exams or not sit exams at all.

Following on from where Chapter 8 had concluded, this Chapter began with the barriers faced by participants and continued to analyse the supports used and an evaluation of their impact on levelling the playing field. The analysis of the interview transcripts allowed for a further refinement of the categories strider, struggle and striker. These terms proved to be a meaningful way to capture the student experience as expressed by the participants in the interviews. They are also terms consistent with the quantitative data from Chapter 6 and demonstrate that qualitative student experiences can be appropriately aligned to quantitative data. This demonstrates that a more comprehensive and rigorous response can be provided to the question of levelling the playing field. In the final Chapter all the strands of enquiry in this research are brought together, discussed and considered in relation to the conceptual framework of ANT.

## Chapter 10 Discussion and Conclusions

*What we call the beginning is often the end  
And to make an end is to make a beginning. The end is where we start from.  
T.S. Elliot*

### 10.1 Overview

The purpose of this final Chapter is to bring together the key findings and to explore how they can be utilised within the conceptual framework of ANT to address the question, 'are we levelling the playing field?' This chapter will begin by returning to the key elements of the literature review Chapters 2, 3 and 4 and identify the central actors that create and maintain the networks associated with a level playing field. This Chapter will also look at the qualitative findings on striders, strugglers and strikers and seek to explain these categories through ANT. This needs to be done without losing the context of the overall research question and without losing sight of the experiences shared by the participants. By abstracting from the qualitative data and framing the research question through ANT, the aim is to return to the same data but to consider it in a new way, as both material and semiotic networks. The final section identifies the limitations of this research, provides recommendations for the future and ends with concluding comments.

### 10.2 The literature review

Chapter 2 traced the historical, medical, social and political aspects of disability in order to explore how the concept of disability emerged and developed. While disability as a concept was largely constructed during the 18<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> centuries by medical and political practices, during the latter part of the 20<sup>th</sup> century disability was deconstructed by the civil rights movement and the social model of disability. In the context of this research, an ANT perspective on disability has focused on impairment, barriers and reasonable accommodations as the relational actors in the network of Trinity. These actors have material and semiotic aspects that were evident as the key themes of ambivalence, liminality, and subversion. The civil rights movement and the social model of disability have de-punctualised the medical



model of disability. Disability is no longer a 'black box' containing medical and institutional expertise. Instead, disability is now an open and contested network. While medical actors still function expertly with the material aspects of impairment, there is now a whole functioning semiotic network of insights, rights and support systems that operate outside of the medical network. It is in this context that, not just metaphorically, but literally, limitations only go so far.

Chapter 3 focused on how nationally and strategically the widening participation agenda is largely connected to a European focus on the development of human capital. However, within HEIs, this top-down approach also merges with the social justice movement coming from a bottom-up direction. The result is not just that more SWD are entering HE, but that their presence and their need for supports have the potential to fundamentally challenge assumptions about disability and to contribute to the transformation of HE in new and largely unpredictable ways. The increasing transparency of HE has opened it up to greater traceability from an ANT perspective. Staff within Trinity; the lecturers, support staff and administrators, are the human actors, acting as intermediaries within the network, implementing action without changing their role or place. The students take up a more transformative position. As mediators in the network their role as learners is to actively transform their position. Engaging in learning experiences, acquiring knowledge and skills, passing exams, progressing from one year to the next and finally graduating, are all examples of the practice of translation within the network.

For SWD, the process of disclosing a disability, identifying reasonable accommodations and overcoming barriers are also practices in translation. However, as non-traditional actors within the network of Trinity, the impact of increasing numbers of SWD, the removal of barriers and the arrival of reasonable accommodations have acted both as intermediaries and mediators within the network. In this sense, the network has been disrupted by the arrival of SWD and the associated practices of reasonable accommodation and barrier removal. The long-standing and durable expectations within the network of what constitutes traditional students, has been undermined or de-punctualised. Policies and practices designed

to function as intermediary have had to be re-written and re-designed. For example, the admissions route for SWD has undergone several iterations within a fifteen year period. From an ad-hoc approach during the late 1990s and early 2000s, to a Supplementary Entry Route that lasted less than a decade, before the establishment of DARE in 2010 and the re-defining of DARE in 2016. This research has shown how the traceable actors function within the network of Trinity in a hybrid forum where material and semiotic changes are evident.

Materially, cobblestones have been levelled, steps have been ramparted and doorways have been automated. From a semiotic perspective, narrow ad hoc practices have been widened and formalised, disclosure has been normalised and reasonable accommodations have a legal standing. In effect, large parts of the playing field are being levelled. However, not all the action within the network of Trinity levels the playing field. At crucial nodes in the network, the scope for reasonable accommodation is limited by actors which have a particular function. These tend to be practices that are dependent on limiting and highly controlled resources; time, space, money and legal obligations. For example, admissions timelines, the physical size and infrastructure of buildings, course fees and standards defined by health and safety legislation, all create challenges that SWD may experience as barriers. Viewed from an ANT perspective, these practices have a durable aspect to them which means avoiding or getting around them is not always possible. In effect, areas or parts of the playing field cannot be levelled.

Chapter 4 described the theories and measurements of student retention that have developed over the past four decades as HE has expanded. As a greater emphasis has been put on accountability and value for money in public expenditure, there are trade-offs occurring in how retention is measured. Most recently in Ireland and the UK the preferred method is to track the retention of first year entrants after one year. This gives a quick snapshot of the main cohort of concern but at the expense of the accuracy that is available after a 5 to 6 year period of progression monitoring. In particular, when the retention of SWD is measured and compared against the non-disabled student population, an assumption persists that if first year retention is the

same or better, this indicates a success story for SWD and their supports structures. However, if entry cohorts are not tracked for successive years until course completion (which takes at least 5 to 6 years) crucial details can easily be missed. As this research sought to trace the progression of SWD through Trinity, it highlighted the complexity in capturing the relevant data over a prolonged period. The actors in the network; human, systemic and technological are not sufficiently aligned to make comprehensive assessments of progression and retention after first year. Instead, the focus in Trinity and nationally, has been to assume that the retention of first year students is the key indicator for all student retention and that prior educational attainment is the key preceding factor and wrong course choice the key underlying cause of first year withdrawal.

From an ANT perspective, tracing the progression and retention of SWD through Trinity challenged many of the assumptions about mainstream student retention research. Materially, the presence of a disability makes a real difference to the speed of progress of SWD as a group. For SWD, the barriers and difficulties do not necessarily peak in first year, there is a tendency to persist for longer before withdrawing and overall, it takes SWD longer to complete their degrees. While persistence and the slowed progression result in both delayed withdrawal and graduation, there are additional factors to consider. In thinking about how students, impairments, barriers and reasonable accommodations function as actors in the network over longer periods, the relation between these actors becomes increasingly stretched. As students repeat years, transfer courses or take time out, their networks become narrower. Peer groups change, grant funding is threatened and family support and finances can be undermined. For some SWD, a continuous landscape of barriers (problematization), the shortfalls of reasonable accommodations (intersegmentation), the delays in engagement and progression (enrolment) and in some cases the failure to complete their course (mobilisation), all contribute to the struggles of SWD within their student journey. To acknowledge these findings endorses the words of Tinto (2008), 'access without support is not opportunity' and of Astin (1993) 'college retention rates are often misleading.' Having revisited the

findings of the literature review Chapters from ANT perspective, attention now turns to the data gathered in Chapters 7, 8 and 9.

### 10.3 Striders, Strugglers and Strikers explained

The quantitative findings in Chapter 7 and the qualitative data gathered in Chapters 8 and 9 demonstrated a range of impacts that SWD experience in HE as a result of both barriers and reasonable accommodations. These impacts were heuristically categorised as striders, strugglers and strikers. The use of these terms in singular and combined form requires further explanation. Striders did at times struggle (experience a range of difficulties), sometimes significantly, however, their struggles did not impact to the point that additional years were needed or a significant drop in grade resulted. As a group the average and most common grade outcome was a 2.1. Objectively, striders moved faster through HE and obtained higher grades than the strugglers. Strugglers did not always experience difficulties while attending HE. However, their struggles impacted to the point where they did take an additional year or more to complete their courses and as a group the average and most common grade outcome was a 2.2. The strikers left their course without completing it. As three of these did so within the first year – without repeating a year or without sitting exams – they are not combined with or considered to overlap with the struggler category. Twenty two participants were best described by a single category: strider (#12), struggler (#7) and striker (#3). The remaining fifteen participants were better described by a combination of categories.

#### 10.3.1 Struggler to Strider

Five participants began their journey in HE by struggling with difficulties and not obtaining higher grades (1 or 2.2). However, by their third or fourth year the difficulties had been overcome to the extent that they went on to obtain 1<sup>st</sup> class honours or 2.1 degrees. These participants are therefore described as having transformed from struggler to strider during their time in HE.

### **10.3.2 Struggler to Striker**

Four participants took an extra year or more in progressing through a single course and obtained lower grades at 2.2 or pass before deciding to leave their course without completion.

### **10.3.3 Striker & Struggler**

Three participants left one course as strikers but subsequently completed a second course as a struggler.

### **10.3.4 Struggler & Striker**

One participant completed one course as a struggler and subsequently left another course as a striker.

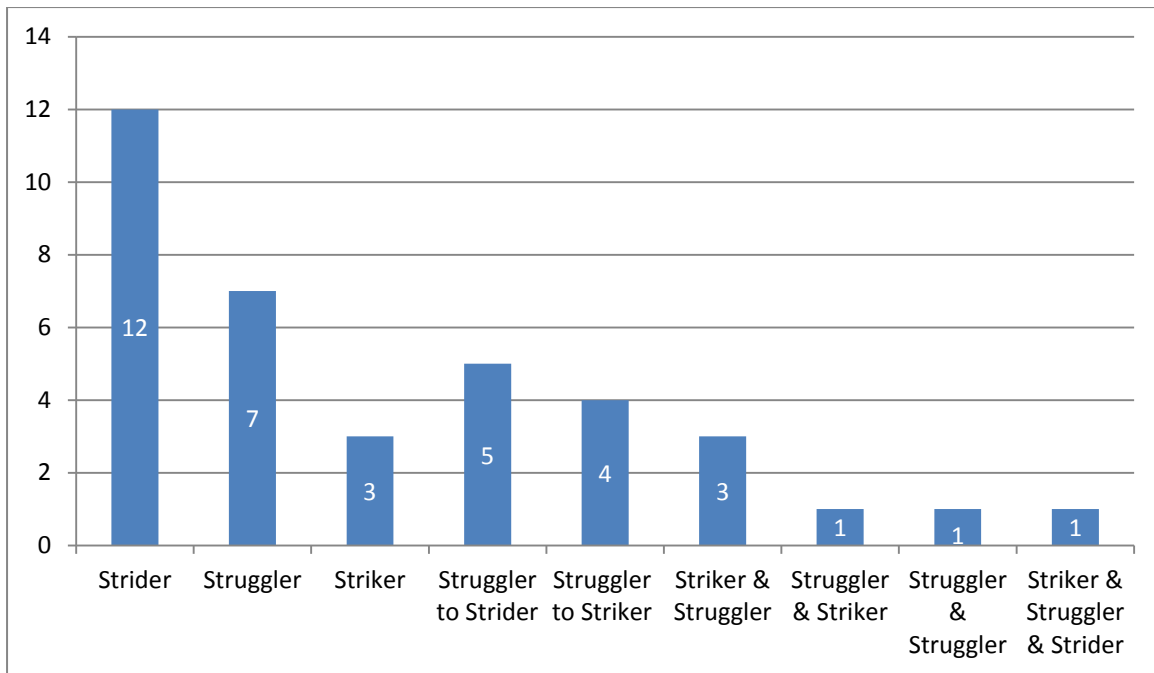
### **10.3.5 Struggler & Struggler**

One participant completed their courses as a struggler and subsequently completed a second course as a struggler.

### **10.3.6 Striker & Struggler & Strider**

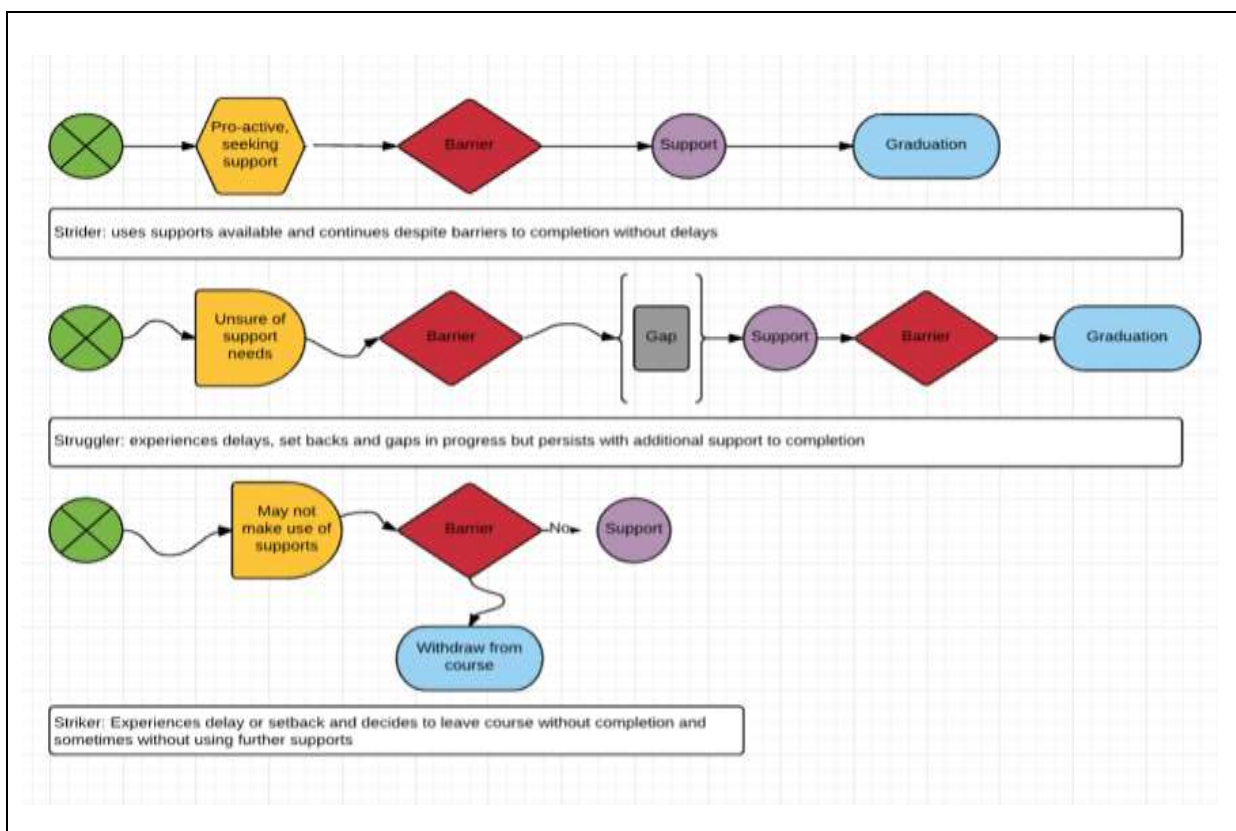
One participant left their first course, struggled in completing their second course and subsequently completed a third course as a strider.

Chart 10.1 illustrates how the 37 participants were distributed across the categories strider, struggler and striker.



**Chart 10.1 Striders, strugglers and strikers**

A simplified map (Chart 10.2) of the progress of striders, strugglers and strikers demonstrates the typical route taken by these groups of students into, through and from Trinity.



**Chart 10.2 Illustrative progression routes of striders, strugglers and strikers**

In summary, for the participants in this research, the educational journey was most commonly categorised by the struggler profile with the majority of students, even among the strider profile, experiencing times when they thought about leaving their course. It could be argued that SWD (or at least a higher proportion of them) are somewhat used to the struggler profile compared to their non-disabled peers. Therefore, they may choose, when faced with the question of leaving early, to persist in struggling on through the difficulties or in spite of them. For the participants in this research, the evidence supports this view, as five of them transitioned from the struggler to strider category whereas three moved from the struggler to striker category. In the next section the focus is on recalling the ANT approach and using it to work through the main findings.

## 10.4 The uncertainties that form Actor Network Theory

As outlined in Chapter 5, the choice of ANT as the conceptual framework for this research opened it up to uncertainty and a relinquishment of control over how things may turn out. The only guideline amongst this uncertainty was to follow the actors in the response to the question, are we levelling the playing field? As in Chapter 5, where I evoked the five principles of uncertainty which Latour (2005) used to introduce ANT, here I return to these uncertainties in considering the data from the participants in Chapters 8 and 9.

### 10.4.1 There are no groups – only group formations

The participants in this research do not form a homogenous group. Their journeys into, through and from Trinity were characterised by timelines and spaces that were shaped by material and semiotic networks. Their experiences as students reflected many aspects of their age, gender and their social and educational backgrounds. The challenges and difficulties they experienced in Trinity were framed by academic and social barriers that were situational to their particular course requirements and their peer groups. The significance of disability factors varied widely among the participants. The formation of the strider group in this study demonstrates that disability, while presenting challenges, does not always equate to slower progression

and lower outcomes. The struggler and striker groups show that disability can often impact on progression rates and academic outcomes. However, it is seldom that other factors did not feature. For 17 of the 37 participants, their student journey in Trinity was best represented by a mixed description, moving between two and sometimes three of the categories, either on one course or over a number of courses. In considering all of these factors, the insights of ANT support the evidence that there are no groups, only group formation.

