PhD Accessibility.

Professor Farah Mendlesohn

Anglia Ruskin University

Farah.Mendlesohn@anglia.ac.uk

The following report is based on an internet pilot study conducted in December 2015, and the presentations and workshops from a PhD Student led symposium staged in June 2016, and the feedback on the survey from these contributors. All contributors are credited. I particularly wish to thank David Jay of the Learning Support Unit for organising the symposium.

Symposium participants.

Alison Baker, UEL

Valerie Deacon, Winchester

Charlie Nevison, Anglia Ruskin

Hannah Belcher, Anglia Ruskin

Mahmud Hasan, Anglia Ruskin

Larry Arnold , Birmingham

Pauldy Otermans, Brunel

Ross Kemble, Anglia Ruskim

Laurine Groux-Moreau, Bristol

Marianthi Kourti, Birmingham

The pilot study came out of my own experience as a PhD supervisor and as a PhD mentor at national and international conferences. It also emerged as I came to process my own experiences as a PhD student with a chronic but then undiagnosed health issue, and as a lecturer with a physical disability that affects my participation in the classroom.

Note: *Chronic illness* is a term that covers long term illness of any level of severity. It’s primary characteristic is that it is probably not going away.

Over the past decade I have been increasingly engaged with students approaching PhD work who have registered disabilities, and as attitudes have changed I have also seen greater number of students who continue to study when chronic or acute illness is diagnosed during their study. However, many of these students report that university student services are tailored for taught courses: they provide learning support directed to the classroom but are rarely aware of the stresses of studying for a PhD with a long term health condition, or a mental health condition or the support needs of a student with a learning disability. In both the responses to question 41 in the internet survey, “What was done badly?” and in the symposium held on June 4th, the following issues came up repeatedly:

* The variation of support offered by different supervisors and the feeling that it was the luck of the draw whether a supervisor was supportive, neutral or hostile, in a context where in addition to supervision, the supervisor provides key aspects to conferences and potentially employers.
* The insistence on face to face meetings with student/disability services when a student might well be struggling to leave the house or get out of bed.
* The lack of awareness of communication related disabilities and how that affected tutorials, feedback processes and vivas.
* The lack of awareness that disability can lead to financial hardship: this affected issues of travelling to appointments, and the loss of bursaries if a student felt they had to move from full-time to part time study. One student at the symposium reported losing her bursary within a week of declaring her chronic and severe illness.
* The feeling that there was an assumption that “going part time” was an admission of weakness and lesser aptitude for a PhD.

What do we know?

This study should begin with an analysis of the HESA statistics but unfortunately HESA statistics conflate post graduate taught students (PGTs) with post graduate research (PGR) students. We have no way of knowing which is which and as the contention of this paper is that the needs of PGR students are distinct from those based in classroom practice, this is problematic. However, the following is illuminating (see table 1).

The mean average number of post graduate students registering with disabilities across the UK is 7.13%, with a median around 6.6% and the mode clustered between 6-7%.

Biological Sciences, Historical and Philosophical Studies, along with Creative Arts and Design all record that more than 10% of their PG students are registering disabilities. At the lowest end, Business Administrative studies stands out with only 2.3% of students recording disabilities (SWDs), in sharp contrast to medicine and dentistry where we might expect to see low participation and where instead participation is close to the mean at 6.3%. We have no way of knowing whether this low figure for Business Administration records a genuinely lower level of participation among SWDs or whether there is pressure not to declare, but it is a clear anomaly. Similarly the high rates in some areas may indicate a willingness to declare.

More reliable as an indicator of participation might be the differential between students registered as disabled on undergraduate courses and students registered as disabled during graduate studies. We need to be cautious however because we know that the proportion of overseas students rises at graduate level and students from some cultures are reluctant to register disabilities; and students with disabilities may be less likely to travel abroad for education.

