

STUDIES IN INCLUSIVE EDUCATION

# Disabled International Students in British Higher Education

**Experiences and Expectations**

Armineh Soorenian



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# **Disabled International Students in British Higher Education**

## STUDIES IN INCLUSIVE EDUCATION

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### *Scope*

This series addresses the many different forms of exclusion that occur in schooling across a range of international contexts and considers strategies for increasing the inclusion and success of all students. In many school jurisdictions the most reliable predictors of educational failure include poverty, Aboriginality and disability. Traditionally schools have not been pressed to deal with exclusion and failure. Failing students were blamed for their lack of attainment and were either placed in segregated educational settings or encouraged to leave and enter the unskilled labour market. The crisis in the labor market and the call by parents for the inclusion of their children in their neighborhood school has made visible the failure of schools to include all children.

Drawing from a range of researchers and educators from around the world, *Studies in Inclusive Education* will demonstrate the ways in which schools contribute to the failure of different student identities on the basis of gender, race, language, sexuality, disability, socio-economic status and geographic isolation. This series differs from existing work in inclusive education by expanding the focus from a narrow consideration of what has been traditionally referred to as special educational needs to understand school failure and exclusion in all its forms. Moreover, the series will consider exclusion and inclusion across all sectors of education: early years, elementary and secondary schooling, and higher education.

# **Disabled International Students in British Higher Education**

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**Armineh Soorenian**

*University of Leeds, UK*



**SENSE PUBLISHERS**  
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I would like to dedicate this book to my family, my parents Edna and Varooj, and my brother Armen Soorenian, whose selfless and unconditional love and constant encouragement has been an inspiration for me at all times. You always believed that I could fulfil my dream of writing this book, even when I may have doubted myself. Thank you.



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## LIST OF ABBREVIATIONS

ADHD	Attention Deficit Hyperactivity Disorder
ALF	Access to Learning Funds
ASL	American Sign Language
BA	Bachelor of Arts
BALEAP	British Association of Lecturers in English for Academic Purposes
BC	British Council
BCODP	British Council of Disabled People
BSc	Bachelor of Science
CCTV	Closed-Circuit Television
CIL	Centre for Independent Living
CRB	Criminal Records Bureau
CSV	Community Service Volunteers
DCDP	Derbyshire Coalition of Disabled People
DCIL	Derbyshire Centre for Integrated Living
DDA	Disability Discrimination Act
DED	Disability Equality Duty
DES	Disability Equality Scheme
DfEE	Department for Education and Employment
DfES	Department for Education and Skills
DIUS	Department of Innovation, Universities and Skills
DLA	Disabled Living Allowance
DRC	Disability Rights Commission
DRTF	Disability Rights Task Force
DSA	Disabled Students' Allowance
DSU	Disability Service Unit
EA	Equality Act
EAP	English Studies for Academic Purposes
ECU	Equality Challenge Unit
EEA	European Economic Area
EHEA	European HE Area
EHRC	Equality and Human Rights Commission
EU	European Union
FAQ	Frequently Asked Questions

## LIST OF ABBREVIATIONS

FE	Further Education
FEI	Further Education Institutions
FHEA	Further and Higher Education Act
GB	Great Britain
GBDTC	Great Britain Disability Training and Consultancy
HCIL	Hampshire Center for Independent Living
HE	Higher Education
HEAG	Higher Education Accessibility Guide
HEC	Higher Education Corporation
HEFC	Higher Education Funding Council
HEFCE	Higher Education Funding Council of England
HEFCW	Higher Education Funding Council of Wales
HEI	Higher Education Institution
HEIDI	Higher Education Information Database for Institutions
HESA	Higher Education Statistical Agency
HMG	Her Majesty's Government
HMSO	Her Majesty's Stationery Office
ICF	International Classification of Functioning, Disability, and Health
ICIDH	International Classification of Impairments, Disabilities and Handicaps
ID	Identification Document
IELTS	International English Language Testing System
ILM	Independent Living Movement
IQ	Intelligence Quotient
IT	Information Technology
LA	Local Authority
LEA	Local Education Authority
LLC	Leeds Language Centre
LMU	Leeds Metropolitan University
MA	Master of Arts
ME	Myalgic Encephalopathy
MSc	Master of Science
NCD	National Council on Disability
NCIHE	National Committee of Inquiry into Higher Education
NGO	Non-Governmental Organisation
NI	National Insurance
NQF	National Qualifications Framework
NSF	National Student Forum