#### **10.4.2 Action is overtaken**

Where reasonable accommodations are implemented to overcome one barrier or set of challenges, often another barrier emerges that was unforeseen. Any number of events can occur which can alter the timelines and places where support can function. For the sample of participants in this research, the events which coincided with their time in Trinity had elements of chance and life events which fundamentally impacted on their experience as students. For the striders, actions and events turned out well for the duration of their studies. The barriers and challenges were present and at times may have seemed threatening, but the progression and outcomes were not impacted. For the strugglers, they were frequently grappling with challenges that were all consuming. Their supports seemed less effective and their doubts about continuing on their courses loomed for longer. Nevertheless, with supports and persistence the strugglers completed their courses. Five participants, whose first or early years in Trinity were best described by the struggler category, experienced a change of fortune and ended their courses as striders. While disability factors and more effective use of supports featured in these cases, increased maturity and motivation also featured. For the strikers, leaving their course was not always an easy decision to come to or an outcome readily accepted. The evidence presented in Chapters 4 and 7 suggest that SWD persist for longer before withdrawing. For the participants in this research, only three were in the striker only category, whereas seven participants were described in the mixed categories where the striker outcome featured along with the struggler and strider descriptions. In the clash of agencies that form the HE experience of SWD in Trinity, ANT suggests that action is always overtaken.



### **10.4.3 Objects too have agency**

In ANT, humans and non-human entities are considered agents capable of action. In a HE setting, SWD encounter barriers in the form of the physical environment, the infrastructure and the design of buildings. Internal and external environments present a series of spaces and surfaces which interact with people; for example, signage, information boards, websites, doorways, office opening hours, library regulations, course deadlines, computer systems, student identity cards. All of these are designed to operate and function for specific purposes, but so too these objects are participants in the course of student and university interaction. In both a material and semiotic context, they function as the currency or language of communication for students in the network of a university. The objects of a university do not act instead of human actors, but in interaction with them.

### **10.4.4 Matters of fact versus matters of concern**

The question, are we levelling the playing field, has been a consistent matter of concern throughout this research. Its essential feature has been to unify the quest in a single expression. However, the essence of this research, or the facts of the matter, have emerged through the second part of the thesis title; exploring if reasonable accommodations provided to SWD in HE remove barriers and impact on the student experience. In ANT, the goal is not to reduce the causes of phenomenon to a 'simple, banal, homogeneous, multipurpose term under the pretext that' it can explain 'a complex, unique, specific, varied, multiple and original expression' (Latour, 2005: 100). Using ANT to explore a network of reasonable accommodations, impairments, barriers and student experiences has resulted in tracing detailed and highly nuanced connections between humans and non-humans. In ANT, this tracing of connections is a means of making visible the social construction of things. These are the messy but nonetheless essential facts of the matter. In understanding the difference between matters of fact and matters of concern, we can see that levelling the playing field is concerned with outcomes and the perception of end results.

### **10.4.5 Writing down risky accounts**

In semiotics, meaning is not merely communicated in language but is created in language. Both the medical and social models of disability rely on networks of

associated names and words to define objects of impairment or objects that form barriers. This research has grappled with a network of terms; levelling the playing field, SWD, HE, reasonable accommodations, barriers and student experience. As research, this written account does not simply represent the research activity, it largely constitutes the research as a self-contained network of language. This research is its own black box. The final uncertainty of ANT, therefore, argues the case for 'bringing the writing of reports into the foreground' (Latour, 2005: 124).

## 10.5 Are we levelling the playing field?

In this section I return to the central research question and to the more specific questions raised in Chapter 1. These are:

- Are we levelling the playing field?
- What are the barriers facing SWD in Trinity?
- How are these barriers constructed, conceptualised and experienced?
- What is the impact of reasonable accommodations on the overall experience of SWD in Trinity?

On a broad scale, with consideration given to historical and quantitative factors, the evidence demonstrates that Trinity has engaged comprehensively in the process of levelling the playing field. There is no doubt that up until the 1990s supports for SWD in Trinity ranged from the scarce and underdeveloped, to the lacking and non-existent. Three of the participants in this research (who were also students during the 1990s) spoke about how significantly supports had improved since their first experience. Looking broadly too at the numbers, it is clear that far more SWD are entering Trinity, receiving reasonable accommodations and completing their courses. On the broad scale of the quantitative terms detailed in Chapter 7, it is uncontentious to state that the increased volumes of SWD entering, progressing and completing their courses in Trinity present strong evidence that the playing field is being levelled. The data from Chapter 7 also showed a 2% difference between the withdrawing rates of SWD (17%) compared to the general student population in Trinity (15%).

This difference is comprised of variance among only two of the eight disability categories (mental health and deaf/hard of hearing). Based on the data, the remaining six groups have similar to better retention rates compared to the general student population. This finding also supports the claim, based on the quantitative evidence, that the playing field is being levelled.

However, this research has also gained insights from the qualitative evidence gathered through participant interviews that focused more narrowly on what levelling the playing field means for individuals. Using ANT as an approach to describe their experiences can radically change the context in which any quantitative facts can be understood. This understanding is consistent with the evidence found – the matters of fact. Where the quantitative evidence shows that an increasing number of SWD are entering HE, receiving supports and completing their courses; the qualitative evidence shows that for individuals, the playing field is mostly levelled but not always.

The key to the cases of ‘not always’ is to pay close attention to the data provided by the participants in this research. Using the approach of ANT this is a matter of tracing the movement of the actors. The ANT approach is described by Latour (2005: 9) as a process that is, ‘perfectly fit for a blind, myopic, workaholic, trail-sniffing, and collective traveler.’ In this concluding Chapter I do not intend to argue that the approach and insights of ANT can overthrow or undercut the quantitative conclusions outlined above. However, my approach is that ANT has the potential to alter the context in which any quantitative facts can be understood. While every aspect of the participants experience is open to consideration from an ANT approach, the brief examples that follow are provided in sub-sections that trace the movement of participants along their educational journey, through their social and academic experiences, the barriers they faced, the supports used, their thoughts of leaving and recommendations for the future.

### **10.5.1 Educational journey**

The entry points to Trinity were characterised in Chapter 8 by a range of experiences. The educational journey and transition into HE were summarised under

the headings; turbulent times, smooth transitions, scenic routes and acquired disability. How participants enter Trinity also defines them officially within an entry group for the purposes of their student record. However, categories such as DARE, HEAR, mature, undergraduate, postgraduate, full time and part-time are also networks within which a range of rules, meanings and expectations operate. The transition from a prior educational journey into Trinity is a matter of entering into and negotiating with new networks. Finding associates where group identities can be shared – however temporarily – is a means of traversing the networks. The practice of group formation in the hybrid forum of a university campus re-assembles formal academic and informal social connections. How participants entered the networks of HE puts them in a particular time and space and among specific groups. From these positions the participants as students began their educational journey. They experienced and anticipated the impact of impairment, encountered barriers to academic and social integration, and sought supports through formal and informal networks. Over time the process of negotiating and traversing the networks of HE began to form patterns that later became categorised under the headings of strider, struggler and striker.

With many of the participants who took part in the interviews there was a pattern in their education of switching schools or courses, repeating a year, taking a year or more out, withdrawing, re-applying, doing a second degree or additional course at the same level. From a HE perspective this is why SWD are considered non-traditional. The higher rate of challenges facing SWD constitutes greater 'problematism' from an ANT approach. Such problems are caused not just by the impact of impairment but also by the additional time and space needed to negotiate around barriers and enrol for and take up reasonable accommodations. This mobilisation of SWD into, through and around times and spaces of the wider educational network were characterised in Chapter 8 under the headings of turbulent times and scenic routes. They demonstrated the impact of impairment on the educational journey and the inherent barriers and the shortfalls of reasonable accommodations. They also support the use of the terms struggler and striker. The term strider was used to convey those actors who performed better in the network.

Their time delays were shorter and their mobilisation through the network was characterised by smooth transitions. Their presence in the network represents the ideal scenario, where reasonable accommodations perform as effective levers to remove barriers and level the playing field.

### **10.5.2 Factors influencing course choice**

The location and reputation of Trinity in the context of HE in Ireland is part of a wider durable network. Participants who spoke about the influencing factors came from this wider network where a range of actions moved them through the progressive stages of becoming a Trinity student. Motivations attributed to individuals were also formed and mediated by familial and parental expectation, specific traditions within post primary schools, the CAO, DARE and the actions and words of peers. All of these act within the wider network of HE to translate prospective students and applicants into Trinity students. Two key findings from this research revealed that the impact of disability was an additional factor in influencing the decision to attend and the reputation of supports at Trinity for SWD was a feature in their decision making. This finding reminds us that impairment and reasonable accommodations are also actors in the wider network of HE and that here too, material and semiotic aspects function as influencing factors.

### **10.5.3 Social experience**

The social experience of SWD forms part of their overall student experience. As social interaction is less formal and occurs primarily outside the formal course timetable, it is less directly supported by reasonable accommodations. While organised and funded supports focus on the provision of reasonable accommodations primarily for the academic parts of student life, social engagement can also be facilitated, albeit indirectly. For example, students living on campus have increased opportunity to engage socially with other students. They also benefit from being centrally located, so access to facilities, supports and services are enhanced and more time is available to pursue academic and other interests. These indirect benefits are significant because they not only add their own value but have the potential to improve the quality of the more academic and formal supports. From an ANT perspective, social experience occurs in a hybrid forum where relations,

interactions, connections and missed encounters are performed and played out on a day to day basis. The hybrid forums in a HE setting are characterised by a range of formalities, from fleeting exchanges in corridors to the planned events of student societies. For the participants in this study, many struggled with finding their own level within this range. However, once the appropriate level was found, their social experience flourished. Younger students fully engaged with societies that enriched their overall experience. Mature students had less time for the large society events and preferred less formal arrangements such as a study group or coffee with other mature students. The social experience was most difficult for students with sensory impairments, where barriers in communication caused problems for them in entering and negotiating their way through the informal dialogues of groups.

#### **10.5.4 Academic experience**

From a methodological point of view, one of the key triangulation points in this research focused on the qualitative and quantitative aspects of the academic experience. The heuristic of the strider, the struggler and the striker captured both the narrative accounts of the academic experience and the objective countable aspects of additional years, grade outcome and withdrawal. The mixed methods approach used in this research demonstrate this inter-related validity. Striders reported the least difficulty academically, were less likely to take longer to complete their courses and were more likely to attain a grade outcome of a 1<sup>st</sup> or 2.1. In contrast, the strikers reported the most difficulty academically, were more likely to have attained lower grades in exams, to have failed them or not to have taken exams at all. The strugglers represent the most common experience of the participants in this research and represent a figurative middle ground between the striders and the strikers. For the strugglers, the academic experience and objective measures of academic achievement were more mixed. At times, academic progress was positive but this was not sustained for the duration of the course. Only one of the twelve struggler participants completed their degree on time. In contrast, cumulatively, the twelve participants classed as striders completed 53 academic years in as many years. For the eight participants classed as strugglers, they completed 38 academic years in 48 years, taking one year longer per student on

average. Chart 10.2 illustrates this delay in terms of the impact of impairment, barriers faced and supports used. Looking at the academic experience from an ANT viewpoint, the strugglers and strikers are positioned in areas of the network characterised by longer pathways and rougher terrain. Initially there is little to distinguish them, but at some point, available resources either converge or diverge and a student either struggles on or withdraws.

### **10.5.5 Barriers faced**

The barriers faced by the participants in this study represent the playing field to be levelled. The challenge in removing barriers for SWD is that some barriers have durable qualities which make them difficult to deal with on a permanent basis. Aspects of the material and physical environment of Trinity present recurring barriers, not just the parts of the campus that are inaccessible but more troubling, those parts that are accessible by means of technology, but break down and require repair and ongoing maintenance. Automated doors and lifts function as black boxes in the network. The materiality of their construction only becomes apparent when they stop working. A quick repair or a prolonged breakdown when no one is significantly impacted is acceptable because the problem is contained at a material level. As long as the problem remains technical it does not translate into one associated with barriers or lack of access. However, at a semiotic level, there is a more subtle aspect to barriers that can also have a durable quality. A lift failure at a large event that might receive public and media attention or result in a complaint threatens to de-punctualise the organisational aspects of barrier and access management. The same technical problem now translates to a failure in the duty of care or a failure to provide reasonable accommodation. At this point, policies and procedures promoting equality and access are called upon to reinforce the semiotic slippage. ANT is useful here in opening up how text (in the form of policies and procedures) functions in the network of HE at a semiotic level. Human actors (academics, administrative and support staff) are employed to function in the role of policy compliance. Describing how actors in the network function in response to the context of any technical failure (not just in the example of a lift breakdown), demonstrates that there is a material and semiotic aspect to all potential barriers.

### **10.5.6 Supports and reasonable accommodations used**

As shown in Chapter 7, the quantitative data provided in section 7.3.7 on exam accommodations demonstrates the extent that supports are used by SWD. Disclosures to schools and departments via LENS reports, the use of assistive technology and engagement with Unilink also demonstrate the extent that supports are used. Qualitatively, the participants spoke about these supports and the benefit of others, such as the library supports, respite, living on campus, parking and the supports provided note takers, subject tutors and personal assistants. A key finding in this section is the added value of human support. Participants emphasised the additional benefit of named individuals who provided supports and established strong working relationships. Not only did the relational aspects assist in increasing the benefit of the supports used, but good working relationships were key catalysts for the social and academic integration necessary to sustain progression in HE (Tinto, 1987).

Another key finding is that the provision of supports and reasonable accommodations by the Disability Service through academic communications in Trinity are also a network. The staff, students and supports are intermediaries within the network, implementing action without changing their role or place. The participants in this study are mediators in the network. They take up a more transformative position where their role as learners is to actively transform their position. Using supports and accommodations are all examples of the practice of translation within the network. For SWD, this process of translation co-constructed their student experience and contributed to their student journey being categorised as strider, struggler or striker.

### **10.5.7 Are we levelling the playing field?**

When asked, 'are we levelling the playing field?' a small majority of participants (20) said 'yes' it was. These positive responses were based on experiences and perceptions gained over the duration of their time in Trinity. As identified in Chapter 7, the average time spent in Trinity by the participants at the time of interview was 4



years. The responses were also related in some cases to experiences in other HEIs. There was a noticeable divide between those participants who could express a view of how other SWD were supported and those who said they didn't know any other SWD or had little insight into they might be supported. This finding suggests that disability can be very much experienced by individuals as open or closed. As an open or public issue, disability is part of an identity that is recognised in others. For some, receiving supports in Trinity increased their awareness of other students who were also supported. However, for others, disability as a closed or private issue was a personal experience that did not necessarily increase awareness about others who may experience similar difficulties or have similar needs.

### **10.5.8 Thoughts of leaving**

Of the 37 participants in this study, 8 left a course and an additional 17 thought about leaving a course. This quantitative finding undermines any sense that HE for SWD is a straightforward matter of accessing supports and getting on as normal. It also validates the title of the research question, are we levelling the playing field? In addition, the fact that the majority of participants who had thoughts of leaving persisted nonetheless, demonstrates the commonality of a student journey punctuated by liminal stages and the struggler profile. The journey through HE for a SWD is less likely to be characterised by progression along a traditional linear route. As already identified in section 10.3, the majority of participants struggled in their transition into and through their student journey in Trinity. Both the quantitative and qualitative data for the participants supports this conclusion. For some, journeys that were characterised by struggle ended in leaving early. For others their struggles endured or deepened and it was at these points, when participants had thoughts of leaving, that they found a reason or a means to continue. In each case, the precise reasons and means may be complex and unique, whether related to disability, barriers, supports, or to other factors or not. However, in each case the functioning of the surrounding network has ceased or is under threat and the relationship between the associated actors disintegrates, is questioned or is re-evaluated.

In ANT terms, this process is called de-punctualisation. Experientially, it is characterised for students in terms of getting stuck, academically, financially, or socially. Students considering leaving are at a threshold on their student journey, a liminal space where reflection on the past creates two or more futures. At these stages, students must decide which future to follow, to leave the network and attempt to re-enter at some other time and place or to enter an alternative or wider network. Rather than being considered an entirely negative or regrettable position to be in (although it is often experienced as unpleasant at the time), such dilemmas are highly instructive and carry with them some of the most transformative moments in the student experience. Such positions also present support services and the wider supportive environment of Trinity with the opportunity to assist students through their decisions. At these times too, the opportunity to level the playing field may arise again.

#### **10.5.9 Reasons for staying or experience prior to leaving**

In addition to exploring the thoughts of students when they considered leaving, this research also sought to explore the reasons why students stayed when they did and for those who did leave, what was their experience prior to leaving. Although, some of the striders did express occasional thoughts of leaving, for them, re-connecting with the purpose of their course choice or overcoming a specific barrier with appropriate support was often enough to resolve their dilemma. However, for the strugglers, the dilemma of staying or leaving often reoccurred. The additional years taken in progressing, the lower grades attained, the additional barriers faced by disability and other factors, all took their toll. Four of the eight strikers were categorised as strugglers first. Their experience prior to leaving was marked by overwhelming challenges and failed attempts to re-assemble the conditions needed to continue. In these cases, students found themselves positioned in the network where the only movement possible was out. In these situations, the actors faced barriers that endured to become permanent blockages that supports failed to lever or overcome.

### **10.5.10 Remaining concerns and/or recommendations**

The participants who were still students at the time of their interview were asked about their remaining concerns and any barriers that they felt lay ahead of them. Increasing ill health was expressed by some as a potential barrier to them completing their course. Making the transition to employment was also identified as a barrier in the future for current students. However, somewhat surprisingly for current students, factors other than those related to disability such as financial issues featured more prominently. None of the participants stated that a lack of supports was a barrier to their completion. That said, all participant groups, former and current students, recommended ways to improve supports. Better transition, more mainstreamed supports, greater disability awareness among staff. As the majority of participants had either completed their course, withdrawn or were near completion, their perspective on their student journey had a narrative wholeness to it. Considering this perspective in the context of ANT, the participants were aware that, in their own terms, actors and networks were not permanent objects, structures and systems. By volunteering to participate in this research they demonstrated their role as actors in the network and how they may make a contribution to its development and improvement.