*All* subject areas see a drop in participation. This averages 5.9% in terms of the participant differential. The most dramatic drops are in Vetinary Science (10.4% although note that it is a relatively small pool to start with) and Creative Arts and Design (10.5%). Again, Medicine and Dentistry, where one might expect the nature of the job to weigh heavily against SWDs, sees a lower than average drop of 4.4%. The lowest drop in the Arts and Humanities is in Languages (a small pool) of 1.8%. Both the mode and the median are in the 4-5% range. Overall therefore and assuming (perhaps erroneously) that we can use these figures for PGRs, we can assume that one out of every twenty PhD students is likely to have some recorded disability. The issue of recording and whether or not students record is discussed later in this pilot.

The Survey and the Symposium

The survey was distributed on the internet through facebook, livejournal and twitter. It was also sent out to student services and graduate services emails: this proved problematic. There is no consistency of provision location across the country, and many departments if they replied at all, declined to distribute the survey. Attendees at the symposium made the following suggestions for targeting follow up research:

* Support organisations
* Doctoral Schools
* Disability Research Networks
* Graduate organisations
* Online support networks
* Heads of Department.
* Higher Education Academy

A very clear issue is that the lack of any common structure around PhD delivery reduced the value of student service offices even in the investigative process.

A link was given to the survey on Qualtrics and from there also a link to the proposal and ethics clearance stored at Academia.edu for ease of access. The results of the survey (“PhD Accessibility Project 2nd Draft) were placed on Academia.edu and then circulated in the same fashion. Twenty nine people completed the survey and ten people attended the symposium, all of whom had read the survey (another four were registered and had to cancel due to ill health).

The universities with whom the survey participants were registered were diverse. See table 3. Seventeen institutions were recorded of which only three saw repeat returns. There is only one student from Anglia Ruskin, probably because the investigator’s PhD students were told not to fill in the survey. Of these universities, four recorded universities have relatively modern campuses. 84% of respondents reported that they would recommend a prospective student with a similar condition or needs to attend their university. Only 4/16% said “no.” At the symposium the accessibility of a campus’ physical plant came up with several students noting that many Russell Group universities do not have buildings which support full accessibility. In many older universities offices in particular are inaccessible which given the way most PhD teaching is conducted would immediately impose if not a burden, then a requirement for structured support.

A related issue that came up at the symposium however however was the greater burden of moving away from support networks. Moving may be a physical challenge; students who move away from family may not have people to respond for them when they are ill. One student noted problems caused because non-response to a series of letters when she was ill, was taken by the university as an intent to withdraw. No attempt beyond letters was made to get in touch.

The survey responders represented a wider subject area the affinity group network distribution might have expected (see tables 4 and 5) with feedback received from both humanities and sciences. However arts and performance are not represented and there are only two lab based subjects. What we cannot know at this stage is whether there are students with accessibility issues in the labs or whether they are deterred from these routes.

1. 1 Personal Status on the survey.

Of the 29 self-selecting participants, 25 or 83% of respondents were from the UK, and another 3 or10% were EU. Only 2 students (7%) registered as international students.

8/28 % of respondents self reported as male. 18/62% of respondents self reported as female and 3 or 10% of respondents self reported as Other. Other when given the opportunity to expand reported non-binary Female Assigned at Birth, and Transfeminine. In question 36, 9/36% of the students felt their gender had affected the way they were supported, but the lack of a free text response space here meant it could not be elaborated on. This would need to be corrected in any further research: there is growing evidence in medical research that women may have a harder time getting diagnoses for many conditions and often receive poorer support. With something as highly individualised as the UK PhD system it may be hard to tease out, but there is at least a hint from some symposium members that ill health was sometimes seen as weakness and gendered (by both male and female supervisors). The same question asked on race received 3/12% affirmative response but poor question design in 38 asking whether either of these factors impacted positively or negatively makes it hard to assess the meaning of the response, which was 50/50 (6/6 respondents) with a high number of non respondents.

1.2. PhD status

61% of the respondents were in full time PhD study, 28% were part-time and 11% had completed within the previous five years. 85% of current students were ongoing but 12% (3 students) were engaged in an intermission for accessibility or disability related issues. One student had issues leading to intermission which stemmed from their role as a carer. Of the three students who had completed, three completed in four years but one withdrew after four years. 32% of the students were funded by one of the Funding Councils or another funding body (11%), which is surprisingly high, and 29% were funded by their university. 7% (the same number of international students) reported being funded by their country while 21% were self funded. Of the funded students 67% were required to stay full time to keep their funding. Only 33% had flexibility. This issue is raised in free text comments and arose during the symposium.