## LIST OF ABBREVIATIONS

NSP	National Scholarship Programme
NUS	National Union of Students
OECD	Organisation for Economic Co-operation and Development
OHP	Overhead Projector
ORS	Overseas Research Scholarships
ORSAS	Overseas Research Students Awards Scheme
OU	Open University
PA	Personal Assistance
PA	Personal Assistant
PC	Personal Computer
PC	Political Correctness
PhD	Doctor of Philosophy
PMI	Prime Minister's initiative
PMSU	Prime Minister's Strategy Unit
PSED	Public Sector Equality Duty
QAA	Quality Assurance Agency
RNIB	Royal National Institute of Blind People
SCONUL	Society of College, National and University Libraries
SDT	Scottish Disability Team
SENDA	Special Educational Needs and Disability Act
SHEFC	Scottish Higher Education Funding Council
Skill	National Bureau for Students with Disabilities
SLD	Specific Learning Difficulty
SQW	Segal Quince Wicksteed
SU	Student Union
UB	University of Bradford
UCAS	Universities and Colleges Admissions Service
UH	University of Huddersfield
UK	United Kingdom
UKBA UK	Border Agency
UKCISA UK	Council for International Student Affairs
UKCOSA UK	Council for Overseas Student Affairs
UL	University of Leeds
ULAS	University of Leeds Accommodation Service
ULES	University of Leeds Equality Service
ULIO	University of Leeds International Office
ULISC	University of Leeds International Students club

## LIST OF ABBREVIATIONS

ULT	University of Leeds Transcription
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPIAS	Union of the Physically Impaired Against Segregation
USA	United States of America
UUK	Universities UK
VR	voice recognition
WHO	World Health Organisation

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Armineh Soorenian, May 2013

## INTRODUCTION

### *Setting the Scene*

There is a wealth of evidence to demonstrate that disabled domestic students experience discrimination in Higher Education (HE), yet little is known about the specific experiences of disabled international students. This acute shortage of available data and literature regarding disabled international students' accounts of studying in the United Kingdom (UK) is particularly significant due to the increasing internationalisation of HE in recent years. The number of non-disabled international students studying in Britain, for example, has been on a steady increase over recent years. Figures provided by the Equality Challenge Unit (ECU, 2008c; 2012c; 2013), reflecting the Higher Education Information Database for Institutions (HEIDI), and Higher Education Statistical Agency's (HESA) calculations as well as the information gathered directly from HESA (2011) (Appendix One), show that the percentage increase of non-disabled international students between the academic year 2005/2006 and 2006/2007 was 6.22 per cent. This percentage increase was 9.26 per cent between the academic year 2008/2009 and 2009/2010 (HESA, 2011); and 5.43 per cent between 2009/2010 and 2010/2011 (ECU, 2012c). The total increase of non-disabled international students between the academic years 2005/2006 and 2010/2011 was therefore 29.29 per cent.

The growth in international students' mobility is considered by Hurst (1998) to be one of the most interesting developments to occur in recent years. To have the opportunity to spend an extended time living and studying a wide range of courses abroad is a valuable educational experience in itself. Within Europe, the stimulus has come as a result of such initiatives as the Bologna Process (Europe Unit, 2006), and Erasmus (European Commission, 2013) associated with the European Union (EU). The Bologna Process is an intergovernmental initiative which works towards creating a European HE Area (EHEA) and promotes the European system of HE worldwide (Europe Unit, 2006). Similarly, Erasmus is a European Commission exchange programme that provides opportunities for students in 33 European countries to study for part of their degree in another country (European Commission, 2013). These and similar programmes have enabled many students to study abroad (European Commission, 2010) as well as allowing the UK to commodify and export HE services on a commercial basis.