### **10.5.11 Section summary**

The experiences of Trinity for participating students were categorized as strider, struggler or striker to denote the range of experiences and challenges that students spoke about on their journeys into, through and out of HE. Using ANT as an innovative approach to interpret the findings demonstrated the complexity of factors involved in levelling the playing field. Student factors, impairments, barriers and reasonable accommodations can be viewed by ANT as both the material and semiotic actors in HE. A network such as Trinity is in constant transformation where history demonstrates how closed networks have opened up and can interact with each other in unexpected ways to form new connections. For SWD, these new connections can both disable and enable. The playing field is not only constantly being levelled because it is in constant need of levelling but also because the barriers are constantly being assembled.

## 10.6 Limitations – where loose ends meet new beginnings

Before finishing this research it is vital to highlight its limitations. However, instead of viewing limitations as errors, failings or loose ends, it is perhaps better to think of the following limits to this research – especially in the context of SWD in HE – as areas that highlight ways to create opportunities and new beginnings for further research and development.

### 10.6.1 The general and the particular

From the point of view of the social model, an interesting dilemma for disability research emerges when environmental issues are assumed to be the defining factor of disability over impairment. The usual method in research is to reference similar studies elsewhere, sample the particular and seek generalisability. I followed this method in Chapters 3 and 4 when looking at SWD in HE in other countries. However, while many researchers acknowledge the paradigm of the social model in their literature reviews, few, if any, acknowledge that disability is as situated and as contextual as the social model of disability states. To admit this would mean that such research has far less relevance or connection to similar studies elsewhere if those studies are not based in similar environments, situations and contexts. ANT supports the view that the situated and relational context of disability challenges the research value of international comparisons. The social model undermines the relevance of similar studies elsewhere. Therefore, a limitation of this research is that the findings are particular and situational to SWD in Trinity from 2010 to 2016. Therefore, while the findings are not generalizable, the methods of gathering data, interviewing and the ANT approach used could be utilised elsewhere. Also, the implication more generally is that disability research could improve if the situational and contextual aspects of disability were more closely examined.

### 10.6.2 Sample size limitation

The 37 participants who took part in this research made up just 1.48% of the possible participants. Their specific responses cannot claim therefore to be fully representative of the wider group of SWD. However, the constructs of strider,

struggler and striker were derived from the themes found in the qualitative analysis and identified by the quantitative data. Both approaches acted as outcome descriptors for the range of educational experiences. Therefore, more generally, the responses from 37 participants are supported by the mixed methods approach which demonstrated thematically and numerically the case for the construct of strider, struggler and striker among the wider group of SWD. The thematic headings described as the transitional experience of SWD in Chapter 8 were termed, smooth transitions, scenic routes and turbulent times. These are consistent with and triangulated in turn by SWD who; achieved higher grades and completed their courses on time (the ideal cases or the striders); had slower progression and lower grade outcomes (the marginal cases or the strugglers) withdrew or were delayed in withdrawing (the critical cases or the strikers). These categories are therefore not reductive and do not explain student experiences as fixed. They merely act as working descriptions which are transitory, heuristic, varied and fluid. This rhizomatic validation (Lather, 1993) is consistent with the conceptual framework of ANT. It is also supported by the fact that only 22 of the participant experiences were given single category descriptions, the remaining 15 participants were better described by a combination of categories.

### **10.6.3 ANT and power relations**

As a limitation of ANT is that it does not privilege imbalances in power or concepts of oppression or disadvantage, I therefore was aware of the risk that ANT could dehumanise disabled people and that issues of social justice and equality could be ignored at the expense of a systems view. However, the value of ANT to this research has been to explore the issue of SWD in HE with a new approach and as an alternative to the more familiar dualistic approaches of the social model versus the medical model. So instead of dehumanising people, ANT opens up the mechanisms of how barriers are created and how they can be overcome. ANT does not deny that power imbalances exist or that people can be disadvantaged, however, what ANT shows, is that, in particular cases, impairments and barriers can co-relate to establish disabling environments. As an approach, ANT is neutral and brings the relational aspect of actors and networks into the foreground. 'Relativism is not the

relativity of truth but the truth of relation,' (Deleuze, 1993, as cited in Latour, 2005: 95).

#### **10.6.4 The advantages and challenges of ANT as a conceptual framework**

With an understanding of how disabling environments are created for individuals in particular circumstances, comes the first step in creating ways to counter them. Through removing barriers and through reasonable accommodations, disabling environments can be made less so. As we have seen in the qualitative data chapters, the individuals, the environments, the circumstances and the barriers are specific and vary enormously. As Law and Moser (1999: 198) argue in relation to ANT and disability, 'dis/ability is a matter that is highly specific: that people are dis/abled in endless, different and quite specific ways.' To that end, the choice of ANT in this research has proved useful in picking apart the different and specific ways in which SWD have negotiated and traversed the playing field of Trinity. The impacts of impairment, the supports provided and used, the course requirements and the strider, struggler or striker outcomes that were created have all been traced using ANT. There are also several challenges to using ANT in relation to SWD. As ANT developed through Science and Technology Studies it is not an obvious framework from which to expect themes of impairment, disability and educational disadvantage to emerge or be foregrounded. In that regard, keeping these themes in focus while using ANT has been a challenge and to that end, focusing on the singular environment of Trinity within a set time frame helped to meet this challenge.

#### **10.6.5 Setting them up to fail: the dignity of risk and the right to failure**

A rational and often well intended objection commonly encountered among HE staff regarding the admissions schemes such as HEAR and DARE is that they are setting students up to fail. A limitation implicit therefore in the attempt to level the playing field is that supports are just ways of shoe-horning otherwise ill-fitting candidates onto courses better suited to others. However, this concern is not supported with the outcome findings of Chapter 6, which demonstrates that SWD are not failing in numbers any greater than their peers. A more practical and ethical stance on this issue is that without offering access and support initiatives such as HEAR and

DARE, the opportunity to succeed in HE becomes less of a realistic option for school leavers classed as disadvantaged. A paternalistic or protective ethos held by HE staff towards aspiring SWD, that would deny them the risk of failure but, in so doing, would also deny them the chance to succeed. The dignity of taking on the challenge of the chance of success and the risk of failure is a sure sign of equality of opportunity. The limitations involved in the attempt to level playing field should therefore not discourage anyone from making the attempt.

With any real opportunity for success comes a genuine risk of failure. By allowing students to fail - or more precisely - being prepared to support students in their continued efforts despite knowing that not all students will succeed is fundamental to any support system that is both ethical and realistic in its outlook. Levelling the playing field does not guarantee a win but it does guarantee an increased opportunity to succeed and therefore an increased incentive to take on a challenge. While the evidence gathered in this research supports the view that the attempt to level the playing field will not always succeed, it also supports the view that failures are naturally occurring outcomes in any worthwhile endeavour. If failure is the outcome, then so be it. The dignity of risk brings with it the right to failure (Perske, 1972).

## 10.7 Recommendations

Recommendations from this research are based on those made by the participants in section 9.7 and my own conclusions based on the research over six years and my experience of working as a Disability Officer in Trinity since 2005. As the background and rationale for these recommendations have already been outlined throughout this thesis, what follows is a summation under the headings of participant and researcher recommendations.

### 10.7.1 Participant recommendations

Participants who made specific recommendations for improvements suggested that:

- staff should encourage disclosure and registration with the Disability Service

- the Disability Service should keep doing what it is doing, because it does an excellent job
- a holistic approach to student support should be provided
- the location of the Disability Service could be improved.
- specific software that benefit SWD should be available to all students
- anyone considering HE should consider the Trinity Access Programme
- better planning and supports could be provided for the transition to HE
- there should be greater disability awareness among staff
- there is a need for more one to one support on placement
- the receipt of Lens reports should be acknowledged and followed up by the academic staff
- advanced reading lists were needed, typing skills courses, more rest periods for people with health problems

#### **10.7.2 Researcher recommendations**

While DARE continues to be a means to widen participation for SWD in HE, evidence shows (Byrne et al 2013) that a bias exists towards applicants from better off backgrounds who have greater resources to complete the application process. DARE also assumes that accommodations for the Leaving Certificate are insufficient and that SWD continue to be disadvantaged even when RACE are provided. For these reasons the future of DARE needs to be reconsidered.

Student retention in general should be monitored beyond first year and tracked until completion. The current method of counting only first years who are still present 12 months later creates a false impression of student progression and retention.

Further research and tracking on the retention of SWD should be carried out nationally by the HEA and in the Ahead annual survey. An over emphasis on how many SWD are getting in has overlooked the question of how they are getting on.

SWD in HE need greater flexibility in progressing through their courses. Barriers that remain to be lifted (particularly in Trinity) include greater modularisation, the flexibility to carry modules and to drop them without jeopardising an academic year. Nationally, there should be less restriction on the rules for student grants as students



cannot afford to repeat a year if the grant is not provided. More part time courses are needed for students who do not qualify for a grant and must work part time to pay fees. Funding for SWD should also be available to cover reasonable accommodations and supports.

As the data in Chapter 7 has shown, as a group, SWD tend to take longer to complete their degrees compared to students without disabilities. This was reflected in the analysis of the participant data (section 10.3) where the struggler profile was the most common student journey profile and in the fact that 17 of the 37 participants had thoughts of leaving during their time as a student. These findings provide a reliable means to identify 'at risk' students and should be used as a means for more active and focused intervention within Trinity.

The influence of a pragmatic outlook as a guiding philosophy in this research kept the focus firmly on those things that make a difference. Following this, utilising ANT as a conceptual framework has proved useful in moving beyond the medical and social constructs of disability. In HE generally, educational disadvantage is characterised more by financial and social capital barriers than by issues of disability. The participants in this research faced a range of barriers. While some were disability specific and others very much disability related many barriers did not feature disability at all. Here ANT is useful in describing how barriers can easily emerge from the inter-relation of smaller actors. Funding and course choice are recurring factors in the literature on student retention generally and these factors feature for SWD too. However, it is a thousand little things, those myriad of interactions that impact individuals and the granular details of their particular experience that matter. For this reason, further qualitative research on the experiences of SWD in HE is recommended.

## 10.8 Concluding comments

Having completed this research over a six year period, reflexively my view of disability, of students and of myself has changed. When I first starting working in the Disability Service I assumed that within six months to a year I would reach a point

where I could be confident in my knowledge and that I would know the job and all the solutions to the problems that came my way. Little did I realise that the knowledge gained, even now at the end of this research, is not the solution to most problems. Although important, it is only a small part of the role. What is a much greater part of it is the realisation that dialogue, exploration, questioning and an opening up to risk and uncertainty are the central functions of my work. Although I sometimes might be seen as the expert, the 'subject supposed to know' (Lacan, 1961), my knowledge of disability is nothing more than a greater understanding that all knowledge is intersubjective, highly dependent on the context I am in, on the person I am engaging with and in the place we find ourselves.

Since embarking on my own research journey in 2010, I have gained a better understanding of research methodology and the tasks involved in putting a thesis of this nature together. I have been very fortunate to meet and work with many students with disabilities in Trinity since 2005 and to have the opportunity to interview the research participants in 2013. The findings of this research have opened up a number of avenues for future exploration and I hope to play my part in pursuing some of them further.

## Appendices

### Appendix A: International legislation on disability and education

**Table A1 International declarations on disability**

1981	The International Year of Disabled People	'In 1976, the General Assembly proclaimed 1981 as the International Year of Disabled Persons (IYDP). It called for a plan of action at the national, regional and international levels, with an emphasis on equalization of opportunities, rehabilitation and prevention of disabilities' (UN 2004a)
1983 to 1992	UN Decade of Disability	'In order to provide a time frame during which Governments and organizations could implement the activities recommended in the World Programme of Action, the General Assembly proclaimed 1983-1992 the United Nations Decade of Disabled Persons' (UN, 2004b).
1990	Horizon Initiative EC (European Communities)	Focused on the training of disadvantaged and the integration of young people with disabilities into mainstream education
1994	UNESCO Salamanca Statement	Declares that the concept of special needs education needed to be expanded to: 'include all children who, for whatever reason, are failing to benefit from school.' (UNESCO: 15).
1999	The Bologna Declaration	The most significant European cooperation process to take place in the field of higher education. Includes <i>inter alia</i> credit system, national qualifications framework and the targeting of specific under-represented groups.
2002	WHO Towards a Common Language for Functioning, Disability and Health (ICF)	Attempted to provide a standard language and framework for the description of health and health-related states including disability
2003	The European Year of Disabled People	Stated that 1 in 10 people have a disability
2011	WHO World Report on Disability	The World Report on Disability (2011) estimates that 15% of the world's population, or 1 billion people, have a disability, with 80% of these living in low-income countries.

**Table A2 Legislation in the United States**

1864	Columbia Institution for the Instruction of the Deaf and Dumb (later named Gallaudet University in 1986)	Established in Washington D.C. it is still the only university in the world specifically for Deaf and hard of hearing students.
1918	Vocational Rehabilitation Act	Allowed for educational support for World War I veterans with disabilities.
1944	Serviceman's Readjustment Act	Provided financial support towards education for World War II veterans.
1964	Civil Rights Act	Primarily focused on equality issues in regard to gender and race. Does not specify disability.
1973	Rehabilitation Act	Civil rights based. Section 504 of this legislation provides that students are entitled to an education by any programme or activity that is receiving federal funds and cannot be discriminated against due to a disability.
1975	Education for all handicapped children Act	Provides children educated in the public school system in the U.S. with free access to education to all programmes.
1990	The Americans with Disabilities Act (ADA)	This legislation provides people with disabilities with full civil rights by prohibiting discrimination in both the public and private sectors. It also prohibits discrimination for all students with disabilities regardless of whether the school was receiving federal funding.
2004	Individuals with Disabilities Education Improvement Act (IDEA)	Assures a free appropriate public education (FAPE) in primary and secondary education but not post secondary. Provides a legal mandate for transitional planning at age 16 for students with disabilities.

**Table A3: Legislation, policy and practice in the United Kingdom**

1948	National Assistance Act	defined the disabled as people who are: ...blind, deaf or dumb, or who suffer from mental disorder of any description, and other persons who are substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister. (Section 29 [1]).
1965	The Disablement Income Group (DIG)	Founded with the single aim of campaigning for a national income for people with disabilities. But it was a single issue organisation and was criticised by UPIAS co-founder Hunt.
1970	Chronically Sick & Disabled Persons Act	Placed an obligation on local authorities to assess the needs of people with disabilities over the age of 18
1973	Employment & Training Act	Called for arrangements to be made to encourage and increase opportunity for the employment and training of people with disabilities
1978	The Warnock Report	The Warnock report concluded that 20% of children could have SEN and 2% might need support beyond expected school resources. The Warnock Report recommended specialist provision for children with SEN protecting the 2% to ensure their needs were met
1981	Education Act	The Warnock Report lead to the Education Act 1981 which introduced the requirement that Learning Education Assessments (LEAs) identify and assess pupils with special educational needs
1989	Children Act	Obliged local authorities to safeguard and promote the welfare of children who are assessed as being in need, including disabled children and those unlikely to achieve a reasonable standard of health or development unless services are provided
1993	Education Act (1996 amended)	Established a national Special Educational Need & Disability Tribunal (SENDIST) to deal with appeals made by parents
1992	Further & Higher Education Act	Changed funding of further and higher education, allowed 35 polytechnics to become universities.
1995	Disability Discrimination Act	States that reasonable adjustments in education must be considered as an anticipatory duty
2001	Special Educational Needs & Disability Act (SENDA)	Strengthened the commitment to the inclusion of children with SEN and improved rights of parents appealing to SENDIST
2005	The Office for Fair Access	<a href="http://www.offa.org.uk">www.offa.org.uk</a>

**Table A4 Disability legislation, policy and practice in Ireland**

1984	Green Paper on Services for Disabled People	The state made a commitment to developing services enabling people with disabilities achieve full participation and equality in society
1991	Needs and Abilities: A Policy for the Intellectually Disabled	Promotion of people with general learning difficulties attending education in local mainstream settings
1993	Report of the Special Education Review Committee	Defined special education as: 'any educational provision which is designed to cater for pupils with special educational needs, and is additional to or different from the provision which is generally made in ordinary classes for pupils of the same age.' (p.18).
1993	The O'Donoghue Case	'..litigation strategy was consciously pursued in an attempt to compel what was perceived as an indifferent political system to devote more resources to these particular marginalised groups' (Whyte, 2002:177)
1996	Report of the Commission on the Status of People with Disabilities	'Each school plan must strive to make schools inclusive institutions. To facilitate inclusive education, due recognition must be given to the rights and needs of teachers for resources, initial education, and continuing professional development.' (p. 34)
1997	The Irish Universities Act	Section 36 – (1) A governing authority shall... prepare a statement of the policies of the university in respect of - (a) access to the university and to university education by economically or socially disadvantaged people, people who have a disability and by people from sections of society significantly under-represented in the student body
1998	The Education Act	The first legislation in Ireland to define disability and aims 'to ensure...that there is made available to each person... including a person with a disability... support services and a level and quality of education appropriate to meeting the needs and abilities of that person.' (Section 7)
1998	Employment Equality Act	Prohibits discrimination in relation to access to work and vocational training on the basis of disability.