A key issue that came up was that advertised bursaries/fee waivers are rarely made available to part-time students, so that although some students had been able to convert over, to *plan* to be a part-time and funded student was not possible.[[1]](#footnote-1) It was also felt strongly that where there was competition for teaching, full time students were likely to be preferred over part-time students as being perceived as more committed.

1. 3 The nature of the affecting disabilities.

Respondents were asked abut *affecting* disabilities. This phrase was chosen because not all disabilities affect an individual’s choice of occupation (for example, the investigator has one disability which ceased being a problem when she moved to work on a modern campus). Across the range, Chronic Illness, chronic tiredness and mental health issues take the top three places with chronic pain in fifth place. Visual disabilities are very low and there was only one audio disability recorded. At the symposium the needs of students with aspergers, autism, or mental health concerns were at the top.

There were only twelve free text comments of which only three revealed inter-relating conditions. In the free text comments mental health issues dominated, occupying eight of the responses. Of these, four linked their mental health issues to other conditions. Anxiety and depression were two mental health issues reported. There were two specific comments relating to physical disability: one outlined the issues caused by chronic shoulder pain and it’s effect on fine movement (i.e. Writing) and the other discussed the problems of an audio impairment: this person had specific comments to make about the difficulty of group discussions in seminars which presumably can be extrapolated to conferences, where the speaker may have a microphone, but often those asking questions are sitting behind the correspondent and are unaugmented.

It should not be assumed that the greater number of such students is a reflection on university pressure or something “going wrong”: greater support in earlier years is clearly leading to more students with long term conditions advancing in the system and this should be celebrated. Several students at the symposium noted that the chance to use their brains when their bodies were letting them down was a source of self esteem.

1.4 Disclosure

I also asked students when they discovered they had accessibility needs. 64% had needs at application and interview. This rises to 73% at registration. 36% had issues for confirmation/upgrade from MPhil to PhD and 9% report accessibility needs at the viva. It is mildly surprising therefore that only 22% thought their choice of university was constrained by their accessiblity needs: however this does correlate with the three people who listed mobility needs. In the symposium however it was clear that students *wished* they had checked out the student support at application and that had they been more aware of the wide range of support and the different attitudes in different universities, it might have shaped their choices. This must be modified however as so much choice in PhD study is actually channelled by the specialism of the supervisor.

Disclosure was one of the most significant issues discussed in the symposium: the fear of the consequences of disclosure was cited as a major source of stress, and the lack of indications of PhD oriented support on web sites made disclosure difficult. Participants talked of the choosing partial disclosure (some issues but not others, or disclosing on a need to know basis); noted that at conferences there was the fear of being outed on line; of being an employee where one is a student and fearing that any disclosure as a student will get back to one’s line manager. Crucially there was a feeling that should disclosure go wrong, and a supervisor or colleague prove hostile, there was very little recourse. There was a very strong feeling that the role of the annual monitor or other overseer should include disability support and ensuring support is in place.

This was a free text section which very specifically asked which disabilities the individual had no choice but to disclose. Three of the sixteen free text comments said “none”. Only one person said “all of the above”. Chronic illness requiring time off was indicated by four people along with one person indicating that anxiety was disclosed. One of the people with an audio impairment felt they had no choice but to disclose. In the following question respondents were asked which they *chose t*o be public and open about. Six people declared they were open about all of them and three made it clear that this was a political choice in the sense that they knew that by doing so they were able to activate change.

Of the correspondents 48% had disclosed to their potential supervisor during the application process, 52% had not. This rose to 67% during the process of study with 26% adding “eventually”. Only two people (7%) did not disclose at all.

One respondent at the symposium, Laurine Groux-Moreau further noted that where a student is known to be disabled or have an accessibility issue, there was a tendency to make decisions on their behalf: ie to presume that they would not be able to teach (due to low energy levels or support needs) rather than to begin from the developmental approach of “how do we support this student to teach”.