It is evident that Higher Education Institutions (HEIs) increasingly encourage and welcome international students' participation in HE (Ramsden, 2009; Travis, 2011). The impact that international students have is considered to be two-fold: they pay tax



(the fiscal impact), and they are economically active (Vickers & Bekhradnia, 2007). In addition to these financial considerations, they also provide other substantial benefits such as the pedagogic aspects that develop from the creation of multicultural learning environments. Francis (1993) contends that the internationalisation of education positively impacts on the communities' successful participation in an increasingly interdependent world. Thus international students are said to provide "cultural and intellectual diversity" (SCONUL, 2007: 2), and contribute essential income when there is a curb in public funding, as well as facilitate the HEIs' desirability for future students. UK academia also benefits from having significant numbers of its graduates in leadership positions in overseas countries (Vickers & Bekhradnia, 2007).

However, what is not evident is the ways in which these opportunities have been open to disabled students, and how many have chosen to travel and live in the UK. Therefore, this book investigates and critically discusses disabled international students' experiences in English universities. The intensified internationalisation of the HE environment and the absence of national policy relating to disabled international students' needs provide the backdrop for understanding how timely and academically necessary the current study is. Having said this, it has to be noted that the main policies and literature discussed in this book are from a specific moment in time, covering the majority of the last two decades, and therefore the historical nature of this research should be taken into account when considering the data and its subsequent analysis. As evident from the new immigration policies (UKBA, 2013b), since the start of this research the British political and HE landscape has changed, arguably providing additional barriers to be faced by a new generation of disabled international students.

In this introductory chapter I will provide the general background to the study and demarcate the research aims and objectives. I will then clarify the terminology employed throughout this book. A synopsis of the chapters is outlined in the final section.

From the outset it must be noted that the impetus for this study stems from my personal experience and academic interests. Throughout the past decade whilst studying in English HEIs, I have encountered various barriers, ranging from physical to funding which have impacted on my participation and learning in two specific universities. These experiences inspired me to want to have a positive effect on disabled international students' university lives. In the next two chapters, I will focus the previous research and policy discussion on disability-related literature and legislation. This is because my university experience has been shaped and impacted by disability-related barriers more than any other difficulties such as cultural, linguistic or age-related ones. Hence, like Guenther (2005), in this work my inner monologues have surfaced and provided a richer and deeper understanding of the stories that participants shared with me, through reflection and acknowledging my own voice and reactions. Structured around disabled people's 'Seven Needs' (Hasler, 2003), the book will therefore set out to document disabled international students'

educational journey from the stage of obtaining information on a prospective university, to participation and inclusion in their peer groups or lack thereof.

### 1.1 BACKGROUND

Historically, institutional discrimination against disabled people has been deeply ingrained, and a multitude of barriers to their full participation in everyday life, including education, has been created and perpetuated (Barnes, 1991). Traditionally, in the pedagogical system, an assumption of the ‘normal’ (a contested subject within disability studies - see Chappell, 1997) underpins the construction and provision of education. In examining the exclusionary treatment of people with learning difficulties by the academy, Docherty *et al.* (2004) argue that access to formal education has been conventionally based on the selection of the intellectually able and gifted. Thus the educational system has excluded those deemed to be educationally incompetent or not considered elite (McDonald, 1996; Tomlinson, 1982; Wolfendale, 1996).

Whilst access to education is considered to be a “positional good” and the “passport to better paid work” (Riddell *et al.*, 2005: 1), the Western educational structure itself is said to reproduce and disrupt existing social inequalities (Field, 2003). The underlying selection procedures of this system, based on ability and class membership (Ball *et al.*, 2002) have created and sustained inequalities (Archer, 2003). Therefore, it could be safely argued that conventional learning and teaching has been geared towards serving the needs of those students perceived to be ‘normal’ in a given time and culture.