2000	The Sinnott Case	The State was required to develop measures that 'include a modification of the primary school curriculum to accommodate children with disabilities who are not adequately catered for under current policy and the provision of special support services' (Whyte, 2002: 203)
2000	Building Regulations Part M	Improves the standards of accessibility of new buildings regulations for people with disabilities.
2000	Qualifications (Education & Training) Act 1999	Section 4 – (1) The objects of this Act shall be... (e) to facilitate lifelong learning through the promotion of access and opportunities for all learners, including learners with special educational and training needs;
2001	The Report of the Task Force on Autism	Made recommendations on a range of educational provisions and support services for people with ASD
2002	Report of the Task Force on Dyslexia	Made recommendations on a range of educational provisions and support services for people with Dyslexia;
2003	National Office for Equity of Access to Higher Education was established by the Higher Education Authority	To facilitate educational access and opportunity for groups who are under-represented in higher education
2004	EPSEN Act 2004	Establishes the National Council for Special Education (NCSE) and an appeals board where decisions relating to the education of people with special educational need can be challenged.
2004	Equality Act (2011 amended)	Section 7 - Prohibits discrimination in all public or private educational establishments against students with disabilities and also on the grounds of gender, marital status, family status, sexual orientation, religion, age, race or membership of the Traveller community.
2005	The Disability Act	Places statutory obligations on public bodies (including HEIs) to make buildings, services and information accessible to people with disabilities.
2011	National Strategy for Higher Education to 2030	A plan to improve efficiency in HE and co-ordinate resources to meet Ireland's human capital needs

## Appendix B: CSO data on population and disability

**Table B1 Irish population aged 15 years and over by highest level of education completed in 2011.**

		Males	Females	Persons
Total aged 15 years and over		1,771,510	1,837,152	3,608,662
Total whose full-time education has ceased		1,473,483	1,530,007	3,003,490
Highest level of education completed	Primary (incl. no formal education)	239,616	217,280	456,896
	Lower secondary	268,192	231,297	499,489
	Upper secondary	512,108	520,012	1,032,120
	Third Level			
	Non-degree	59,359	75,763	135,122
Degree or higher	326,735	413,257	739,992	
Not stated		67,473	72,398	139,871
Total whose full-time education not ceased		298,087	307,145	605,172
Economic status	Total at school, university, etc.	201,203	207,635	408,838
	Other	96,824	99,510	196,334

**Table B2 Population cohorts with disabilities; those aged 18 and those aged 15 and over from the 2011 census.**

Disability Type	18 year olds	15 and older
Blindness or a serious vision impairment	302	48,223
Deafness or a serious hearing impairment	231	89,110
A condition that substantially limits one or more basic physical activities	470	237,748
An intellectual disability	1,091	44,496
Difficulty in learning, remembering or concentrating	2,373	111,602
Psychological or emotional condition	681	88,898
Other disability, including chronic illness	1,296	257,306
Difficulty in dressing, bathing or getting around inside the home	338	115,253
Difficulty in going outside home alone	643	153,769
Difficulty in working or attending school/college	1,245	182,248
Difficulty in participating in other activities	950	193,165
Total Disabilities	9,620	1,521,818
Total Persons with a disability	4,681	542,277
Total Persons	56,840	
Persons with a disability as a percentage of total population in age cohort	8% estimate	...
Persons with a disability as a percentage of total population (4,588,252)	1.2%	

Table B3 shows that between 2006 and 2011 the number and percentage of people of all ages with disabilities in Ireland increased from 393,785 (9.3%) in 2006 to 595,335 (13%) in 2011.



**Table B3 Persons with a Disability as a Percentage of All Population - 2011 compared to 2006**

	2006	2011
Population with a Disability (Number)	393,785	595,335
Actual change since previous census (Number)	70,078	201,550
Percentage change since previous census (%)	21.6	51.2
Population with a Disability as % of relevant age group (%)	9.3	13

Focusing more narrowly on the population of children with a disability aged 10 to 14, Table B4 indicates that the percentage in 2011 was 7.7%, up 2.7% on the rate reported in 2006.

**Table B4 Population with a disability aged 10-14, CSO 2011**

Persons with a Disability as a Percentage of All Population by Sex, Age Group, Statistical Indicator and Census Year (Both sexes and ages 10 -14)	2006	2011
Population with a Disability (Number)	15,969	23,412
Actual change since previous census (Number)	7,704	7,443
Percentage change since previous census (%)	93.2	46.6
Population with a Disability as % of relevant age group (%)	5.0	7.7

Similarly, in 2011, the percentage of young adults with a disability aged 15 to 19 was 8.0%. Table B5 shows that this was an increase of 4.0% on the rate reported in 2006. This data corroborates the increased entry rates into HE of SWD in the same period (2006 to 2011) as both the age profile and timeframes overlap for school leavers entering HE.

**Table B5 Population with a disability aged 15-19, CSO 2011**

Persons with a Disability as a Percentage of All Population by Sex, Age Group, Statistical Indicator and Census Year (Both sexes and ages 15 -19)	2006	2011
Population with a Disability (Number)	14,348	22,712
Actual change since previous census (Number)	5,513	8,364
Percentage change since previous census (%)	62.4	58.3
Population with a Disability as % of relevant age group (%)	4.0	8.0

The data in Table B6 captures the age range of a cohort of people with disabilities that were school leavers over the previous two to six years. The comparison equates to school leavers from 2000 to 2004 and from 2005 to 2009.

**Table B6 Population with a disability aged 20-24, CSO 2011**

Persons with a Disability as a Percentage of All Population by Sex, Age Group, Statistical Indicator and Census Year (Both sexes and ages 20-24)	2006	2011
Population with a Disability (Number)	14,699	21,801
Actual change since previous census (Number)	3,809	7,102
Percentage change since previous census (%)	35.0	48.3

Population with a Disability as % of relevant age group (%)	4.0	7.3
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The increases in the prevalence of disability in the population across the above four tables accurately reflect the rate of increases recorded by the HEA and Ahead of the numbers of SWD in HE for the years 2000 to 2014. The rates in the latter data sets are consistently lower due to the need in HE for verification of a disability from educational psychologists or medical consultants. A final analysis of CSO data on the age ranges of the population with a disability is available from Table B7.

**Table B7 Persons, males and females, at work aged 15 years and over with a disability classified by age group and percentage disabled, 2011.**

Age Group	Sex			% of relevant age group		
	Persons	Males	Females	Persons	Males	Females
15-19 years	854	529	325	6	6.6	5.2
20-24 years	5,421	2,611	2,810	4.7	4.8	4.6
25-29 years	10,622	4,891	5,731	4.3	4.3	4.4
30-34 years	13,121	6,445	6,676	4.6	4.5	4.7
35-39 years	13,417	6,964	6,453	5.2	5.1	5.4
40-44 years	13,281	7,177	6,104	5.8	5.7	6
45-49 years	13,631	7,186	6,445	6.5	6.4	6.6
50-54 years	13,561	7,410	6,151	7.5	7.6	7.4
55-59 years	12,320	7,135	5,185	8.9	9.2	8.5
60-64 years	9,235	5,593	3,642	10.5	10.6	10.3
65 years and over	7,039	4,914	2,125	15.5	15.5	15.7
Total	112,502	60,855	51,647	6.2	6.4	6.1

Projections for future attendance in Higher Education

The Department of Education and Skills published *Projections of demand for full time third level education, 2014-2028*, (DES, 2014).

**Table B8 Extracted from *Projections of Full Time Demand for Education in DES-Aided Third Level Institutions, 2013-2028* (DES, 2014:5).**

	2013	2014	2015	2016	2017
Projection allowing for migration	165,152	167,991	171,185	173,945	176,165

By combining the DES projections above with data from the CSO prevalence of disability in the age groups above, Table E9 estimates the number of SWD in HE up to 2017. The 8% estimate is based on the 7.7% of 10 to 14 year olds and 8% of 15 to 19 year olds who were recorded as having a disability on the CSO 2011 data.

**Table B9 Projection of SWD in HE (based on 8% CSO data 2011)**

	2013	2014	2015	2016	2017
DES 2014 projection	165,152	167,991	171,185	173,945	176,165
Projection of SWD in HE (8%)	13,212	13,439	13,695	13,915	14,093

## Appendix C: Development of the Disability Service from 1995 to 2015.

**Table C1 Disability Service development - adapted from <https://www.tcd.ie/disability/about-us/>**

1995	Special Needs Committee established.
1996	Disability Liaison Officer, part-time academic, appointed to support students with disabilities in Trinity.
2000	Full time DO appointed 1st June 2000, an office in the Arts Building, Room 2054 (previously a respite room) was provided for the Service.
2001	HEA Strategic Initiative funding granted to develop assistive technology and information services. Assistive Technology and Information Centre (ATIC) was founded, a partnership between Disability Service, the Library and Information Service Systems (ISS) in College.
2002	Provision of 9 accessible residence rooms in 3 houses in Botany Bay.
2003	The Assistive Technology and Information Centre ATIC opened in the new Ussher Library.
2004	The University's Strategic Plan 2004-2007 stated that 'Disabled students will find the College more friendly and supportive and they will have access to a learning and social environment which will be more appropriate to their needs'.
2005	Disability Act 2005 enacted on September 1st 2005 resulting in a number of positive measures in Trinity, including the appointment of an Access Officer and two Inquiry Officers, and a comprehensive Disability Act 2005 complaints procedure
2006	The Pavilion bar was made fully accessible.
2007	A Postgraduate Diploma in Education (Disability Needs Assessment) was developed by the Disability Service with the School of Education; 22 students graduated from this programme
2008	Campus wide physical access audit conducted in mid-to-late 2008.
2009	An eGovernment Web Accessibility Award was presented to the Disability Service for its efforts to make the website accessible to disabled users.
2010	Tenth Anniversary of the Disability Service and a first symposium with the launch of a student experience book.

2011	The pathways in Front Square were completed, allowing a full accessible journey through the main square of the campus.
2012	The Unilink Service developed a shared service with DCU, DIT and UCD. Tenders were awarded for each institution.
2013	The Disability Service received a significant grant from the Genio Trust to develop a Transition to Employment project supporting college students and recent graduates experiencing mental health difficulties, in their transition to employment.
2013	The Professional Placement Planning Process and Guide for students with disabilities on professional courses was launched at the Disability Service 3rd Annual Symposium.
2014	Trinity committed significant funding of €1 million Euro to ensure compliance with the Disability Act deadline of December 2015, physical access priority works outlined and work plan agreed

## Appendix D: Informed consent of participants

### **Project Title:**

Are we levelling the playing field? Exploring if reasonable accommodations for students with disabilities remove barriers and impact on their experience of higher education

### **Purpose of Study:**

To explore if reasonable accommodations provided to 3<sup>rd</sup> level students with disabilities succeed in removing barriers and impact on their student experience.

### **Participation Requirements:**

To provide voluntary consent and agree to participate in a one to one semi structured interview with the research that will last approximately 1 hour.

### **Participant Confirmation:**

(Please answer each question)

Have you read or had read to you the 'Participant Information Sheet'?  
Yes/No

Do you understand the information provided to you?  
Yes/No

Have you had any opportunity to ask questions and discuss the study?  
Yes/No

Have you received satisfactory answers to your questions?  
Yes/No

Are you agreeable to having your interview audio taped?  
Yes/No

Or/ are you agreeable to the researcher taking notes during the interview?  
Yes/No

### **Participant Signature:**

I have read and understood the information in this form and the attached information sheet. My questions have been adequately answered by the researcher and I have a copy of the consent form. Therefore, I consent to participate in this research.

Participants Signature:

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Name in Block Capitals:

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Principal Researcher:

---

Date: \_\_\_\_\_

## Appendix E: Participant information sheet

**Project Title:** Are we levelling the playing field? Exploring if reasonable accommodations for 3<sup>rd</sup> level students with disabilities succeed in removing barriers and impact on the student experience.

**Why have I been chosen to take part?** Invitations to participate in the study are being made to current and former students of Trinity College Dublin who are or were registered with the Disability Service. Three groups of students were identified; current students, withdrawn students and those who graduated, all meeting the following criteria:

1. Registered with the Disability Service in Trinity College for at least 1 year
2. Availled of or used a support or accommodation provided by the Disability Service
3. Disclosed their disability and supports received to their department or school
4. Graduated or withdrew in the past 3 years - or if current a 3<sup>rd</sup> or 4<sup>th</sup> year or post graduate student.

**What is the research about?** The study is part of a Ph. D research which Declan Reilly is undertaking in the School of Education in Trinity College Dublin. You are invited to take part in a study aiming to gain a better understanding of the views and experiences of students who register with the Disability Service and how the provision of reasonable accommodations influence the experience of College life.

**What will I be asked about?** During the interview you will be asked some general questions about your overall experience of College life, how you found your course and any difficulties you may have experienced. You will also be asked about your experience of College as a student with a disability, the supports you received or were offered and if these were helpful or not.

**What does taking part involve?** Participants are being invited to take part in a one to one interview with the researcher - Declan Reilly - that will last approximately 40 minutes. If you wish to respond to this invitation you may still have some questions about what the study involves, therefore you will be offered the opportunity to discuss your questions and gain more information by talking with the researcher.

**Are there any consequences if I choose not to take part in the research?**

Participation in this study is voluntary. You can decide to withdraw at any time during the study. Your participation in this study will not affect access to services offered by the Disability Service. You can request to have the notes from your interview returned to you. If you withdraw from the study you will not be discriminated against in any way and will be given equal access to information and support services.

**How will my anonymity be assured?**

Anonymity of participants and confidentiality of interview material will be



safeguarded through the following measures; all information you give will be treated as confidential and will be stored securely, any information you give will be used for the purposes of the research and will be destroyed at a later date in compliance with Data Protection Legislation (2003), neither your name nor any information that could identify you will appear on the interview transcript or be printed in the report, you can have access to any information you give at any stage of the study if you wish, no one but the researcher will know if you have chosen to take part or not, unless you choose to tell others (which you are free to do), digitally recorded material will be transferred to a password computer for storage and retrieval, only the researcher will have access to this material, signed consent forms will be stored in a locked filing cabinet and will not carry any identifying codes that connect individuals to specific recorded data, no information identifying an individual person will be used in documentation pertaining to the study.

## Appendix F: Thematic analysis sample

Educational Journey	Secondary school was painful on multiple fronts, limited support, handwriting was difficult, staff under qualified and atmosphere not supportive of academic achievement.
Factors influencing Trinity & course choice	Reputation was a factor of influence, course choice and support needs, Trinity fitted all these. Interest in (course subject) emerged from therapeutic interventions as a child due to disability.
Social experience of Trinity	My experience of College was utterly fantastic, I could do pretty much what I wanted, a lot of different societies very active campus life very friendly very fun yes.
Experience of course - Academic	Mixed experiences with department and course due to staffing shortages and some staff not acknowledging difficulties in department. But most very supportive and overall course was very good.
Barriers faced	Environmental & impact of disability. Occasional fatigue due to combination of course commitments, disability and societies. Difficulties with speed of reading, taking notes and getting course work done.
Supports used	Department were flexible and supportive, recorded lectures, learned to touch type and had extra time in exams and living on campus made an enormous difference
Are we levelling the playing field for students with disabilities?	Good, pretty successful at removing barriers. Living on campus helped enormously,
Thoughts of leaving	I probably did yes, yes, (laughing), probably towards the end of second year because I found I took on schols and found a little bit too much
Stayed because	Stayed because realised the value of a degree and training to long term career prospects, had seen it in others, 'training shows
Remaining concerns or recommendations	Recommendations: advanced reading lists, assistive technology, typing skills courses, more accommodation, greater awareness of medical concerns, more rest periods for people with health problems

## Appendix G: Table of participants\*

Participant Code	Faculty	Level	Entry	Home	Disability
Current 2	HS	UG	Mature	Non EU	Physical
Current 1	Arts	UG	CAO	Irish	Visual
Graduate 1	Arts	M.Sc	PG	Irish	Physical
Current 3	Arts	M. Phil	PG	Non EU	Visual
Graduate 2	Arts	UG & PG	CAO & PG	Non EU	SOI
Current 5	Arts	UG	DARE	Irish	ASD
Current 4	Arts	UG	Mature	Irish	Deaf
Withdrawn 1	HS	UG	DARE	Irish	ASD
Graduate 3	Arts	UG	CAO	Irish	ASD
Graduate 4	Arts	UG & PhD	Mature	Irish	Hard of hearing
Current 6	Arts	UG	TAP	Irish	Visual
Graduate 5	Arts	UG	DARE	Irish	Physical
Withdrawn 2	Arts	PG	PG	Irish	Physical
Current 7	Arts	UG	CAO	Irish	Hard of hearing
Graduate 6	Arts	UG & PhD	Mature	Irish	Dual
Graduate 7	HS	UG & PG	DARE	Irish	SPLD
Graduate 8	Arts	UG	DARE	Irish	Visual
Graduate 9	Arts	UG & M.Sc	DARE	Irish	Physical
Current 8	HS	UG x 2	DARE	Irish	Hard of hearing
Graduate 10	Arts	UG	Mature	Irish	Hard of hearing
Graduate 11	Arts	Ph. D	PG	Irish	Dual
Graduate 12	EMS	UG	CAO	Irish	SOI
Graduate 13	EMS	UG	CAO	Irish	Dual
Graduate 14	Arts	UG	Mature	Irish	Physical
Graduate 15	Arts	UG	Mature	Irish	Hard of hearing
Graduate 16	Arts	UG	DARE	Irish	ASD
Graduate 17	EMS	UG	CAO	Irish	Mental health
Withdrawn 3	HS	UG	DARE	Irish	Mental health
Current 9	Arts	UG	Mature	Irish	Physical
Graduate 18	Arts	M. Phil	Mature	Irish	Physical
Graduate 19	HS	PhD	CAO & PG	Irish	Visual
Withdrawn 4	Arts	UG	DARE	Irish	Visual
Current 10	HS	UG	Mature	Irish	ADD
Withdrawn 5	HS	UG	CAO	Irish	Neurological
Withdrawn 6	HS	UG	CAO	Irish	Mental health
Withdrawn 7	Arts	UG	Mature	Irish	Physical
Withdrawn 8	Arts	UG	Mature	Irish	SOI

Life long/ onset	Yrs Tracked to 2015/16	Final grade	Student experience		
Acquired	3/3	1	Strider		
Life long	4/4	2.1	Strider		
Life long	1/1	M.Sc	Struggler		
Life long	1/1	M.Phil	Strider		
Acquired	4/4 & 1/1	2.1	Strider		
Life long	4/4	2.1	Strider		
Acquired	4/4	1	Strider		
Life long	¼	WD	Striker		
Life long	4/4	2.1	Strider		
Acquired	4/4 & 3/6	1 & WD	Struggler &	Striker	
Acquired	4/4	2.1	Struggler to	Strider	
Life long	4/4	2.1	Strider		
Acquired	2/2	WD	Struggler to	Striker	
Acquired	6/4	1	Struggler to	Strider	
2 <sup>nd</sup> Acq.	4/4 & 5/5	2.1	Struggler &	Struggler	
Life long	4/4 & 1/1	2.1	Strider		
Acquired	4/4	2.2	Strider		
Life long	5/4 & 1/1	1	Struggler to	Strider	
Life long	1/4, 4/4 & 5/5	2.1	Striker	& Struggler	& Strider
Acquired	4/4	2.1	Strider		
Life long	7/4	Ph. D	Struggler		
Acquired	1/4 & 6/5	2.2	Striker &	Struggler	
Phys Acq.	5/4	2.2	Struggler		
Acquired	5/4	2.2	Struggler		
Life long	4/4	2.1	Struggler to	Strider	
Life long	6/4	2.1	Struggler to	Strider	
Acquired	2/4 & 4/4	2.2	Striker &	Struggler	
Acquired	¼	WD	Striker		
Acquired	2/4	2.1	Strider		
Acquired	1/1	M.Phil	Struggler		
Life long	5/4 & 4/4	2.1	Struggler		
Life long	¾	WD	Struggler to	Striker	
Life long	5/4	n/a	Struggler		
Acquired	1/4 & 2/4	n/a	Striker &	Struggler	
Acquired	¼	WD	Striker		
Acquired	2/4	WD	Struggler to	Striker	
Acquired	2/4	WD	Struggler to	Striker	

\*To keep the identities of participants confidential, some details, such as age, gender and course titles, have been omitted. In other cases, broad disability types are used instead of more specific details.