A very real concern for students at the symposium was the emotional effect of intermitting. Students reported a feeling of failure, and significantly of letting a supervisor down. One student noted that when she intermitted all contact with her supervisor came to an abrupt halt, emphasising the feeling of failure and isolation. Several students also noted that depression and exhaustion is a quite reasonable response to hurting, but that this aspect of chronic illness was often responded to with an inappropriate offer of counselling.

1.5 Access.

Access once in the university to physical plant seems to have been good. 7% (the same percentage as indicated mobility issues) could not access libraries. Only 2 people reported not being able to access laboratories, and the same for supervisor’s offices. However this rose to 4 people for the graduate student office space. These figures all correlate to question 26 which asked what the broad nature of support needed was. Three respondents indicated changes to physical access.

Other needs included specialised equipment (8), Library support (5), a support worker (7) and intermission (8). Eight people also reported the need for additional funding to support conference travel, training or research. In the symposium the need for rest space was highlighted. For students with chronic illness, mental health issues or aspergers/autism, the inability to find space to rest can limit the time they spend on campus.

1.6 Support

When additional support was needed respondents overwhelmingly chose either the supervisor or a University disability/accessibility advisor (17 /70%). Only 8 correspondents (33%) chose to go to student services which suggests that they do not see specialist advisors as linked to student services. In terms of the degree to which respondents felt practical support was received, there was a distinct drop. Only 12 of the 17 respondents who saw their supervisor or disability advisor felt they received practical support. Of the 8 students who approached student services, 6 of the 8 were satisfied.

When emotional support was needed supervisors continued to do well at 12/67%. However neither the student services nor the disability support services did well here, with only three students indicating the value of either category. One issue with university run support services may be continuity: of 20 respondents 9 saw the same person each time; 11 did not. Of those 11, 5 thought it would have helped to see the same person each time, 5 thought “maybe” and only 1 did not think so.

A key question for this survey focussed on the nature of support that students received. Having been told by several students anecdotally that they rarely saw the same person twice in student services I asked “”If No, would to have been helpful to speak to the same person each time?”. Of the 11 who responded 5 said “yes” 5 responded “maybe” and 1 responded “no”. It may be the clearest result of the survey.

1.7 External activities and support

Examining the evidence on intermissions for current students five students reported intermitting due to accessibility or disability issues, and one due to other reasons such as carer duty (confirmed in the free text comments). None reported intermission due to financial hardship/. Of these students only a third reported access issues with the physical space of the campus as a hindrance. Free text comments suggest a greater issue is the personal strain of illness.

A clear 92% reported that they could access their own university’s conference facilities with 2 people (8%) indicating they could not. However when students went elsewhere the results were less positive with only 63% reporting accessibility at other universities’ conferences and 9/38% reporting that there were sometimes problems. As disability can be costly the survey asked whether conference funding accommodated extra costs: here only 18% or 3 respondents reported affirmatively. All students were asked if the university offered any extra support for attending conferences at other universities where access might be difficult. No students reported access difficulties, but they also reported no extra support. Only 2 students of 22 had access to extra support. No one at the symposium had even thought to ask. The investigator notes that a Disability Studies conference in the autumn of 2016 does not offer the kind of basic access support (spare wheelchairs) that an equivalent science fiction convention would take for granted.

