



Improving non-medical help for
Disabled students in higher education -
additional information

About this document	3
Outline	3
Additional information about current DSA provision	4
Key points to consider	4
Call for evidence	5
Lack of integration of support	5
Administration of NMH	6
NMH supply shortages	6
Value for money	6
Developments in HEP provision	7
Future of the non-medical help system	7
References	10
Appendix 1	11
Call for Evidence Questions	11

About this document

The Government has opened a [Call for Evidence](#) entitled "Improving non-medical help for disabled students in higher education". Non-medical help (NMH) support is the name given to human support funded by Disabled Students Allowances (DSA). The information document accompanying the Call for Evidence sets out a series of statements about current and potential future DSA provision, to inform responses. We believe that some statements provided in that document are misleading, and largely without evidence.

As a group of sector organisations who are experts in the operational and contextual aspects of Disabled Students Allowances, we have created this document to provide, what we feel, is important additional information for you to consider before you respond to this Call for Evidence.

It has been written by:

- [ADSHE](#) (420 members)
- [ANMHP](#) (155 members)
- [NADP](#) (1700 members)
- [PATOSS](#) (3100 members)
- [UMHAN](#) (710 members)

We do not advocate for any particular model of support, however, we believe that Disabled students deserve the best quality support, and that alongside the Equality Act 2010, DSA is vital for ensuring that they can access Higher Education on a level playing field with their peers. We have campaigned for students to receive the best quality NMH support for many years, through our membership of the [Disabled Students Stakeholder Group](#) and in other ways, and believe this should be the focus of any future reforms.

Although HEPs have made advances over the previous decades to become more inclusive, in reality they are far from achieving a state where non-medical help support is no longer needed ([Disabled Students UK, 2023](#)).

Outline

The deadline to respond is 3rd July 2024.

The Call for Evidence is aimed at:

- Higher education providers (HEPs).
- Current and prospective Disabled students in HE, and HE graduates.
- Stakeholders within the HE sector working with Disabled students.
- Groups working with Disabled people wishing to enter HE.
- Disability charities and wider advocacy organisations working with Disabled people.
- Those working in the DSA sector, including DSA NMH providers.

Additional information about current DSA provision

In 2016 elements of non-specialist NMH provision (“Bands 1 and 2”) were removed from DSA with the [Minister for Universities and Science stating](#) “HEIs are expected to consider how they deliver information to students and whether strategies can be put in place to reduce the need for support workers and encourage greater independence and autonomy for their students.” Universities were provided with additional Disability Premium payments to fund this change in responsibilities, which was not ring-fenced or audited ([Newman, 2020](#)).

A reform and procurement exercise has recently been undertaken for other elements of DSA - the initial assessment of needs, and the provision of Assistive Technology (AT) and AT training. This resulted in 2 companies being awarded the tender, which came into operation on 26/2/24. To date there is no significant data on the operational aspects of this process, or anything to assess the performance or quality of the provision; we feel it would be premature to introduce further reforms without understanding the impact this has had on Disabled students.

Key points to consider in your response to the Call for Evidence

- On the whole students greatly value their NMH support. [Matthews, 2020](#) reports ‘Students consistently report improved course engagement and attainment, better participation in student life, increased ability to take responsibility for their own mental health, improved relationships with peers, academic staff and family, and better preparedness for work after graduation. These outcomes are not only beneficial to the individual student, but benefit the institution and wider society by ensuring successful completion of studies and entry into the workforce.’
- However, we do not think that the call for evidence is in a format or at a time which will encourage students to engage with it. The document has lengthy text before even coming to the questions to be addressed, and many of the questions require a technical understanding of the DSA process, rather than being plainly linked to the student experience; students are also in the midst of their examination and end of year assignment period.
- Since the last [reform of NMH support](#), where HEPs were tasked with focussing on inclusive practice and their anticipatory duties under the Equality Act, there have been some advances made. However, many were slow to implement (for example lecture recording) and not without additional costs. ([Disabled Students’ Commission, 2022](#); [Borkin, 2021](#); [Borkin et al., 2024](#)). See also TASO’s ‘What works’ report on reducing equality gaps for disabled students (2023) which speaks to the dearth of evaluative evidence around both transition support and reasonable adjustments; thus, the sector is unable to reasonably assess whether these approaches achieve their intended impact.
- Disability and Mental Health Services are already under great pressure, with heavy caseloads, and would need huge investment to support Disabled students no longer receiving DSA NMH support.