## Bibliography

- Abberley, P. (1987). The Concept of Oppression and the Development of a Social Theory of Disability. *Disability, Handicap & Society*, 2(1), 5 -20.
- Accredited Schools Online, (2016). Higher education for students with disabilities: Rights, resources and accredited online schools. Retrieved June 30<sup>th</sup> 2016 from <http://www.accreditedschoolsonline.org/resources/best-accredited-colleges-schools-for-students-with-disabilities/>
- Ahead, (1995). *People with Disabilities and Access to Higher Education*. Dublin: Ahead
- Ahead, (2014). *Numbers of Students with Disabilities Studying in Higher Education in Ireland 2013/14*. Dublin: Ahead.
- Ahead, (2015a). *Number of students with disabilities studying in higher education in Ireland 2013/2014*. Dublin: Ahead.
- Ahead, (2015b). *Ahead Strategic Plan 2015 – 2018*. Dublin: Ahead
- Ahead, (2016). *Numbers of Students with Disabilities Studying in Higher Education in Ireland 2014/15*. Dublin: Ahead.
- Aitken, N.D. (1982). College student performance, satisfaction and retention: Specification and estimation of a structural model. *The Journal of Higher Education*, 53(1), 32-50.
- Albrecht, G. L. (1992). *The Disability Business: Rehabilitation in America*. London: Sage.
- Albrecht, G.L., Seelman, K., & Bury, M. (2003). *The Disability Studies Handbook*. Thousand Oaks, CA: Sage.
- Alsop, R.; Gonzalez-Arnal, S. & Kilkey, M. (2008). The widening participation agenda: The marginal place of care. *Gender and Education*, 20(6), 623-637.
- Alvesson, M. & Skoldberg, K. (2009). *Reflexive Methodology*. London: Sage.
- Annandale, E (1998). *The Sociology of Health and Medicine: A Critical Introduction*. Cambridge: Polity Press.
- Areheart, B. (2008). When disability isn't "just right": The entrenchment of the medical model of disability and the goldilocks dilemma. *Indiana Law Journal*, 83, 181-232. Retrieved March 28th 2012 from [http://works.bepress.com/brad\\_areheart/3](http://works.bepress.com/brad_areheart/3)
- Arnold, C. (2008). *Bedlam: London and it's mad*. London: Simon & Schuster Ltd
- Ashar, H., & Skenes, R. (1993). Can Tinto's student departure model be applied to non-traditional students? *Adult Education Quarterly*, 43, 90-100.

- Astin, A.W. (1971). *Predicting academic performance in college: Selectivity data for 2300 American Colleges*. New York: The Free Press.
- Astin, A.W. (1975). *Preventing students from dropping out*. San Francisco: JosseyBass.
- Astin, A.W. (1984). Student involvement: A developmental theory for higher education. *Journal of College Student Personnel*, 25(4), 297–308.
- Astin, A.W. (1993). College retention rates are often misleading. *Chronicle of Higher Education*. Retrieved June 30<sup>th</sup> 2016 from <http://chronicle.com/article/College-Retention-Rates-Are/92037/>
- Atkinson, B. H. (1947). Students in wheelchairs. *The Phi Delta Kappan*, 29 (7), 295-297.
- Atkinson, P. & Silverman, D. (1997). Kundera's immortality: the interview society and the invention of self. *Qualitative Inquiry*, 3 (3), 324-45
- Attinasi, L.C. (1989). Getting in: Mexican Americans' perceptions of university attendance and the implications for Freshman year persistence. *Journal of Higher Education*, 60, 247-277.
- Australian Disability Clearinghouse on Education and Training, (2012). Retrieved 17th November 2015 from: <http://www.adcet.edu.au/inclusive-teaching/understanding-disability/research-and-statistics/>
- Baird, K. (2002). *An inquiry into withdrawal from College – A study conducted at Trinity College Dublin, Student Counselling Service*. Retrieved June 10th 2011 from [http://www.tcd.ie/Student\\_Counselling/research/retention.php](http://www.tcd.ie/Student_Counselling/research/retention.php)
- Baker, S. & Brown, B. (2007). *Rethinking Universities: The Social Functions of Higher Education*. London: Bloomsbury.
- Ball, S.J. (1990). *Politics and policy making in education: Explorations in Policy Sociology*. London: Routledge.
- Barnes, C. (1991). *Disabled People in Britain and Discrimination: A Case for Anti-discrimination Legislation*. London: Hurst and Co.
- Barnes, C. (2004). Reflections on Doing Emancipatory Disability Research. In J. Swain, S. French, C. Barnes, C. Thomas (Eds.), *Disabling Barriers – Enabling Environments* (2nd edn). London: Sage
- Barnes, C. (2006). What a difference a decade makes - Reflections on doing emancipatory disability research. In L. Barton (Ed.), *Overcoming Disabling Barriers 18 Years of Disability & Society*. London: Routledge.
- Barnes, C. & Mercer, G. (1996). *Exploring the Divide: Illness and Disability*. The Disability Press, School of Sociology and Social Policy: University of Leeds.

- Barnes, S., Macalpine, G. & Munro, A. (2015). Track and Connect: Increasing First Year Student Engagement, Retention and Success at the University of Sydney. *Journal of the Australia and New Zealand Student Services Association*. (45), 12-19.
- Barnett, R. (2000). Supercomplexity and the Curriculum. *Studies in Higher Education*. 25(3), 255-265.
- Baudrillard, J. (1981). *Simulacra and Simulation*. Ann Arbor: University of Michigan Press.
- Bayer, A. (1968). The College Dropout: Factors Affecting Senior College Completion. *Sociology of Education*. 41: 305-316
- Bean, J. (1980). Dropouts and turnover: The synthesis and test of a casual model of student attrition. *Research in Higher Education*, 12, 155-187
- Bean, J. P. & Metzner, B. (1985). A Conceptual Model of Non-traditional Undergraduate Student Attrition. *Review of Educational Research* 55 (4), 485-540.
- Beatty-Guenter, P. (1994). Sorting, Supporting, Connecting and Transforming: Retention Strategies at Community Colleges. *Community College Journal of Research and Practice*. 18(2), 113-129. doi:10.1080/1066892940180202P
- Belch, H. (2004). Retention and Students with Disabilities. *Journal of College Student Retention*. 6, (1) 3-22.
- Berdie, R. (1955). Counseling for physically disabled students. *The Journal of Higher Education*, 26, 475-478.
- Berger, J.B. & Braxton, J.M. (1998) 'Revising Tinto's Interactionist Theory of Student Departure Through Theory Elaboration: Examining the role of organisational attributes in the persistence process' in *Research in Higher Education*. 39, (2) 103-119
- Berger, P.L. & Luckman, T. (1966). *The Social Construction of Reality. A treatise in the sociology of knowledge*. Garden City, NY: Doubleday.
- Berger, J.B., Ramirez, G. B., Lyons, S. (2012). A Historical Look at Retention. In A. Seidman (Ed.), *College student retention 2nd Edition: Formula for student success* (pp. 7-31). New York. ACE/Rowman & Littlefield.
- Berggren, U.J, Rowan, D., Bergback, E. & Blomberg, B. (2016). Disabled students' experiences of higher education in Sweden, the Czech Republic, and the United States – a comparative institutional analysis. *Disability & Society*, 31(3), 339-356. Retrieved from <http://dx.doi.org/10.1080/09687599.2016.1174103>

- Blaney, C. & Mulkeen, S. (2008). Student retention in a modular world: A study of student retention UCD entrants 1999-2007, Retention, modularisation, Orientation, What's changed? Dublin: University College Dublin
- Borsay, A. (2002). History, Power and Identity. In C. Barnes, M. Oliver, L. Barton (Eds.), *Disability Studies Today*. Cambridge: Polity, pp 98 -119.
- Braddock, D.L. & Parish, S.L. (2001). An institutional history of disability. In G.L. Albrecht, K.D. Seelman, M. Bury (Eds.), *Handbook of Disability Studies* (pp. 11-68). London: Sage.
- Braxton, J.M. (2000). *Reworking the Student Departure Puzzle*. Nashville, TN: Vanderbilt University Press.
- Braxton, J. M., Sullivan, A. S., & Johnson, R. M. (1997). Appraising Tinto's theory of college student departure. In J. C. Smart (Ed.), *Higher education: A handbook of theory and research* (Vol. 12, pp. 107-164). New York: Agathon Press.
- British Educational Research Association - BERA (2011). *Ethical Guidelines for Educational Research*. Retrieved August 12th 2012 from [www.bera.co.uk](http://www.bera.co.uk)
- Brown, S. (2011). *Retention and the student experience: practice that works to ensure student success*. Retrieved June 30<sup>th</sup> 2016 from <http://slideplayer.com/slide/800998/>
- Bruner, D. (2016). Universal Design for Learning: Academic access for diverse learners. *The Journal of Inclusive Practice in Further and Higher Education*, 7, 4-8.
- Brunsdon, V., Davies, M., Shevlin, M. & Bracken, M (2000). Why do HE Students Drop Out? A Test of Tinto's model. *Journal of Further and Higher Education*. 24(3), 301-310. doi:10.1080/030987700750022244
- Bryman, A. (2008). *Quantity and Quality in Social Research*. London: Routledge.
- Buckley, A., Soilemetzidis, I., Hillman, N. (2015). *The 2015 Student Academic Experience Survey*. Oxford: Higher Education Policy Institute. Retrieved from [http://www.hepi.ac.uk/wp-content/uploads/2015/06/AS-PRINTED-HEA\\_HEPI\\_report\\_print4.pdf](http://www.hepi.ac.uk/wp-content/uploads/2015/06/AS-PRINTED-HEA_HEPI_report_print4.pdf)
- Bury, M. (2000). A comment on the ICIDH2. *Disability and Society*, 15 (7), 1073-1077.
- Cabrera, A., Castaneda, M., Nora, A. & Hengstler, D. (1992). The Convergence between Two Theories of College Persistence. *Journal of Higher Education*. 63, (2) pp.143-164.
- Callaghan, P. (2009). *Trinity College Dublin: Report on Retention*. Retrieved June 30<sup>th</sup> 2016 from [www.tcd.ie/teaching-learning/council/assets/pdf/Report-on-Retention-Jun09.pdf](http://www.tcd.ie/teaching-learning/council/assets/pdf/Report-on-Retention-Jun09.pdf).



- Callery, F. (2011) NCBI News Volume 14, Number 2. Retrieved June 30<sup>th</sup> 2016 from [http://test.ncbi.ie/files/NCBI\\_News\\_SUMMER2011WEB.pdf](http://test.ncbi.ie/files/NCBI_News_SUMMER2011WEB.pdf)
- Central Statistics Office, (2011). *Population with a disability: Profile 8 – Our Bill of Health*. Retrieved June 30<sup>th</sup> 2016 from <http://www.cso.ie/px/pxeirestat/statire/SelectTable/Omrade0.asp?PLanguage=0>
- Charlton, J. (1998). *Nothing About Us Without Us: Disability Oppression and Empowerment*. Berkeley: University of California Press.
- Civil Rights Act of 1964, Pub.L. 88-352, 78 Stat. 241 (1964)
- Clancy, P. (1982). *Participation in Higher Education*. Dublin: Higher Education Authority.
- Clancy, P. (1988). *Who goes to College?* Dublin: Higher Education Authority.
- Clancy, P. (1995). *Access to College: Patterns of Continuity and Change*. Dublin: Higher Education Authority.
- Clancy, P. (2001). *College Entry in Focus: A Fourth National Survey of Access to Higher Education*. Dublin: Higher Education Authority.
- Condon, M. E. (1951). This college concentrates on helping the handicapped student. *Journal of Rehabilitation*, 12(3), 14-16.
- Cooper, T. (2002). *Why student retention fails to assure quality*. Paper presented at the HERDSA CONFERENCE, Edith Cowan University, Perth, July 2002. Retrieved June 30<sup>th</sup> 2016 from <http://www.ecu.edu.au/conferences/herdsa/papers.html>
- Corker M. & French S. (1999.) *Disability Discourse*. Buckingham: Open University Press
- Costello, F. (2003). *DIT and Student Retention*. Retrieved June 6<sup>th</sup> 2016 from [http://level3.dit.ie/pdf/issue1\\_costello.pdf](http://level3.dit.ie/pdf/issue1_costello.pdf)
- Covington Smith, S. (2008). *Addressing Dropout Related Factors at the Local Level: Recommendations for Teachers*. Retrieved June 30<sup>th</sup> 2016 from <http://files.eric.ed.gov/fulltext/ED526385.pdf>
- Crehan, M. (2013). *The Lived Experience of Transition to Higher Education: A Phenomenological Study of Educational Decision Making and Acclimatisation to the First Year of Study*. Trinity College Dublin Library: Unpublished PhD thesis.
- Creswell, J. W. (2003). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. London: Sage.
- Creswell, J. W. and Plano Clark, V. L. (2007). *Designing and Conducting Mixed Methods Research*. Thousand Oaks, California: Sage.

- Crosling, G., Heagney, M., & Thomas, L. (2009). Improving Student Retention in Higher Education. *Australian Universities Review*, 51 (2), 9-18. Retrieved from [http://www.universityworldnews.com/filemgmt\\_data/files/AUR\\_51-02\\_Crosling.pdf](http://www.universityworldnews.com/filemgmt_data/files/AUR_51-02_Crosling.pdf)
- CSO (2006). *National Disability Survey 2006 – First Results*. Dublin: The Stationary Office.
- CSO (2011). *This is Ireland: Highlights from Census 2011 Part 2*. Dublin: The Stationary Office.
- CSO (2016). Census of Population 2016: Preliminary Results: Retrieved September 10<sup>th</sup> 2016 from <http://www.cso.ie/en/releasesandpublications/ep/p-cpr/censusofpopulation2016-preliminaryresults/>
- Cunnah, W. (2015). Disabled students: identity, inclusion and work based placements, *Disability & Society*, 30:2, 213-226, Retrieved from DOI: 10.1080/09687599.2014.996282
- DARE, (2015). *Disability Access Route to Education 2016: Application Guide*. Retrieved June 30<sup>th</sup> 2016 from <https://www.tcd.ie/disability/assets/pdf/DAREApplicationGuide2015-web.pdf>
- DARE, (2016). *Disability Access Route to Education 2016: Application Guide*. Retrieved June 30<sup>th</sup> 2016 from <http://accesscollege.ie/dare/wp-content/uploads/sites/3/2014/12/Disability-Access-Route-to-Education-DARE-Application-Guide1.pdf>
- Davis, L. J. (1997). Constructing normalcy: The bell curve, the novel, and the invention of the disabled body in the nineteenth century. In L. J. Davis (Ed.), *The Disability Studies Reader* (pp. 9-28). New York, Routledge.
- Davis, L. J. (1997). *The Disability Studies Reader*. New York: Routledge.
- deFur, S.H., Getzel, E. E., & Trossi, K. (1996). Making the postsecondary education match: A role for transition planning. *Journal of Vocational Rehabilitation*. 6, 231-241.
- Delanty, G. (2001). The University in the Knowledge Society. *Organization*. 8(2): 149-153. London: SAGE.
- Delanty, G. (2003). Ideologies of the Knowledge Society and the Cultural Contradictions of Higher Education. *Policy Futures in Education*. 1,(1).
- Deleuze, G., & Guattari, F. (2003). *A thousand plateaus: Capitalism and schizophrenia*. London: Athlone Press.
- Dench, S. & Iphofen, R. (2003). Developing Ethical Guidelines for Socio-Economic Research in an EU Context. In National Disability Authority (Ed.), *Towards Ethical Guidelines for Disability Research*. Second Annual National Disability Authority Research Conference, Dublin: NDA.