2. Recommendations arising from the survey and the symposium

* Make sure all bursaries are available both full and part-time.
* Centralise PhD Access support
  + Train staff to be aware of complex needs in chronic illness; financial pressures and communication pressures.
  + Construct learning agreements at the beginning of study which address access needs.
  + Assign case workers to PhD students who can act as go-betweens when necessary.
  + Make quiet/rest space available on campus: PhD students often don’t live very close by, or have easy access to any rest space.
  + Do not assume counselling is helpful to students with long term mental health conditions, or with chronic illness.
* Be clear on how one communicates service issues to students, and ensure that there is a secondary line of communication in place if they wish.
* Take a needs based approach to both disclosure and support: ask all students when they enter if they have needs around communication strategies/pacing/equipment etc. Be aware that disclosure requires trust.
* The over sight of a PhD (annual monitoring at Anglia Ruskin, to be renamed annual review) should include checking and monitoring access agreements and ensuring relevant (not generic) training for supervisors.
* Training events
  + Consider a negotiated palette of training rather than a list of compulsories: why something is compulsory? ie if someone is clear they never intend to be a lecturer, why are you asking them to take presentation training that leaves them stressed? Always consider what assumptions we are making.
  + need to be well planned: do not overrun or omit breaks as you may affect someone’s medication schedule or increase stress levels.
  + be aware not everyone is comfortable with the approach of creating new mixed groups for every discussion topic.
  + think about language, be aware it changes: if someone objects to terminology which refers to their experience, be courteous and accept the correction.
* Supervisors:
  + should discuss the conditions of chronic illness and in particular be led by the student on matters regarding their energy levels and capacity for teaching/participation.
  + Must demonstrate that they are trustworthy.
  + Construct learning agreements at the beginning of study which address access needs.
  + should see students immediately they decide to intermit to reassure them; contact should be maintained on a mutually agreed schedule.
  + Be aware of the differences between chronic and acute illness when handling requests for intermission: do not add to the anxiety.
  + Be aware of cultural imperatives which can hinder student disclosure.
  + when giving feedback, discuss how best to structure feedback; and how to construct plans.
  + Be clear on the criteria for a PhD in the field.
  + Change can be a challenge if you need time and energy to plan: try to avoid changes in schedules.
  + networking events should be structured: if the aim is to teach networking skills, sit students down beforehand and take them through the process and create a framework even if this only relates to how to network at coffee time in a conference.
  + *Remember* supervisors may also have disability issues.
* Confirmation/Upgrade/Vivas:
  + Is it possible to allow students to see the room/meet the examiners beforehand?
  + Can a break in a viva be preplanned?
* Be aware that students with disabilities may have constraints around out of hours activities (going home in the dark with a visual disability for example).
* Be aware that open plan work spaces for PhD students may be stressful for students with attention issues/mental health difficulties.

3. Next steps

* Construct a new survey
  + Which works directly with disability advocacy and action groups.
  + Which takes greater account of the affects of race, age, gender and class;
  + Ask questions about whether there are different experiences in Russell Group v post-1992 universities.
  + Ask more questions about access to opportunities within departments ie to teaching.
  + Explore issues facing students with funding tied to specific members of staff or time delimited projects.
  + Actively seeks out students with physical access issues.
* Run a second conference next year, day 1 for students, day 2 for students and student services.
* Consider applying for this: <http://www.drilluk.org.uk/disability-research-on-independent-living-learning-drill/funding/> (closes 27 July).

Table 1: Extracts from HESA statistics 2015.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | % PG with disability | | UG % with disability | | Disparity |
|  |  |  |  |  |  |
| All UK Higher Education providers (HEPs) | | |  |  | % lost at graduate level |
| Column1 |  |  |  |  |  |
| Postgraduate |  |  |  |  |  |
| Medicine & dentistry | 6.3 |  | 10.7 |  | 4.4 |
| Subjects allied to medicine | 9 |  | 14 |  | 5 |
| Biological sciences | 10 |  | 13.7 |  | 3.7 |
| Veterinary science | 6.3 |  | 16.7 |  | 10.4 |
| Agriculture & related subjects | 7 |  | 19 |  | 12 |
| Physical sciences | 7 |  | 14 |  | 7 |
| Mathematical sciences | 5 |  | 8.8 |  | 3.8 |
| Computer science | 5 |  | 13 |  | 8 |
| Engineering & technology | 3.8 |  | 9 |  | 5.2 |
| Architecture, building & planning | 7 |  | 12 |  | 5 |
| Total - Science subject areas | 6.7 |  | 12.7 |  | 6 |
|  |  |  |  |  |  |
| Column1 | Column2 |  |  |  |  |
| Social studies | 8 |  | 14 |  | 6 |
| Law | 5.9 |  | 9.5 |  | 3.1 |
| Business & administrative studies | 2.3 |  | 7.7 |  | 5.4 |
| Mass communications & documentation | 6.6 |  | 13 |  | 6.4 |
| Languages | 7.6 |  | 5.8 |  | 1.8 |
| Historical & philosophical studies | 12.5 |  | 17 |  | 4.5 |
| Creative arts & design | 11.5 |  | 22 |  | 10.5 |
| Education | 8.8 |  | 14 |  | 5.2 |
|  | 6.3 |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Average | 7.13 |  | 12.97894737 |  | 5.968421053 |