- Even if HEPs were given block funding, and provided like-for-like support this would require large amounts of administration, and include recruitment, training, and quality assurance. The experiences of Imperial College London and Cambridge University should be explored to provide evidence of what has been required in their approaches.
- If stretched student support services in HEPs are already failing to help students access and make the most of their allocated provision, what changes and further staffing might be required to provide more universal, 'inclusive' services?
- How would this be independently evaluated if implemented across the sector?
- A procurement model, as has been adopted for the assessment/AT elements of DSA, might provide some administrative efficiencies and cost saving in terms of purchasing at scale. However, there is no evidence of success for this recently introduced approach at the moment. We would be concerned that this might lead to the loss of significant experience and skill.
- There has been insufficient time for new, existing and 'legacy' students to be adopted into the procurement model for the needs assessment/AT elements of DSA. Until this has completed any additional changes would cause disruption to students and to institutions who advise and provide guidance to students.
- Equality Impact Assessment - the statements included in this section are very speculative, for example "the model where a HEP takes overall responsibility could, if the policy aim is achieved, have important positive impacts on the participation and completion rates of disabled students in higher education and on their post-study outcomes". For such an important area of provision for Disabled students, there should be a meticulous Equality Impact Assessment with an evidence-based approach. Disabled students are not one homogenous group, and Equality Impact Assessments undertaken should reflect the diversity and wide range of disability and neurodiversity categories.

Further Information to inform responses to the Call for Evidence

The call for evidence document provides the following **background information**:

- *In the 2021/22 academic year, £58.5m was spent on NMH support for undergraduate DSA recipients with 83,111 students in receipt of DSA during that period..*
 - This equates to an average of £703.87 per student. The spend per student appears comparatively low, which does not suggest the need for further efficiencies, and cuts.
- *Our rationale for considering changes to the current NMH system is because the basic structure has been in place for many years and we wish to consider whether it should be adapted to take into account, for example, developments in the way support is delivered, new technologies, and the way in which HEPs support their disabled students. In addition, we have reason to believe that the current system is not working optimally.*

- There is a lack of information about what is considered “new technologies”. Technological innovations can support certain categories of disabled students but their use often requires tailoring, training and many different types of equipment, ranging from physical aids to computer-assisted technologies and AI. There is little evidence that these have a positive impact on, for example, student mental health, or that they should be a replacement for human support.
- Similarly, there is an example used in the document which describes how mental health and wellbeing services have received additional investment, however, much of this has focused on either general student population wellbeing support, or crisis support, rather than the tailored support provided by Specialist Mental Health Mentors.

The Call for Evidence also outlines the following key areas which it states are issues with the current system.

Lack of integration of support

- *A key issue that has been raised with the current system is the lack of integration between DSA-funded support and the support provided by the student’s HEP...Feedback from the sector suggests that this can make it very difficult for HEPs to provide joined-up, integrated support services for their disabled students; even where the student does share information about the support they have been awarded through DSA, this does not necessarily make it easier to link up DSA support with HEP support because decisions on the student’s DSA entitlement have already been taken. It has also been suggested that this is a barrier to HEPs implementing the generally preferred social model of disability...*
 - There is a lack of evidence to support these statements or that this prevents HEPs delivering the social model. What is stopping HEIs from providing a 'social model' of disability, if that's what they want? (If they really wanted this they could start by making their entire estates and buildings fully accessible, for example).

Administration of NMH

- *A 2019 research report commissioned by the DfE found that 34% of students who were eligible for DSA did not use all the support offered to them. 13% of these students said that this was because they had difficulties organising the process of accessing the support, and 11% said that they did not know how to access the support that had been identified for them ([Johnson et al., 2019](#))*
 - We agree that this process and information, advice and guidance about DSA should be improved and have discussed this with both the Department of Education (DfE) and Student Loans Company (SLC). A possible solution is that SLC could ask the student to consent to share information directly to the NMH provider, for example. Another improvement would be an accessible

student dashboard where a student can clearly see what stage their application is at, and what action they need to take next; this has been already planned by SLC, we believe, but has yet to come into place.

NMH supply shortages

- *On some occasions there have not been sufficient NMH support workers available in some roles to support all the students who have been recommended those roles. This issue tends to affect particularly specialist roles such as BSL interpreters and mobility trainers, and can cause significant delays in support for affected students.*
 - Due to a lack of data provided, it is unclear how common an occurrence this is. It is also hard to understand how changing the model of provision might improve these shortages.
 - Standards of provision must be supported by appropriately qualified staff.
 - There are currently mandatory qualifications for NMH roles, which can have an impact on supply; if HEPs are given overall responsibility for delivery, will they still have to adhere to the same mandatory qualifications?

Value for money

[Department of Education DSA guidance](#) states “Expenditure being considered for DSA purposes must be reasonably incurred and appropriate to the individual needs of the student.” We recognise that the Government has a duty to ensure that taxpayer’s money is spent wisely.