- Denzin, N. & Lincoln, Y. (Eds.), (2005). *The Sage Handbook of Qualitative Research*, 3rd edn. London: Sage.
- DePaoli, J.L., Hornig Fox, J., Ingram, E.S., Maushard, M., Bridgeland, J.M. & Balfanz, R. (2015). *Building a Grad Nation: Progress and Challenges in Ending the High School Dropout Epidemic*. Retrieved June 30<sup>th</sup> 2016 from [http://www.gradnation.org/sites/default/files/18006\\_CE\\_BGN\\_Full\\_vFNL.pdf?\\_ga=1.122470863.554995104.1474580560](http://www.gradnation.org/sites/default/files/18006_CE_BGN_Full_vFNL.pdf?_ga=1.122470863.554995104.1474580560)
- Department of Education (1983). *The Education and Training of Severely and Profoundly Mentally Handicapped Children in Ireland*. Dublin: The Stationary Office.
- Department of Education (1993). *Report of the Special Education Review Committee*, Dublin: The Stationary Office.
- Department of Social Protection, (2016). *Disability Allowance*. Retrieved June 30<sup>th</sup> 2016 from <http://www.welfare.ie/en/Pages/da.aspx#l62fd2>
- Devine, M. A. (2015). *Levelling the Playing Field: Perspectives of People with Disabilities on Reasonable Accommodations Received to Engage in Public Recreation*. Retrieved June 30<sup>th</sup> 2016 from <http://dsq-sds.org/article/view/4944/4056>
- Disability Advisors Working Network (DAWN), (2008). *Teaching Students with Disabilities: Guidelines for Academic Staff*. Cork: NAIRTL.
- Disability Service, (2010). *10 years of student experiences: TCD Disability Service 2000- 2010*. Retrieved from June 30<sup>th</sup> 2016 <https://www.tcd.ie/disability/assets/doc/pdf/annBooklet.pdf>
- Disability Service, (2011). *The Disability Service Strategic Outreach, Transition, Retention and Progression Plan 2011 – 2014*. Retrieved June 30<sup>th</sup> 2016 from <https://www.tcd.ie/disability/strategic-plan/>
- Disability Service, (2015a). *Trinity College Code of Practice for Students with Disabilities*. Retrieved 27<sup>th</sup> October 2015 from: [https://www.tcd.ie/disability/assets/pdf/Code\\_of\\_Practice\\_for\\_Students\\_with\\_Disabilities.pdf](https://www.tcd.ie/disability/assets/pdf/Code_of_Practice_for_Students_with_Disabilities.pdf)
- Disability Service, (2015b). *Disability Service Quality Review*. Retrieved June 30<sup>th</sup> 2016 from <https://www.tcd.ie/teaching-learning/quality/assets/pdf/Reviewers%20Report%20on%20the%20College%20Disability%20Service.pdf>
- Doane, G. (2003). Reflexivity as presence: a journey of self-enquiry. In L. Finlay & B. Gough (Eds.), *Reflexivity: A practical Guide for Researchers in Health and Social Sciences* (pp.93-102). Oxford: Blackwell Sciences.

- Dublin Institute of Technology, (2005). *Students with disabilities academic performance: Registration, examinations and withdrawal*. Student Retention Office: Dublin Institute of Technology.
- Duquette, C. (2000). Experiences at University: Perceptions of students with disabilities. *The Canadian Journal of Higher Education*. 30, (2) 123-142.
- Durkheim, E. (1895). *The Rules of the Sociological Method*. (Sarah A. Solovay & J.H. Mueller trans.1938) Chicago, Ill: The University of Chicago Press.
- Durkheim, E. (1897). *Suicide: A study in sociology* (JA Spaulding & G. Simpson, trans.1951) Glencoe, IL: Free Press.
- Ebersold, S., Schmitt, M.J., & Priestley, M., (2011). *Inclusive education for young disabled people in Europe: trends, issues and challenges*. Retrieved June 30<sup>th</sup> 2016 from: [http://www.disability-europe.net/content/aned/media/ANED%202010%20Task%205%20Education%20final%20report%20-%20FINAL%20\(2\)\\_0.pdf](http://www.disability-europe.net/content/aned/media/ANED%202010%20Task%205%20Education%20final%20report%20-%20FINAL%20(2)_0.pdf)
- Eivers, E., Flanagan, R. & Morgan, M. (2002). *Non-completion in institutes of technology: An investigation of preparation, attitudes and behaviours among first year students*. Dublin: Education Research Centre, St. Patrick's College, Drumcondra.
- Equal Rights Trust (1997). The EC Treaty. Retrieved June 30<sup>th</sup> 2016 from <http://www.equalrightstrust.org/ertdocumentbank//EC%20treaty.pdf>
- Ellenberger, H.F. (1970). *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. New York: Basic Books.
- Engeström, Y. (2001). Expansive learning at work: Towards an activity theoretical reconceptualization. *Journal of Education and Work*, 14(1), 133-156.
- Engstrom, C. & Tinto, V. (2008). *Access without support is not opportunity*. Presented at the 36 th Annual Institute for Chief Academic Officers, The Council of Independent Colleges, November 1, 2008, Seattle, Washington. doi.org/10.3200/CHNG.40.1.46-50
- Faggella-Luby, M., Lombardi, A., Lalor, A., & Dukes III, L. L. (2014). Methodological trends in disability and higher education research: Historical analysis of the Journal of Postsecondary Education and Disability. *Journal of Postsecondary Education and Disability*, 27(4), 357-368.
- Fenwick, T. & Edwards, R. (Eds.), (2012). *Researching Education through Actor Network Theory*. Chichester: Wiley-Blackwell.
- Fichten, C.S., Asuncion, J.V., Barile, M., Robillard, C., Fossey, M.E. & Lamb, D. (2003). Canadian Postsecondary Students with Disabilities: Where are they? *Canadian Journal of Higher Education*. 33, (3), 71-114.

- Fine, M. & Asch, A. (Eds.), (1988). *Women with disabilities: essays in psychology, culture and politics*. Philadelphia, PA: Temple University Press.
- Finkelstein, V. (1980). *Attitudes and Disabled People: Issues for Discussion*. New York, NY: World Rehabilitation Fund.
- Finkelstein, V. (1996). *Modelling Disability*. Retrieved June 30<sup>th</sup> 2016 from <http://pf7d7vi404s1dxh27mla5569.wpengine.netdna-cdn.com/files/library/finkelstein-modelling-disability.pdf>
- Finkelstein, V. (2001). *A Personal Journey Into Disability Politics*. Retrieved June 30<sup>th</sup> 2016 from <http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/presentn.pdf>
- Finkelstein, V. (2002). *Whose History???* Retrieved September 9th 2012 from <http://www.leeds.ac.uk/disability-studies/archiveuk/finkelstein/whose%20history.pdf>
- Fleming, T. (2009) European Lifelong Learning Project 2008-10 Access and Retention: Experiences of Non-traditional Learners in HE. Retrieved from [http://eprints.maynoothuniversity.ie/2427/1/TF\\_Literature\\_Review.pdf](http://eprints.maynoothuniversity.ie/2427/1/TF_Literature_Review.pdf)
- Fleming, T. & Finnegan, F. (2010). *Retention and Progression in Higher Education*. Retrieved June 30<sup>th</sup> 2016 from [http://eprints.maynoothuniversity.ie/2449/1/Access\\_and\\_Progression\\_in\\_Irish\\_Higher\\_Education\\_Fleming.pdf](http://eprints.maynoothuniversity.ie/2449/1/Access_and_Progression_in_Irish_Higher_Education_Fleming.pdf)
- Fleming, T., & Finnegan, F. (2011). *Non-traditional students in Irish Higher Education A research Report*. Retrieved June 30<sup>th</sup> 2016 from <http://www.ranlhe.dsw.edu.pl/>
- Flick, U., Von Kardoff, E. & Steinke, I. (Eds.), (2004). *A Companion to Qualitative Research*. London: Sage.
- Flynn, S. (2006, March 3). Affluent students dominate admissions to universities. *The Irish Times*. Retrieved June 30<sup>th</sup> 2016 from [www.irishtimes.com/news/affluent-students-dominate-admissions-to-universities-1.1022899](http://www.irishtimes.com/news/affluent-students-dominate-admissions-to-universities-1.1022899)
- Fontana, A. & Frey, J. H. (2005). The interview: From neutral stance to political involvement. In N. K. Denzin & Y. S. Lincoln (Eds.), *The Sage Handbook of Qualitative Research*, 3rd edn. London: Sage.
- Foucault, M. (1970). *The Order of Things: An Archaeology of the Human Sciences*. New York: Pantheon Books.
- Foucault, M. (1973). *The Birth of the Clinic*. New York: Pantheon Books.
- Foucault, M. (1977). *Discipline and Punish: The Birth of Prison*. New York: Vintage.
- Foucault, M. (1998). *The History of Sexuality Vol. 1: The Will to Knowledge*. London: Penguin

- Foucault, M. (2006). *The History of Madness*. London: Routledge.
- Frank, A.W. (1995). *The Wounded Storyteller: Body, Illness and Ethics*. Chicago: University of Chicago Press.
- Fuller, M., Healey, M., Bradley, A. and Hall, T. (2004). Barriers to learning: a systematic study of the experience of disabled students in one university. *Studies in Higher Education*, 29(3), 303-318.
- Fujiura, G.T. and Rutkowski-Kmitte, V. (2001). Counting Disability. In G.L. Albrecht, K.D. Seelman, and M. Bury. *Handbook of Disability Studies*. London: Sage.
- Galis, V. (2011). Enacting Disability: how can science and technology studies inform disability studies. *Disability and Society*. 26(27), 825-838
- Garfinkel, H. (1967). *Studies in Ethnomethodology*. Englewood Cliffs, New Jersey: Prentice Hall.
- Gelbar, N.W., Madaus, J.W., Lombardi, A., Faggella-Luby, M. & Dukes, L. (2015). College Students with Physical Disabilities: Common on campus, uncommon in the literature. *Physical Disabilities: Education and Related Services*. 34(2), 14-31. doi:10.14434/pders.v34i2.19224
- Georg, W. (2009). Individual and institutional factors in the tendency to drop out of higher education: a multilevel analysis using data from the Konstanz Student Survey. *Studies in Higher Education*. 34(6), 647-661.
- Getzel, E. (2008). Addressing the persistence and retention of students with disabilities in higher education: Incorporating key strategies and supports on campus. *Exceptionality*, 16(4), pp: 207-219. doi.org/10.1080/09362830802412216
- Giddens, A. (1987). *Social Theory and Modern Sociology*. Cambridge: Polity Press.
- Giddens, A. (2001). *Sociology* (4<sup>th</sup> edition). Cambridge: Polity Press.
- Gleeson, B. (1999). *Geographies of disability*. London: Routledge.
- Goffman, I. (1963). *Stigma: Notes on the management of spoiled identities*. Englewood Cliffs, NJ, Prentice Hall.
- Goode, J. (2007), Managing Disability: early experiences of university students with disabilities. *Disability and Society*. 22(1) 35-48.
- Gould, S. J. (1981). *The Mismeasure of Man*. New York: W. W. Norton.
- Government of Ireland. (1997). *Universities Act 1997*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>
- Government of Ireland. (1998). *Education Act 1998*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>

- Government of Ireland. (1998). *Employment Equality Act 1998*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>
- Government of Ireland. (2000). *Equal Status Act 2000*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>
- Government of Ireland. (2004). *Education for Persons with Special Educational Needs (EPSEN) Act 2004*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>
- Government of Ireland. (2005). *Disability Act 2005*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>
- Government of Ireland. (2007). *Citizens Information Act 2007*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishstatutebook.ie/eli/isbc/citations.html>
- Gramsci, A. (1971). *Selections from the Prison Notebooks*. London: New Left.
- Green, A.L. & Rabiner, D.L. (2012). What Do We Really Know about ADHD in College Students? *Neurotherapeutics*. 9(3), 559–568. doi:10.1007/s13311-012-0127-8
- Griffin, S. & Shevlin, M. (2007). *Special Educational Needs: An Irish Perspective*. Dublin: Gill & Macmillan
- Guillemin, M. and Gillam, L. (2004). Ethics, Reflexivity, and “Ethically Important Moments” in Research. *Qualitative Inquiry*, 10(2), 261–80.
- Hall, L. M., & Belch, H. A. (2000). Setting the context: Reconsidering the principles of full participation and meaning access for students with disabilities. In H. Belch (Ed.), *Serving students with disabilities* (pp. 5-18). New directions for student services, No. 91. San Francisco, CA: Jossey-Bass.
- Hagedorn 2012 Table 4.2 in Seidman 2005, 2<sup>nd</sup> edition 2012  
In A. Seidman (Ed.), *College Student Retention* (2<sup>nd</sup> Edition) (pp. 35-59), New York: Rowman and Littlefield.
- Hahn, H. (1986). Disability and the urban environment: a perspective on Los Angeles. *Environment and Planning D: Society and Space*. 4, 273-288. Retrieved June 30<sup>th</sup> 2016 from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.462.4845&rep=rep1&type=pdf>
- Hammersley, M. (1992). *What's Wrong with Ethnography? Methodological Explorations*. London: Routledge.
- Hammersley, M. (1996). The relationship between Qualitative and Quantitative Research: Paradigm Loyalty versus Methodological Eclecticism. In J.T.E. Richardson (Ed.), *Handbook of Research Methods for Psychology and the Social Sciences*. Leicester: BPS Books.

- Harbour, W. S., & Madaus, J. W. (Eds.) (2011). *Disability Services and Campus Dynamics*. San Francisco: Jossey-Bass.
- Harte, M., & Keane, L. (2009). A model for managing student retention. 12th Conference of the Confederation of Student Services in Ireland (CSSI). Institute of Technology, Sligo, 15th - 17th June 2009, pp. 20 - 25.
- Harvey, A., & Luckman, M. (2014). Beyond demographics: Predicting student attrition within the Bachelor of Arts degree. *The International Journal of the First Year in Higher Education*. 5(1), 19-29. doi: 10.5204/intjfyhe.v5i1.187
- Healy, M., Carpenter, A., & Lynch, K. (1999). *Non-completion in higher education: A study of first year students in three Institutes of Technology. IT Carlow, Dundalk IT, and IT Tralee*. Carlow: Institute of Technology Carlow.
- Hasler, F. (1993). Developments in the Disabled People's Movement. In J. Swain, V. Finkelstein, S. French and M. Oliver (eds), *Disabling Barriers – Enabling Environments*. London: Sage in Association with the Open University.
- Higher Education Funding Council for England - HEFCE, (2015). *Tackling inequality: supporting disabled students*. Retrieved November 8th 2015 from [www.hefce.ac.uk/sas/inequality/disabled/](http://www.hefce.ac.uk/sas/inequality/disabled/)
- Henderson, C. (1999). *College freshmen with disabilities: A biennial statistical profile (Statistical Year 1998)*. Retrieved June 30<sup>th</sup> 2016 from <http://files.eric.ed.gov/fulltext/ED436900.pdf>
- Herbert, J.T., Hong, B.S.S., Byun, S., Welsh, W., Kurz, C.A. & Atkinson, H.A. (2014) A ten-year analysis of the post-secondary outcomes of students with disabilities at The Pennsylvania State University. *Journal of Rehabilitation*. 80(1), 22-32. DOI: 10.1080/02607476.2011.558291
- Heyer, P. (1988). *Communications and History: Theories of Knowledge, Media and Civilization*. New York: Greenwood Press.
- Higher Education Authority. (2004). *Achieving Equity of Access to Higher Education in Ireland: Action Plan 2005-2007*. Dublin: Author.
- Higher Education Authority. (2004). *Report of the High Level Group on University Equality Policies*. Dublin: Author.
- Higher Education Authority. (2005). *Progressing the action plan: Funding to achieve equity of access to higher education*. Dublin: Author.
- Higher Education Authority. (2006). *Annual Report 2005 and Outline Plans 2006*. Dublin: Author
- Higher Education Authority. (2008). *National Plan for Equity of Access to Higher Education 2008 to 2013*. Dublin: Author.
- Higher Education Authority. (2009). *Annual Report of the HEA*. Dublin: Author.