Table 2: Gender

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  | Please answer as you feel comfortable: Gender | | | | |
|  |  | Male | Female | Other | Total |  |
|  | Bisexual | 0 | 2 | 2 | 4 |  |
| Please answer as you feel comfortable. How do you identify your sexuality? | Gay | 2 | 0 | 1 | 3 |  |
|  | Heterosexual | 6 | 13 | 0 | 19 |  |
|  | Lesbian | 0 | 0 | 0 | 0 |  |
|  | Pansexual | 0 | 0 | 0 | 0 |  |
|  | Other | 0 | 1 | 0 | 1 |  |
|  | Total | 8 | 16 | 3 | 27 |  |

Table 3: Respondents by University

|  |  |
| --- | --- |
| Harper Adams | 3 |
| Imperial College London | 2 |
| Cambridge | 2 |
| University of Sheffield | 1 |
| University of Glasgow | 1 |
| University of Essex | 1 |
| University of East Anglia | 1 |
| Uclan | 1 |
| UCL | 1 |
| Reading | 1 |
| QMUL | 1 |
| Manchester | 1 |
| London School of Economics and Political Science | 1 |
| Goldsmiths | 1 |
| Exeter | 1 |
| Bath | 1 |
| Anglia Ruskin University | 1 |
|  | 1 |

Table 4: Subjects Listed

|  |  |  |  |
| --- | --- | --- | --- |
| Animal Sciences | Computing Games | History | Mathematics |
| Biostatistics | Creative Writing | History | Physics |
| Childrens literature/ education | Ecology | History | Plant Science |
| Classics | Engineering | Humanities | Politics |
| comp. sci | English | Humanities | Visual Cultures |
| Computer Science | English Literature | Information Studies | Wearable Technology |
|  | English literature | Life Sciences |  |

Table 5: Subjects grouped.

|  |  |
| --- | --- |
| Literature | 5 |
| History | 3 |
| Humanities | 6 |
| Bio sciences | 5 |
| Computing sciences or engineering | 3 |
| Engineering or design | 2 |
| Pure science/maths | 2 |

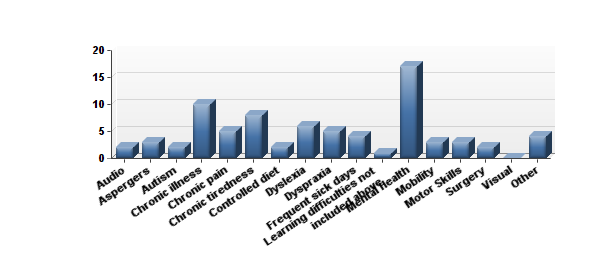


Fig. 1: Affecting Issues

Table 6: Affecting Issues

|  |  |  |
| --- | --- | --- |
| Issue | Number | % |
| Audio |  |  |
| Aspergers | 3 | 11 |
| Autism | 2 | 7 |
| Chronic Illness | 10 | 37 |
| Chronic Pain | 15 | 19 |
| Chronic Tiredness | 8 | 30 |
| Controlled Diet | 2 | 7 |
| Dyslexia | 6 | 22 |
| Dyspraxia | 5 | 19 |
| Frequent Sick Days | 4 | 15 |
| Learning Difficulties not listed | 1 | 4 |
| Mental Health | 17 | 63 |
| Mobility | 3 | 11 |
| Motor Skills | 3 | 11 |
| Surgery | 2 | 7 |
| Visual | 0 | 0 |
| Other | 4 | 15 |

Free Text Comments:

Response to: what support would you have liked to have seen in place?