One to one support is highly valued by Disabled students; by having an expert practitioner to talk to, they can discuss and create strategies specific to their own personal circumstances. NMH interventions such as study skills and mentoring provide students with life long strategies that support their transition into the workforce and make them confident to articulate their needs.

Within HEPs it is more than ever the case that students are referred to online resources for support, a virtual learning environment or recordings where the approach is generic. The value of NMH is that it is a disabled students' space where their voice and their particular challenges can be heard, and tailored solutions are offered. This would be hard to replace in group sessions, for example, where there would have to be a move to general positions and generalised suggestions for support. There are also initial stages of research which illustrate specialist NMH support is successful and helps Disabled students to reach their fullest potential on their course.

See comment above about actual DSA spend per student in receipt of DSA.

Areas we wish to highlight:

- The cost bands for NMH support have not increased in over 5 years, despite increases in the cost of living and inflation.

- During this period, in many instances the pay rate of individuals providing NMH services in real terms has decreased with unpaid admin work commonplace ([UMHAN, 2022](#); [ADSHE, 2022](#))
- Selection based on lowest price ignores quality of provision and continuing reduction in remuneration in real terms has seen an erosion of quality supply.
- There is a lack of focus on providing the best quality provision for Disabled students, or agreement on what successful outcomes for NMH provision are.
- The Disability Premium for Higher Education Providers was doubled to £40 million in 2016 to support the costs associated with bringing other non-specialist types of NMH support (“Band 1 and 2”) in-house. It has been held at this level since 2016 and has been devalued through inflation, yet services have had to grow with the significant increase in numbers of students sharing that they have a disability. The use of the Disability Premium is not ring-fenced or audited for direct spending on Disabled students’ support.
 - The concern is that, like tuition fees, any additional funding provided in order to bring remaining NMH provision in-house would also remain frozen for a prolonged period of time and also not be ring-fenced.

Developments in HEP provision

The document details non-compulsory guidance provided to the sector about supporting Disabled students and also describes some ways that mental health and wellbeing support has changed over the past 8 years. However, it has not provided any evidence that this has improved the experience or attainment of Disabled students.

Student:staff ratios in specialist areas such as Disability Services and Mental Health Services have greatly increased over recent years, and vary hugely between institutions. For example, on average a Disability Adviser now supports 583 Disabled students (Borkin 2023); Mental Health Advisers are reporting higher degrees of risk and complexity with increasing caseloads in many areas ([UMHAN, 2023](#)). Adding to staff workloads by making changes to NMH provision has the potential to create longer delays for students and threaten quality standards.

Future of the non-medical help system

The Call for Evidence implies that the DSA system perpetuates a deficit, medical model of disability and that shifting the responsibility to HEPs would address this issue and enable a social model to be applied.

This is an over-simplistic view that perpetuates a binary position about models of support for disability. The DSA process would be better reviewed to reconsider the nature of the evidence required. For example, ECHPs could be accepted as suitable evidence. This would go some way to address the medical, deficit aspects of the DSA process.

Some students face barriers to learning that will still require specialist knowledge and the experience of professionals such as psychiatrists, diagnostic assessors, specialist tutors and

mental health professionals and these professionals are also key to providing high quality and appropriate non medical help support for the future.

One key argument for transferring NMH to HEPs set out in the call for evidence documentation is that it would support a move towards enhancing inclusive practice, reducing the need for individualised adjustments and embracing a social model approach. While we encourage the adoption of inclusive practices across the entire student experience and the implementation of universal design for learning, HEPs are a very long way from a position to deliver this to the extent required to remove the need for NMH. Additionally, irrespective of the adoption of inclusive practice individualised adjustments including NMH will still be needed for many students.

In the case of students with multiple disabilities, and students with significant sensory impairments, universities are often paying tens of thousands of pounds in support costs which far exceed the limits of DSA. Budgets being squeezed has led to behavioural change across the sector, for example, a university which previously offered Deaf Student Open Days no longer does so. The danger with removing individual funding is that disabled students are seen as unaffordable and resource intensive, which reinforces ableism at a time when it is prevalent in society, rather than supporting universities on their journeys to inclusion.

Inclusive practice and inclusive curriculum design is incredibly important, but patchy across the sector, and even within a single HEI, there is significant variation at course and even at module level. Universities cannot implement this overnight; it will take time, and joined up approaches and improved training, guidance and regulatory incentive is needed to ensure that there is shared understanding of what good inclusive practice looks like, and designing away common barriers.