- Higher Education Authority. (2010). *National Plan for Equity of Access to Higher Education 2008-2013 Mid-term Review*. Dublin: Author.
- Higher Education Authority. (2014a). *Consultation Paper: Towards the development of a National Plan for Equity of Access to Higher Education*. Dublin: Author.
- Higher Education Authority. (2014b). *Annual Report and Funding 2014*. Dublin: Author.
- Higher Education Authority. (2015a). *National Plan for Equity of Access to Higher Education 2015-2019*. Dublin: Author.
- Higher Education Authority. (2015b). *Key Facts and Figures*. Dublin: Author.
- Higher Education Statistics Agency. (2008). *All students at UK HE Institutions*. Retrieved November 8th 2015 from [www.hesa.ac.uk](http://www.hesa.ac.uk)
- Higher Education Statistics Agency (2014). *All students at UK HE Institutions*. Retrieved November 8th 2015 from [www.hesa.ac.uk/free-statistics](http://www.hesa.ac.uk/free-statistics)
- Hill, M. (1994). They are not our brothers. In N. Begum, M. Hill & A. Stevens (Eds.), *Reflections: The views of black disabled people on their lives and community care*. London: Central Council for Education Training and Social Work.
- Holland, K. (2016, May 10). UN convention on disabilities will be ratified, says Finian McGrath. *The Irish Times*. Retrieved June 30<sup>th</sup> 2016 from <http://www.irishtimes.com/news/social-affairs/un-convention-on-disabilities-will-be-ratified-says-finian-mcgrath-1.2641487>
- Howe, S.G. (1848). *Report Made to the Legislature of Massachusetts upon Idiocy*. Boston: Coolidge and Wiley. Retrieved November 8th 2015 from <https://archive.org/details/66450930R.nlm.nih.gov>
- Huger, M.S. (2009). *The Retention of College Students with Learning Disabilities*. MA dissertation at Georgetown University. Retrieved June 30<sup>th</sup> 2016 from: <http://gradworks.umi.com/33/44/3344873.html>
- Hunt, P. (1966). *Stigma: The Experience of Disability*. London: Geoffrey Chapman.
- Hunt, C. (2011). *National Strategy for Higher Education to 2030*
- Hurst, A. (1996). Reflecting on researching disability and higher education. In Barton, L. (Ed.), *Disability & Society: Emerging Issues and Insights*. (pp.123-146). New York: Longman.
- Hurst, A. (2009). Neurodiversity, Disability, Legislation and Policy Development in the United Kingdom. In D. Pollak, (Ed.), *Neurodiversity in Higher Education: Positive responses to specific learning difficulties* (pp. 13-32). Chichester: Wiley-Blackwell.
- Inclusion Ireland, (2013). *Implementing the National Disability Strategy: Inclusion Ireland Position Paper*. Dublin: Inclusion Ireland. Retrieved June 30<sup>th</sup> 2016

from [www.inclusionireland.ie/sites/default/files/documents/position\\_paper\\_on\\_impl\\_ementing\\_the\\_nds\\_.pdf](http://www.inclusionireland.ie/sites/default/files/documents/position_paper_on_impl_ementing_the_nds_.pdf)

Individuals with Disabilities Education Improvement Act of 2004, P.L. 108-446.  
Retrieved from <http://idea.ed.gov/download/statute.html>

Ingstad, B. & Whyte, S.R. (Eds.), (2007). *Disability in Local and Global Worlds*. Berkeley: University of California Press.

Jones, R. (2008). *Student retention and success: a synthesis of research*. EvidenceNet, Higher Education Academy. Retrieved June 30<sup>th</sup> 2016 from [https://www.heacademy.ac.uk/system/files/wp\\_retention\\_synthesis\\_for\\_pdf\\_updated\\_090310\\_0.pdf](https://www.heacademy.ac.uk/system/files/wp_retention_synthesis_for_pdf_updated_090310_0.pdf)

Jorgensen, S., Fichten, C.S., Havel, A., Lamb, C., James, C. & Barile, M. (2005). Academic Performance of College Students With and Without Disabilities: An Archival Study. *Canadian Journal of Counselling*; 39, (2) 101-117. Retrieved June 30<sup>th</sup> 2016 from <http://www.adaptech.org/cfichten/abAcademicPerformanceOfCollegeFT.pdf>

Keil, S., Miller, O., & Cobb, R. (2006). Special educational needs and disability. *British Journal of Special Education*, 33, 168–72.

King, A. (1986). *Students with physical disabilities in HE*. Unpublished thesis. Library of Trinity College Dublin.

Kinsella, E., Roe, J. & O'Connor, T. (2006). *Completion rates for students taking full-time programmes of study in Institutes of Technology (1999-2004)*. Dublin: The Circa Group.

Koshy, P. (2014). *Student Equity Performance in Australian Higher Education: 2007 to 2012*. Retrieved June 30<sup>th</sup> 2016 from [http://www.ncsehe.edu.au/wp-content/uploads/2014/02/Student-Equity-Performance-in-Australian-Higher-Education-2007-to-2012-FINAL\\_V2.pdf](http://www.ncsehe.edu.au/wp-content/uploads/2014/02/Student-Equity-Performance-in-Australian-Higher-Education-2007-to-2012-FINAL_V2.pdf)

Kuhn, T.S. (1970). *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.

Lacan, J. (1961-2). *Le Seminaire. Livre IX. L'identification, 1961- 62*. Retrieved June 30<sup>th</sup> 2016 from [http://www.lacanireland.com/web/wp-content/uploads/2010/06/Seminar-IX-Amended-Iby-MCL-7.NOV\\_.201111.pdf](http://www.lacanireland.com/web/wp-content/uploads/2010/06/Seminar-IX-Amended-Iby-MCL-7.NOV_.201111.pdf)

Lather, P. (1993). Fertile obsession: Validity after poststructuralism. *Sociological Quarterly*. 34, 673-693.

Latour, B. (1983). Give me a laboratory and I will raise the world. In K. D. Knorr-Cetina & M.J. Mulkay, (Eds.), *In Science Observed*. (pp.141-170). London: Sage.

Latour, B. (1987). *Science in Action: How to Follow Scientists and Engineers through Society*. Milton Keynes: Open University Press.

- Latour, B. (1991). *We Have Never Been Modern*. Cambridge, Massachusetts: Harvard University Press.
- Latour, B. (2005). *Reassembling the Social: An introduction to Actor-Network Theory*. Oxford: Oxford University Press.
- Latour, B., & Wolgar, S. (1979). *Laboratory Life: The Construction of Scientific Facts*. Beverley Hills: Sage Publications.
- Law, J. & Moser, I. (1999). Good Passages, Bad Passages. In J. Hassard, & J. Law, (Eds.), *Actor-Network Theory and After*. Oxford: Blackwell Publishers.
- Law, J. (1999). After ANT: Complexity, Naming and Topology. In J. Hassard, & J. Law, (Eds.), *Actor-Network Theory and After*. Oxford: Blackwell Publishers.
- Law, J. (2007). *Actor Network Theory and Material Semiotics*. Retrieved June 30<sup>th</sup> 2016 from [http://www.heterogeneities.net/publications/Law 2007ANTand MaterialSemiotics.pdf](http://www.heterogeneities.net/publications/Law%2007ANTandMaterialSemiotics.pdf)
- Lichiello, P. (2012). *The Retention of Students with Disabilities*. Retrieved June 30<sup>th</sup> 2016 from <http://www.lynchburg.edu/wp-content/uploads/volume-7-2012/LichielloP-Retention-Students-Retention-Disabilities-Higher-Ed.pdf>
- Lipsky, M (1980). *Street-level Bureaucracy: Dilemmas of the Individual in Public Services*. New York: Russell Sage Foundation.
- Liston, M., Frawley, D., Patterson, V. (2016). *A Study of Progression in Irish Higher Education 2012/13 to 2013/14*. Dublin: Higher Education Authority.
- Lourens. H, & Swartz. L (2016) Experiences of visually impaired students in higher education: bodily perspectives on inclusive education, *Disability & Society*, 31:2, 240-251. Retrieved from DOI: 10.1080/09687599.2016.1158092
- Loxley, A. Seery, A. & Walsh, J. (Eds.), (2014). *Higher Education in Ireland: Practices, Policies and Possibilities*. London: Palgrave
- Lupton, D. (1994). *Illness, disease and the body in Western societies*. London: Sage.
- Madaus, J.W., & Shaw, S.F. (2004). Section 504: The differences in the regulations regarding secondary and postsecondary education. *Intervention in School and Clinic*, 40(2), 81–87.
- Madaus, J. W., Miller, W.K. & Vance, M.L. (2009). Veterans with Disabilities in Postsecondary Education. *Journal of Postsecondary Education and Disability*. 22(1), 10 -17.
- Madaus, J. W., Lalor, A. R., Gelbar, N. W., & Kowitt, J. (2014). The Journal of Postsecondary Education and Disability: From past to present. *Journal of Postsecondary Education and Disability*, 27, 347-356.

- Martinez, P. (2001). *Improving student retention and achievement*. London: Learning and Skills Development Agency.
- Martyn, K.J. & Gibberd, D. (2016). Workshopping transformation: Introducing the concepts of UDL into a BSc Nursing Course. *The Journal of Inclusive Practice in Further and Higher Education*, 7, 70-74.
- Mason, A. (2006). *Levelling the playing field: The idea of equal opportunity and its place in egalitarian thought*. Oxford Scholarship online. Retrieved June 30<sup>th</sup> 2016 from DOI:10.1093/acprof.oso/9780199264414.003.002
- Mathews, N., Mulkeen, S. (2002). *Staying the Course? A Study of Student Retention: UCD entrants 1999-2001*. Retrieved June 30<sup>th</sup> 2016 from <http://www.ucd.ie/registry/admissions/Retention%20Study%201999-2001.pdf>
- May, T. & Perry, B. (2011). *Social Research and Reflexivity: Content, Consequence and Context*. Sage: London.
- McCloy, U. & DeClou, L. (2013). *Disability in Ontario: Postsecondary education participation rates, student experience and labour market outcomes*. Toronto: Higher Education Quality Council of Ontario.
- McConnell, D. (1981). Helping Students with a Disability Achieve their Academic Aims. *Studies in Higher Education*, 6(1), 35-45.
- McDonnell, P. (2007) *Disability and Society: Ideological and Historical Dimensions*. Dublin: Blackhall Press.
- McGivney, V. (2004). *Understanding Persistence in Adult Learning*. Open Learning. 19(1), 33-46. Retrieved from <https://adultlearning.wikispaces.com/file/view/Understanding+persistence+in+adult+Learning.pdf>
- McGuckin, C., Shevlin, M., Bell, S. & Devecchi, C. (2011). *Study of Access and Progression Experiences of Students with SEN Moving From Compulsory Education to FE / HE*. Dublin: NCSE.
- McGuckin, C., Shevlin, M., Bell, S., & Devecchi, C. (2013). *Moving to further and higher education: An exploration of the experiences of students with special educational needs*. Dublin: NCSE.
- McNeely, J. H. (1937). *College Student Mortality*. U.S. Office of Education, Bulletin 1937, No. 11. Washington, DC: US Government Printing Office.
- McNiff, J. Lomax, P. & Whitehead, J. (2003). *You and Your Action Research Project*. 2nd Edition. London: Routledge Falmer.
- Merill, B. (1999). *Gender, Change and Identity: Mature Women Students in Universities*. Hants: Ashgate Publishing.
- Miller, E.J. & Gwynne, G.V. (1972). *A Life Apart*. London: Tavistock.

- Mol, A. (2010). Actor Network Theory: Sensitive Terms and Enduring Tensions, *Kölner Zeitschrift für Soziologie und Sozialpsychologie*. 50(1), 253- 269.
- Monagle, J. (2009). *Four Festivals and a City: A critique of Actor-Network Theory as an approach to understanding the emergence and development of Flagship Festivals in Kilkenny from 1964 to 2004*. Retrieved June 30<sup>th</sup> 2016 from <http://eprints.maynoothuniversity.ie/2286/>
- Mooney, O., Patterson, V., O'Connor, M. & Chantler, A. (2010). *A Study of Progression in Irish Higher Education*. Dublin: Higher Education Authority.
- Moore-Cherry, N., Quin, S. & Burroughs, E. (2015). *Why students leave: Findings from a qualitative study into student non-completion in Ireland*. Retrieved June 11<sup>th</sup> 2016 from <http://www.ucd.ie/t4cms/Reasons%20Why%20Students%20Leave.pdf>
- Morgan, D.L. (1998). Practical Strategies for Combining Qualitative and Quantitative Methods: Applications for Health Research. *Qualitative Health Research*, 8: 362-76.
- Morgan, M., Flanagan, R., & Kellaghan, T. (2000). *A study of non-completion in Institutes of Technology courses*. Dublin: Higher Education Authority.
- Morgan, M., Flanagan, R., & Kellaghan, T. (2001). *A study of non-completion in undergraduate university courses*. Dublin: Higher Education Authority.
- Morris, J. (1991). *Pride Against Prejudice*. London: Women's Press.
- Mortenson, T. (2012). Measurements of Persistence. In A. Seidman (Ed.), *College Student Retention* (2<sup>nd</sup> Edition) (pp. 35-59), New York: Rowman and Littlefield.
- Mullins, L. & Preyde, M. (2013). The lived experience of students with an invisible disability at a Canadian university. *Disability and Society*. 28(2), 147-160.
- Murphy, M. & Fleming, T. (2000). Between Common and College Knowledge: exploring the boundaries between adult and higher education. *Studies in Continuing Education*. 22(1), 77-93.
- Murphy, R. (1987). Encounters: The Body Silent in America. In B. Ingstad & S.R. Whyte (Eds.), *Disability Culture*. Berkeley: University of California Press.
- Murphy, C., Drew, E., Humphreys, P.C., Leigh-Doyle, S., O'Riordan, J., Redmond, S. (2002). *Employment and Career Progression of People with a Disability in the Irish Civil Service*. Dublin: IPA.
- National Audit Office, (2007). *Staying the course: The retention of students in Higher Education*. Retrieved 12<sup>th</sup> June 2011 from [http://www.nao.org.uk/publications/0607/student\\_retention\\_in\\_higher\\_ed.aspx](http://www.nao.org.uk/publications/0607/student_retention_in_higher_ed.aspx)
- National Innovations Centre (NIC), (1974). *Disabled Students in Higher Education*. London: Author.

- NCSE (2009a). *International Review of the Literature of Evidence of Best Practice Models and Outcomes in the Education of Blind and Visually Impaired Children*. Retrieved June 30th 2016 from [http://ncse.ie/wp-content/uploads/2014/10/3\\_NCSE\\_Visual\\_1.pdf](http://ncse.ie/wp-content/uploads/2014/10/3_NCSE_Visual_1.pdf)
- NCSE (2009b). *Evidence of Best Practice Models and Outcomes in the Education of Deaf and Hard-of-Hearing Children: An International Review*. Retrieved June 30th 2016 from [http://ncse.ie/wp-content/uploads/2014/10/1\\_NCSE\\_Deaf.pdf](http://ncse.ie/wp-content/uploads/2014/10/1_NCSE_Deaf.pdf)
- Nespor, J. (1994). *Knowledge in Motion: Space, Time and Curriculum in Undergraduate Physics and Management*. London: The Falmer Press.
- Nettleton, S. (1995). *The Sociology of Health and Illness*. Cambridge: Polity Press.
- Newman, L., Wagner, M., Cameto, R. & Knokey, A. M. (2010). *Comparisons across time of the outcomes of youth with disabilities up to 4 years after high school: A report of findings from the National Longitudinal Transition Study (NLTS) and the National Longitudinal Transition Study-2*. Retrieved June 30th 2016 from <http://ies.ed.gov/ncser/pubs/20103008/pdf/20103008.pdf>
- Nimmo, R. (2010). *Milk, Modernity and the Making of the Human: Purifying the Social*. London: Routledge.
- O'Connell, P.J., Clancy, D. & McCoy, S. (2006). *Who went to College in 2004? A national survey of new entrants to Higher Education*. Dublin: Higher Education Authority
- OECD. (2003). *Disability in Higher Education*. Paris: OECD. Retrieved June 30th 2016 from <http://leshem.telhai.ac.il/articles/Disability%20in%20Higher%20Education.pdf>
- OECD, (2007). *Education at a Glance 2007: OECD Indicators*. Paris: OECD. doi: 10.1787/eag-2007-en
- OECD. (2011). *Inclusion of students with disabilities in tertiary education and employment. Education and training policy*. OECD Publishing. doi.org/10.1787/9789264097650-en
- OECD (2014), *Education at a Glance 2014: OECD Indicators*. OECD Publishing. <http://dx.doi.org/10.1787/eag-2014-en>
- OECD. (2015). *Education at a Glance 2015: OECD Indicators*. Retrieved June 30th 2016 from [http://download.ei-ie.org/Docs/WebDepot/EaG2015\\_EN.pdf](http://download.ei-ie.org/Docs/WebDepot/EaG2015_EN.pdf)
- Oliver, M. & Barnes, C. (1998). *Disabled People and Social Policy: From Exclusion to Inclusion*. Harlow: Longman.
- Oliver, M. (1990). *The Politics of Disablement*. London: Macmillan.

- Oliver, M. (2004). If I Had a Hammer: The Social Model in Action. In J. Swain, S. French, C. Barnes & C. Thomas (Eds.), *Disabling Barriers – Enabling Environments*. (pp. 7-12). London: Sage.
- Olsen, A. & Spain, J. (2009). *Staying the Course: Retention and Attrition in Australian Universities*. Retrieved June 30<sup>th</sup> 2016 from <http://www.spre.com.au/download/AUIDFRetentionResultsFindings.pdf>
- Parsons, T. (1951). *The Social System*. London: Routledge & Kegan Paul Ltd.
- Parsons, T. (1971). *The Systems of Modern Societies*. Englewood Cliffs, NJ: Prentice-Hall
- Pascarella, E. T., Terenzini, P.T. (2005). *How college effects students, Volume 2, A Third Decade of Research*. San Francisco: Jossey-Bass.
- Pathways to Education, (2010). Students with disabilities tracking report – 2005 intake. An analysis of their progression, retention and success through higher education institutions. Retrieved June 30<sup>th</sup> 2016 from [www.pathwayscork.ie/wp-content/uploads/2010/09/Students-with-Disabilities.pdf](http://www.pathwayscork.ie/wp-content/uploads/2010/09/Students-with-Disabilities.pdf)
- Patterson, V. & Prendeville, N. (2012) A Study of Progression in Irish Higher Education Institutions 2010/11 to 2011/12. HEA. Retrieved from: [http://www.hea.ie/sites/default/files/a\\_study\\_of\\_progression\\_in\\_irish\\_higher\\_education\\_institutions\\_2010-11-2011-12\\_0.pdf](http://www.hea.ie/sites/default/files/a_study_of_progression_in_irish_higher_education_institutions_2010-11-2011-12_0.pdf)
- Paul, S. (2000). Students with disabilities in higher education: A review of the literature. *College Student Journal*. 34(2), 200-210.
- Perske, R. (1972). The dignity of risk. In W. Wolfensberger (Ed.). *Normalization: The principle of normalization in human services* (pp. 194-200). Toronto: National Institute on Mental Retardation
- Pickering, N. (1995). *The Mangle of Practice: Time, Agency and Science*. Chicago: University of Chicago Press.
- Pingry O'Neill, L.N., Markward, M.J. & French, J.P. (2012). Predictors of Graduation among College Students with Disabilities. *Journal of Postsecondary Education and Disability*. 25(1), 21-36.
- Pinker, S. (2002). *The Blank Slate*. New York: Viking.
- Pollak, D. (2009). *Neurodiversity in Higher Education: Positive Responses to Specific Learning Differences*. Chichester: Wiley-Blackwell.
- Popper, K. (1992). *The Logic of Scientific Discovery*. London: Routledge.
- Priestley, M. (2003). *Disability: A life course approach*. Cambridge, Polity Press
- Punch, K. (1998). *Introduction to Social Research: Quantitative and Qualitative Approaches*. London: Sage.