Two respondents clearly stated they had no unmet needs:

* + I felt that all my needs were taken care for.
  + I've had no real call for support so far, so can't really say yet

Suggestions:

* Being taken seriously whilst ill.
* Earlier discussion of needs and circumstances
* A clear timespan for when I could expect an answer.
* I would like to see better training for supervisors that are unaware of the learning needs and support required for a dyslexic student.
* Mental health training for supervisors.
* More cross-correlation between admin departments. For example, I was told while studies were suspended that I would still be able to access the library, but access to the library is controlled by matric card and my matric card was revoked while studies were suspended.
* I wasn't told that I had the possibility to enrol part time. I should have reported the micro aggressions I went through, but I wasn't able to recognise them as such, and I wouldn't have known what to do.
* It's more to do with the ability to intercalate as an international student - which is not the university's fault - but there is no option to drop below full time for an international student with health problems. Taking a term out or dropping to half time would have been really helpful at times.
* Physical working space for graduate students is an open plan office. For someone with severe attention difficulties this is just hopeless. I would like there to be private spaces available.
* Training for - use of scientific literature - writing scientific literature - spell check and editing - anxiety therapy

Response to: What was done well

* Supervisorst Response
  + Non judgemental support from disability adviser and appropriate accommodations to study are available if I need them.
  + Supervisor was supportive when I explained my disabilities and how I might need to be treated a little differently to how one might expect (as a result of my communication disorder).
  + My supervisor's support. I would only recommend my university to someone in a similar position if they had a similar quality of support. Admin and disability services have not been anywhere near as supportive.
  + My supervisor let me take time off when needed without recording it as days off.
  + I do not like preferential treatment but the understanding I received when a report or draft of scientific with words out of order/missing was greatly appreciated.

Other support.

* Friendly staff
* The career counsellor specialising in students with disabilities at the university was amazing: knowledgeable, flexible, understanding. Recently, the university has started a scheme to provide health insurance when traveling for conferences. That would've been very useful, since my disabilities make my travel insurance costs sometimes more than the travel itself.
* The counselling and medical services were very good insofar as the counsellors and doctors were actually good at their job.
* Student mentoring service; Disability team;
* Administrators very flexible and supportive to my caring responsibilities in making arrangements for compulsory engagements away from home.
* Equipment support from DSA
* Responsive representatives who helped me to eventually get what I needed
* I know there is student support available if needed.
* Student disability office is excellent at providing support
* The disability office at Goldsmiths College has been my saving grace! They have supported me in so many ways and if it were not them I would have quit a long time ago!

Response to: what was done badly?

Supervisors

* The small number of people working in the field make it hard to do anything that might give you the fame of "annoying" or "unable to deal with pressure."
* A lack of more substantial help - the help I received relied entirely upon my supervisor being a nice person.
* Support from supervisors
* My academic supervisor was not good at providing support, quite the opposite.

Other

* Being sent to a number of different places to answer queries.
* Whilst having suspended studies I was harassed by Financial Services for a non-existent debt. It took a lot of energy and time to sort out and I had to get various department heads involved before Financial Services conceded. There was no recognition of my existing status, which had been recorded through the correct university procedures and no apology from Financial Services. Disability services insisted that I come in and make an appointment face to face; they were reluctant to accept making an appointment over the phone. This was at a time when most days I was unable to leave the house, which would affect any student, but in addition, I have a forty mile commute, which due to the vagaries of public transport, takes me two hours door-to-door. In general, the effect of this commute is not acknowledged or allowed for by the university's arrangements. For example, it is compulsory to attend certain courses, but they are not scheduled within off-peak travel times. Peak time rail travel costs double the off-peak price, and my illness means I cannot confidently use the buses. My own department has re-arranged its weekly seminars similarly from midday to 4pm.
* Only starting so not sure yet!
* Limited access to counselling. No understanding of how to handle chronic (and unpredictable) illnesses that were not in the usual list (lupus, ME, etc.).
* Nothing, but then I do not require much.
* I had a shockingly bad experience with the university counselling service. I do not want to go into it sorry, but it was life-endangeringly stupid and awful.
* Advertising the support available - i.e., it was there, but not many people knew about it
* - The process of getting disability equipment was incredibly long and emotionally draining. I eventually received what I needed AFTER some of my major my deadlines and exams. - It feels like people who provide the equipment and training "milk" the system - Disability equipment training was appalling. trainers self-reported not having enough time to learn the programs themselves on multiple platforms, and not knowing anything about dyslexia. They also said that they are not even given enough time to check what the specific needs of the trainee are.
* After I disclosed my dyslexic it was not really spoken of. I mainly manage the condition myself and don't like to draw attention to it.