An unequal start in life forces many marginalised young people to a life of poverty, exaggerating and reinforcing the disadvantages they face on a daily basis (Magnus, 2006). Specifically, students with certain biological and physical characteristics have traditionally been excluded from accessing mainstream education, with the assumption that educational institutions such as universities were not the place for disabled students, but for “a narrow group of socially advantaged students in the richest parts of the world” (Riddell *et al.*, 2005: 11). Research conducted by the Disability Rights Commission (DRC) (2002) into young disabled adults’ lives, for instance, found that 30 per cent of those who had not progressed on to Further Education (FE) and/or HE felt that they were prevented from doing so for reasons relating to their impairments. Issues of concern centred on disability-related support, transport and accommodation. Thus, disabled students’ participation in HE is generally reported to be low (Magnus, 2006; Riddell *et al.*, 2005). Madriaga (2007) has even connected the low proportion of disabled students in HE to a more general disablism.

However, the data shown in Appendix One indicates that between academic year 2005/2006 and 2006/2007, the percentage of disabled domestic students’ increased by 9.00 per cent. This percentage increase was 4.64 per cent between the academic year 2008/2009 and 2009/2010 (HESA, 2011); and 8.26 per cent between 2009/2010 and 2010/2011 (ECU, 2012c), bringing the total increase from 2005/2006 to 2010/2011 to 37.52 per cent.

Hurst (2007) considers a shift of focus in policy and provision relating to disabled students' education in the past three decades to have contributed to their increased access to HE, enhancing their opportunities. The establishment of the National Bureau for Handicapped Students in 1974 (name changed to Skill: National Bureau for Students with Disabilities) is considered by Hurst (1993; 1999) to have been a breakthrough in the area of policy and practice. According to Hurst (1999), however, the real impetus for progress came in the early 1990s, when the debate on the introduction of top-up loans presented a chance to draw attention to disabled domestic students' financial needs. The foundation of Disabled Students' Allowance (DSA) provided by the Department for Education and Skills (DfES) in the early 1990s to cover general, specialist equipment and non-medical helper costs (Beauchamp-Pryor, 2007; Stone *et al.*, 1998) meant that many disabled students were financially better off than their predecessors. This improvement, in Hurst's opinion (1999), contributed to an increase in the number of disabled students entering HE, allowing a wider choice of universities where their needs could be met.

Entitlement to Access to Learning Funds (ALF), Discretionary Awards and Social Security Benefits to help with disability-related costs have also made many disabled domestic students' transition from FE to mainstream HE somewhat smoother (Hurst, 1996; 1999). To aid this transition further, the majority of universities employ non-medical helpers, largely referred to as 'Personal Assistants' (PA) to provide disabled students with academic, domestic and social assistance (Sheard, 2006). The opening of Kulukundis House at the University of Sussex was a pioneering landmark in the provision of this scheme for disabled students (Hurst, 1999). In addition to these, Brown and Simpson (2004), Riddell *et al.* (2005), and Tinklin *et al.* (2002) argue that the widening participation policies adopted by the Labour Government in the mid-1990s were a key factor in increasing disabled students' numbers in HE.

Having said this, despite the passing of the *Disability Discrimination Act (DDA)* by Parliament in 1995 to legally protect disabled people, policies and provisions in education were not covered by this act. Additionally, the *DDA* (1995: 1) defines 'disability' in individual medical terms:

A person has a disability ... if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.

In 1996, the Dearing National Committee of Inquiry was set up by the Conservative Government and chaired by Sir Ron Dearing. The committee produced the *Dearing report* (NCIHE, 1997), which was the first major examination of HE in the UK since the *Robbins Committee report* in 1963 (HMSO, 1963) (Hurst, 1999). Although certain social groups were specifically highlighted in this work, the paper seemed to largely lose sight of disability issues. Whilst Hurst (1999) acknowledged that the resulting policies were implemented to accommodate diversity within the student population by including under-represented groups, he remained dissatisfied with the level to which disabled students' concerns were taken on board.