- Quinn, J., Thomas, L., Slack, K., Casey, L., Thexton, W., & Noble, J. (2005). *From life crisis to lifelong learning: Rethinking working-class 'drop out' from higher education*. Staffordshire University: Joseph Rountree Foundation.
- Ramcharan, P. & Cutcliffe, J. R. (2001). Judging the ethics of qualitative research: considering the "ethics as process" model. *Health & Social Care in the Community*. 9(6), 358–66.
- Redmond, B., Quinn, S., Devitt, C. & Archbold, J. (2011). *A qualitative investigation into the reasons why students exit from the first year of their programme and UCD*. Dublin: University College Dublin. Retrieved from <http://www.ucd.ie/t4cms/Reasons%20Why%20Students%20Leave.pdf>
- Reilly, D. (2013). *Guide for Students with Disabilities on Professional Placement*. Retrieved June 30<sup>th</sup> 2016 from <https://www.tcd.ie/disability/assets/doc/pdf/Guide%20for%20Students%20with%20Disabilities%20on%20Placement.pdf>
- Reilly, P. (1991). *The Surgical Solution: a history of involuntary sterilization in the United States*. Baltimore: John Hopkins University Press.
- Riddell, S., Tinklin, T. & Wilson, A. (2005). *Disabled Students in Higher Education Perspectives on widening access and changing policy*. London: Routledge.
- Rigler, M. (2013). *The Retention of College Students with Disabilities: What Encourages them to Stay in College?* Retrieved June 30<sup>th</sup> 2016 from <http://scholar.utc.edu/cgi/viewcontent.cgi?article=1515&context=theses>
- Rose, R., Shevlin, M., Winter, E., & O' Raw, P. (2010). Special and inclusive education in the Republic of Ireland: reviewing the literature from 2000 to 2009. *European Journal of Special Needs Education*. 25(4), 357–371.
- Rose, R. & Shevlin, M. (2015). This is what works for me: Students reflect on their experiences of special needs provision in Irish mainstream schools. In E. A. West (Ed.), *Including Learners with Low-Incidence Disabilities (International Perspectives on Inclusive Education)*. (5).183 – 202. Bingley, UK: Emerald Group Publishing Limited.
- Rose, R., Shevlin, M., Winter, E., & O' Raw, P. (2015). *Project IRIS – Inclusive Research in Irish Schools: A longitudinal study of the experiences of and outcomes for pupils with special educational needs (SEN) in Irish Schools*. Retrieved from <http://ncse.ie/wp-content/uploads/2016/07/02383-NCSE-Research-Report-19-Project-IRIS.pdf>
- Rothman, D.J. (1990). *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Rev. ed. Boston: Little Brown.
- Rubin, H.J. & Rubin, I.S. (2005). *Qualitative Interviewing: The Arts of Hearing Data (2nd edition)*. California, Thousand Oaks, Sage.



- Salend, S.J. (2008). Determining appropriate testing accommodations: Complying with NCLB and IDEA. *Teaching Exceptional Children*. 40, 14-23.
- Scull, A. (1991). Psychiatry and Social Control in the Nineteenth and Twentieth Centuries. *History of Psychiatry*. (2)149-69.
- Semonin, P. (1996). "Monsters in the Marketplace: The Exhibition of Human Oddities in Early Modern England." In *Freakery: Cultural Spectacles of the Extraordinary Body*, ed. Rosemarie Garland Thomson, 69-81. New York: New York University Press.
- Seidman, A., (Ed.). (2012). *College student retention 2nd Edition: Formula for student success*. New York. ACE/Rowman & Littlefield.
- Shakespeare, T. & Watson, N. (2002). The Social Model of Disability: an outdated ideology? *Research in Social Science and Disability*. (2), 9-28.
- Shaw, S., Madaus, J. & Dukes, L. (Eds.). (2010). *Preparing students with disabilities for college success*. Maryland, USA: Brookes.
- Shevlin, M. & Rose, R. (Eds.). (2003) *Encouraging Voices: Respecting the insights of young people who have been marginalised*. Dublin: National Disability Authority
- Shevlin, M., Kenny, M. & McNeela, E. (2004). Participation in higher education for students with disabilities: an Irish perspective. *Disability & Society*. (19) 15-30.
- Shrewsbury, D. (2015). Disability and participation in the professions: examples from higher and medical education, *Disability & Society*, 30:1, 87-100. Retrieved from DOI: 10.1080/09687599.2014.982785
- Silverman, D. (2010). *Doing Qualitative Research*. London: Sage.
- Skill, (1997). *The Coordinator's Handbook*. Skill: London
- Skill, (1993). *Higher Education and Disability: A guide to higher education for people with disabilities*. Skill, National Bureau for Students with Disabilities
- Smith, E. & McCoy, S. (2009). *Investing in Education: Combating Educational Disadvantage*. Dublin: Economic, Social Research Institute.
- Spady, W. (1971). Dropouts from Higher Education: An Interdisciplinary Review and Synthesis. *Interchange*. 1. 64-65
- Squires, G., Kalambouka, A. & Bragg, J. (2016). *A Study of the Experiences of Post Primary Students with Special Educational Needs*. Retrieved from <http://ncse.ie/wp-content/uploads/2016/07/NCSE-A-Study-of-the-Experiences-of-Post-Primary-Students-with-Special-Ed-Needs.pdf>

- Stake, R. (2000). Qualitative Case Studies. In N. Denzin & Y. Lincoln (Eds.), *The Sage Handbook of Qualitative Research*, 3rd edn (pp. 443 - 466). Thousand Oaks, California: Sage.
- State Examination Commission. (SEC), (2016). Reasonable Accommodations for Junior and Leaving Certificate Examinations 2016. Retrieved from [https://www.examinations.ie/schools/cs\\_view.php?q=4bf7fcc591e7d9bfa7bf02dcd307d91c7ea0520a](https://www.examinations.ie/schools/cs_view.php?q=4bf7fcc591e7d9bfa7bf02dcd307d91c7ea0520a)
- Stiker, H. (1997). *A History of Disability*. Ann Arbor: University of Michigan Press
- Summerskill, J. (1962). In N. Sanford (Ed.), *The American College*. New York: Wiley
- SUSI, (2015). *Student Universal Support Ireland*. Retrieved March 28th 2016 from [www.susi.ie](http://www.susi.ie)
- Swail, W.S., Redd, K.E. & Perna, L. W. (2003). *Retaining Minority Students in Higher Education: A Framework for Success*. Retrieved from June 30<sup>th</sup> 2016 from [http://www.educationalpolicy.org/pdf/Swail\\_Retention\\_Book.pdf](http://www.educationalpolicy.org/pdf/Swail_Retention_Book.pdf)
- Szasz, T. (1961). *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*. New York: Harper & Row.
- Tashakkori, A. & Teddlie. C, (1998). *Mixed Methodology, Combining Qualitative and Quantitative Approaches*. Thousand Oaks, California: Sage.
- Tashakkori, A. & Teddlie. C, (2003). *Handbook of Mixed Methods in Social and Behavioural Research*. Thousand Oaks, California: Sage.
- Thomas, C. (2002). Disability theory: Key ideas, issues, and thinkers. In C. Barnes, M. Oliver & L. Barton (Eds.), (pp 38-57). *Disability Studies Today*. Cambridge: Polity.
- Thomas, L. (2001). *Widening Participation in Post-Compulsory Education*. London: Continuum
- Thomas L. (2002). Student retention in higher education: the role of institutional habitus. *Journal of Educational Policy* 17(4), 423-442.
- Thomas, L. (2012). *Building Student Engagement and Belonging in Higher Education at a Time of Change: final report from the What Works?* Retrieved from June 30<sup>th</sup> 2016 from [https://www.heacademy.ac.uk/system/files/what\\_works\\_final\\_report\\_0.pdf](https://www.heacademy.ac.uk/system/files/what_works_final_report_0.pdf)
- Thomas, L., Quinn, J., Slack, K., & Casey, L. (2002). *Student services: Effective approaches to retaining students in higher education*. Institute for Access Studies: Staffordshire University.
- Thomson, R.G., (1998). The Beauty and the Freak. *Disability, Art and Culture* 37 (3), Retrieved from June 30<sup>th</sup> 2016 from: <http://hdl.handle.net/2027/spo.act2080.0037.312>

- Tierney, W.G., (1992). An anthropological analysis of student participation in college. *Journal of Higher Education*. 63(6), 603–18.
- Tinto, V. (1975). Dropout from Higher education: a theoretical synthesis of recent research. *Review of Education Research*. 45, 89-125.
- Tinto, V. (1987). *Leaving College: Rethinking the causes and cures of student attrition*. Chicago: University of Chicago Press.
- Tinto, V. (1993). *Leaving college: Rethinking the causes and cures of student attrition*. (2nd ed.). Chicago: University of Chicago Press.
- Tinto, V. (2012a). *Completing College: Rethinking Institutional Action*. Chicago: University of Chicago Press
- Tinto, V. (2012b). Moving from Theory to Action: A Model of Institutional Action for Student Success. In A. Seidman (Ed.), *College Student Retention: Formula for Student Success* (pp. 251-266). Plymouth: Rowman and Littlefield Publishers,
- Tomlinson, S, (1985a). *A Sociology of Special Education*. London: Routledge and Kegan Paul.
- Tomlinson, S. (1985b). The expansion of special education. *Oxford Review of Education*, 11(2): 157-65.
- Tomlinson, S. (1987). The Irresistible rise of the SEN industry. *Oxford Review of Education*, 38/3: 267-286
- Tremain, S. (2002). On the Subject of Impairment. In M. Corker & T. Shakespeare (Eds.), *Disability/Postmodernity: Embodying Disability Theory* (pp: 32-47). London: Continuum.
- Tremain, S. (2005). *Foucault and the Government of Disability*. Ann Arbor: University of Michigan Press.
- Trinity College Dublin. (2010). *Senior Lecturer's Annual Report 2009/10*. Retrieved from: <https://www.tcd.ie/teaching-learning/council/senior-lecturer-reports.php>
- Trinity College Dublin. (2012). *Senior Lecturer's Annual Report 2010/11*. Retrieved from: <https://www.tcd.ie/teaching-learning/council/senior-lecturer-reports.php>
- Trinity College Dublin. (2013). *Senior Lecturer's Annual Report 2011/12*. Retrieved from: <https://www.tcd.ie/teaching-learning/council/senior-lecturer-reports.php>
- Trinity College Dublin. (2014). *Strategic Plan 2014-2019*. Retrieved June 30<sup>th</sup> 2016 from <https://www.tcd.ie/strategy/>
- Trinity College Dublin. (2015). *Senior Lecturer's Annual Report 2013/14*. Retrieved from: <https://www.tcd.ie/teaching-learning/council/senior-lecturer-reports.php>

- Troxel, W.G. (2010). *Student persistence and success in United States higher education: a synthesis of the literature*. York: Higher Education Academy. Retrieved June 12th 2016 from [https://www.heacademy.ac.uk/resources/detail/evidencenet/US\\_retention\\_synthesis](https://www.heacademy.ac.uk/resources/detail/evidencenet/US_retention_synthesis)
- Tubridy, J. (1996). *Pegged Down: Experiences of people in Ireland with significant physical disabilities*. Dublin: IPA.
- Tudor, G. (1974). The Study Problems of Disabled Students in the Open University. *Teaching at a Distance*. (9), 43-49.
- Tuffrey-Wijne, I., Bernal, J. & Hollins, S. (2008). Doing research on people with learning disabilities, cancer and dying: ethics, possibilities and pitfalls. *British Journal of Learning Disabilities*. 36(3), 185–90.
- Turner, B. S. (1982). The Government of the Body: Medical Regimens and the Rationalization of Diet. *British Journal of Sociology*. 33: 254-269.
- UNESCO (1994). *Salamanca Statement and Framework for Action on Special Needs Education*. Salamanca: UNESCO. Retrieved June 30<sup>th</sup> 2016 from <http://unesdoc.unesco.org/images/0011/001107/110753eo.pdf>
- United Nations General Assembly (2006). *Convention of the Rights of People with Disabilities (CRPD)*. New York: United Nations General Assembly
- University of York, (1999). *The Archive of the Wilberforce Memorial*. York: University of York. Retrieved June 30<sup>th</sup> 2016 from <https://www.york.ac.uk/borthwick/holdings/guides/research-guides/disability/wilberforce-school-for-the-blind/>
- UPIAS (1976). *Fundamental Principles of Disability*. London: UPIAS
- UPIAS, (1976b). *Founding Statement*. Retrieved June 30<sup>th</sup> 2016 from <http://disability-studies.leeds.ac.uk/files/library/UPIAS-UPIAS.pdf>
- van Gennep, A. (1960). *Rites of Passage*. Routledge and Kegan Paul Ltd: London
- van Stolk, C., Tiessen, J., Clift, J. & Levitt, R. (2007). *Student retention in higher education courses. International comparison*. Report prepared for the National Audit Office. Cambridge: RAND Corporation. Retrieved June 30<sup>th</sup> 2016 from [http://www.nao.org.uk/publications/nao\\_reports/06-07/0607616\\_international.pdf](http://www.nao.org.uk/publications/nao_reports/06-07/0607616_international.pdf)
- Vickerman, P. & Blundell, M. (2010). Hearing the voices of disabled students in higher education, *Disability & Society*, 25:1, 21-32. Retrieved from DOI: 10.1080/09687590903363290
- Walsh, J. (2014). A Contemporary History of Irish Higher Education. In A. Loxley, J. Walsh & A. Seery (Eds.), *Higher Education in Ireland: Practices, Policies and Possibilities* (pp. 33-54). London: Palgrave.

- Wengraf, T. (2001). *Qualitative Research Interviewing*. California, Thousand Oaks, Sage.
- Wessel, R.D., Jones, J.A., Markle, L. & Westfall, C. (2009). Retention and Graduation of Students with Disabilities: Facilitating Student Success. *Journal of Postsecondary Education and Disability*. 21(3), 116-125.
- WHO / World Bank. (2011). *World Report on Disability*. Geneva: WHO Press. Retrieved from [http://www.who.int/disabilities/world\\_report/2011/report.pdf](http://www.who.int/disabilities/world_report/2011/report.pdf)
- WHO. (2002). *Towards a Common Language for Functioning, Disability and Health*. Retrieved June 30<sup>th</sup> 2016 from <http://www.who.int/classifications/icf/icfbeginnersguide.pdf>
- Whyte, G. (2002). *Social Inclusion and the Legal System: Public Interest Law in Ireland*. Dublin: IPA.
- Wilkinson, R.G. (2005). *The Impact of Inequality: How to Make Sick Societies Healthier*. New York: The New Press.
- Williams, S. (2001). Chronic illness as biographical disruption or biographical disruption as chronic illness. *Sociology of Health and Illness* 22(1), 40-67.
- Williams-Jones, B. and Graham, J. (2003). Actor-Network Theory: a tool to support ethical analysis of commercial genetic testing. *New Genetics and Society* 22(3), 271-296.
- Wilson, M. (1994). Exclusion, participation and quality of life. In Combat Poverty Agency (Ed.), *Disability, Exclusion & Poverty* (pp. 133-141). Dublin: Editor
- Winance, M. (2006). Trying out the wheelchair: The mutual shaping of people and devices through adjustment. *Science, Technology and Human Values*. 31(1), 52-72.
- Windle, J. (2012). The Social Experience of Physically Disabled Australian University Students. *Disability and Society*. 27(7), 935-947.
- Wolfensberger, W. (1972). *The Principle of Normalization in Human Services*. Toronto: National Institute on Mental Retardation.
- Woodside, M. (1950). *Sterilization in North Carolina*. Chapel Hill, N.C., University of North Carolina Press.
- Wray, J., Aspland, J., & Barrett, D. (2014). Choosing to stay: looking at retention from a different perspective. *Studies in Higher Education*. 39(9), 1700-1714.
- Yin, R. K. (2003). *Case Study Research, Design and Methods*, 3rd ed. Newbury Park: Sage.
- Yorke, M. (1999). *Leaving Early: Undergraduate Non-Completion in Higher Education*, London, Taylor and Francis.

Yorke, M. & Longden, B. (2004). *Retention and Student Success in Higher Education*, Maidenhead, Open University Press.

Young, I.M. (1990). *Justice and the Politics of Difference*. Princeton University Press.