Free text narratives. This was optional and six people chose to do so.

|  |
| --- |
| I registered formally as a disabled student with the disability service and filled out a questionnaire which outlined my needs. I met with an adviser face to face before I started term (which was optional) to talk about what help was available. I requested that the details of my disability not be forwarded to the department so that I could disclose it myself as necessary. I find that there are a lot of common misconceptions about my condition and I prefer to discuss it on my own terms. I met with my supervisor and disclosed my disability, and explained that specific styles of communication would be difficult for me to understand, and made it clear that I am very happy to answer any questions they may have. So far the relationship has been good, so this really seems to be enough for now. However, if this changes I know I can get additional help through the disability service. |
| My supervisor declared his support for me, only to withdraw it after giving my result to an able-bodied (and male) student while I had to take time off during my disability. When I came back, I was bullied into settling for an MPhil, not before mobbing me to the point of causing me another severe depression. Everything was done through micro aggressions, and a small environment made me feel cornered. I eventually set for an MPhil; I passed my viva, and I can't wait to hand in my corrections and leave. |
| I have found relatively few barriers beyond my own need to be assertive about my disability - on our induction day I told my cohort that I was deaf, and explained that if I didn't respond to conversation, or asked them repeat anything said, et cetera, this would be why. It should not be construed as a lack of interest or friendliness! Day to day, my main challenges are perceptual - asking for repetition, or for someone to speak more loudly/slowly etc., are often associated with poor attention or low intelligence. I find that most people respond well when told of my condition and requested to modify their speech accordingly, and that organisers of lectures, conferences or similar, are usually happy to reserve me a space at the front, for example. Seminar situations remain a real challenge, though, and it is perhaps not surprising that I have chosen to pursue a second PhD rather than a class-based MA in Creative Writing. Although I chose the PhD because it comprises my preferred methods of working and researching, I find it interesting to reflect on how those learning preferences (ie. self-directed solitary, 1-on-1, or small group) may have been shaped from a very early age by my deafness. |
| With regards to my PhD once I made Imperial aware of my Dyslexia there were no problems. For me the only problems I had was that prior to my to half way through my second year BSc I was un-diagnosed and just thought I was bad at certain tasks. I will add one experience, when I went for my PhD viva the external examiner did make a joke about the amount of spelling and grammatical mistakes. Something like "I played a game on the train of turning to a random page and fine the spelling mistake. I never lost", this did make me rather uncomfortable and not the best way to start off what would be a 4 hour Viva. This was despite the fact I had proof read it (multiple times) as had my mother (a legal secretary), my postdoc and my supervisor, I guess that there were too many to catch them all. I did mention I was dyslexic and it turns out he had not been made aware of this. |
| Each program or course should be able to understand individual needs of each student. I do not recommend anyone apply to Visual Cultures at all! My supervisor has absolutely no understanding. And I feel caged in the sense that whatever difficulties I am enduring the supervisor tends to think I am using them as an excuse in my difficulty in writing. It has been absolutely horrible! |
| I registered formally as a disabled student with the disability service and filled out a questionnaire which outlined my needs. I met with an adviser face to face before I started term (which was optional) to talk about what help was available. I requested that the details of my disability not be forwarded to the department so that I could disclose it myself as necessary. I find that there are a lot of common misconceptions about my condition and I prefer to discuss it on my own terms. I met with my supervisor and disclosed my disability, and explained that specific styles of communication would be difficult for me to understand, and made it clear that I am very happy to answer any questions they may have. So far the relationship has been good, so this really seems to be enough for now. However, if this changes I know I can get additional help through the disability service. |

1. The English and Media Department at Anglia Ruskin have been offering part-time fee waivers for just this reason but the pressure for completion before REF2020 pushes policy against it. [↑](#footnote-ref-1)