As well as practical problems associated with fluctuating and unpredictable student numbers (particularly when it comes to students with high need but low incidence disabilities), the challenge of on-costs and the extra administrative burden of removing the current DSA model would be insurmountable for some universities if funding was instead distributed to HEPs directly in a similar way to the Disability Premium.

Finally, DSA is addressing the problems associated with a fragmented education system. SEND support in schools and funding associated with EHCPs is inadequate, inconsistent and insufficient. It is hard to get support, for example, for students with dyslexia and related neurodiversities who haven't obviously fallen behind the expected levels for their peers, but are working much harder to achieve less than their potential (often to the detriment of their mental health). These students typically have underdeveloped strategies and academic self-construct on arrival in HE. They also need to adapt to a new way of learning and teaching, and also to new technologies at the point of transition.

Comparing UK disabled students to their peers in the Netherlands, where assistive technology and equipment follows the young person from primary school all the way to university and employment, it becomes apparent that DSA is bridging a lot of gaps that have caused disparities in outcomes. These disparities are not the fault of the HEP, and fully addressing these gaps cannot be done by inclusive curriculum design alone. For our

disabled students to thrive in higher education both individual DSAs and a more robust system of embedding and monitoring inclusive academic practice and inclusive student experience is needed. One without the other severely limits progress.

We believe there are potential opportunities under the current system which have yet to be realised, and which should be enacted upon before any reduction of individual entitlements.

Any future plans should also involve extensive consultation with disabled students and those directly involved in the delivery of NMH provision.

Current provision

<p>Strengths</p> <ul style="list-style-type: none"> ● Person-centred approach and personalised package of support ● Safeguards a minimum level of support ● Qualified and experienced practitioners, who often have good links to and knowledge of HEPs ● Student does not need to disclose to HEP 	<p>Further improvements required</p> <ul style="list-style-type: none"> ● Communication between suppliers and HEPs and vice versa ● Large number of providers with little oversight - quality control is mainly internal
<p>Opportunities</p> <ul style="list-style-type: none"> ● Improve or develop more inclusive practice, ensuring this includes curriculum, assessment, teaching, learning and physical accessibility. ● Improve training of academic staff on disability awareness, accessibility and inclusive design ● Data/information integration improvements 	<p>Threats</p> <ul style="list-style-type: none"> ● Declining pay rates not increasing with inflation ● Face to face support is challenging to source in some areas ● Some roles are challenging to source due to multiple factors

Removal of individualised support package

<p>Strengths</p> <ul style="list-style-type: none"> ● There may be less administration for students 	<p>Weaknesses</p> <ul style="list-style-type: none"> ● Universities responsible for providing any 1:1 support, including rooms ● Students do not receive the individualised support they need ● Liable to create more work for Disability and Mental Health Services ● Students are required to disclose to their HEP ● Lack of funding consistency in 4
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	nations may lead to inequalities
<p>Opportunities</p> <ul style="list-style-type: none"> ● Potential for development of more inclusive practice ● Potential for more creative solutions 	<p>Threats</p> <ul style="list-style-type: none"> ● Loss of experienced and qualified staff ● Less availability of support - students are less likely to receive weekly sessions due to limited staff numbers ● Significant cost burden for high impact students, institutions with higher percentages of Disabled students, and small and specialist providers ● Financial pressures on HEPs could lead to decrease in support provision ● Lack of external quality assurance likely to lead to inconsistency and “postcode lottery” effect on support ● Lack of input by national organisations with sector overview

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Appendix 1

Call for Evidence Questions

What do you consider is working well for students in the current NMH system?

What do you consider is working well for HEPs in the current NMH system?

What do you consider is working well for DSA suppliers in the current NMH system?

What aspects of the current NMH system do you consider are not working well for students?

What aspects of the current NMH system do you consider are not working well for HEPs?

What aspects of the current NMH system do you consider are not working well for DSA suppliers?

Do you have any suggestions for how the current NMH system could be improved?

Do you consider it more important for a student to have an individual entitlement for more specialist NMH support or for a HEP to have overall responsibility for the whole of a student's NMH support?

How do you think giving HEPs overall responsibility for the whole of a student's NMH support would affect the provision offered?

Do you think a single approach will work for all students and HEPs?

What do you think the potential equality impacts are of the individual entitlement model compared to the HEP overall responsibility model?

Are some of the existing DSA-funded support roles more suited than others to be delivered by HEPs? If so, which roles?

Are there any DSA-funded NMH roles that you consider are no longer needed, or should be adapted?

Are there any NMH roles not currently funded by DSA that you think should be?

Have you experienced any issues with specific NMH roles, and if so what are those?

Do you have any other comments on DSA-funded NMH support?