Finally, after six years from the inception of *DDA* (1995), the law was extended to schools, colleges and universities. *The Special Educational Needs and Disability Act (SENDA)* — in effect, Part Four of the *DDA* with the same definition of ‘disability’ — became law in 2001. The implementation took place in the following three stages. First, on 1 September 2002, the duty to not treat disabled students less favourably than their non-disabled counterparts; second, 1 September 2003, the duty to make adjustments involving auxiliary aids and services (e.g. sign language interpreters and note-takers); and third, 1 September 2005, the duty to make adjustments to physical features (SENDA, 2003a).

This new act required Further and Higher Education Institutions to publish disability statements indicating policy and provision for disabled students. Thereafter, discrimination against disabled students, by failing to make ‘reasonable adjustments’, or indeed treating a student unfavourably concerning her/his impairment without justification, became illegal (SENDA, 2003b).

It can be argued that these examples, as well as various modifications to entry procedures and examination arrangements (Goode, 2007), suggest a positive move towards more ‘inclusive’ educational practices, signifying progressive steps towards adopting the social interpretation of ‘disability’ in education. The social interpretation/model of ‘disability’ is a concerted shift away from an emphasis on an individual’s impairments as the cause of disability, to the ways in which physical, cultural and social environments exclude or disadvantage disabled people (Barnes, 1991; Finkelstein, 1994; Oliver, 1992a; Shakespeare, 1997). Within HE, the social model recognises various environmental and teaching barriers as obstructing disabled students’ progress, campaigning for their removal, rather than holding individual disabled students responsible for their failure to access education (Riddell *et al.*, 2005).

Despite this recent progress in policy regarding disabled students’ access to HE, a large body of research has emerged criticising HEIs and related organisations for the limited access, disability-related support and relevant funding options they offer (Beauchamp-Pryor, 2007; 2012; Collinson *et al.*, 2011; Farrar, 2007; Madriaga *et al.*, 2010; Stone *et al.*, 1998; Vickerman & Blundell, 2010). Disabled domestic students who manage to enter HE often face various discriminatory social and environmental practices during their study period and there is still much work to do in the British HE sector (Fuller *et al.*, 2004a; Madriaga, 2007; Tinklin *et al.*, 2004). When students enter HE, they take up a unique opportunity to develop both academically and socially, and more importantly feel empowered (Hurst, 1996). Yet, as will be discussed throughout this book, the empowering potential of HE may be difficult for disabled students to achieve. As further explored in the current study, this is particularly the case for disabled international students, who also have to contend with additional cultural, linguistic and funding difficulties in their English HEIs.

As an intersection between disability and other social factors, a wide range of variables can potentially impact on disabled students’ experiences. Weber (2001) asserts that ‘race’, ‘class’, ‘gender’ and ‘sexuality’ are complex social systems

that are manifested in political, economic and ideological social domains and the institutions within them are established to perpetuate and reproduce existing social hierarchies. As shown in Appendix Two, the sample of students studied for the current work consisted of 30 (21 female and nine male) participants with a variety of impairments. Five of the participants had dyslexia (this group's experiences were also affected by other impairments such as Attention Deficit Hyperactivity Disorder [ADHD], and depression); one other participant (without dyslexia) was a mental health survivor; one participant had Myalgic Encephalopathy (ME); 13 participants had physical impairments; and 10 had sensory impairments (two with hearing and eight with visual impairments).

Participants' experiences were intercut by a number of other variables. I included 11 students from Europe and six from North America (broadly referred to as Western in this study), as well as three from Africa, four from Asia, and six from the far-East (broadly referred to as Non-Western in this study). Nine of the participants spoke English as their first language. All participants were above the age of 21. The sample consisted of three exchange students, seven research postgraduates, 15 taught postgraduates, and five undergraduates. Only two participants were registered as part-time students in their English universities. Three of the participants studied in new universities, and 27 in old universities: two students were studying cross-disciplinary studies, six non-social-sciences (including two natural sciences), and 22 social sciences. Eleven students were interviewed at least two years after the completion of their courses, 11 in the first year of their stay, and eight at least two years into their stay in Britain. Due to small number of participants (three) attending new universities, it was not possible to compare participants' experiences based on the type (old/new) of university they attended. This was also the case with regards to undergraduate participants' (five) experiences and those of the two students who studied natural sciences. Three of the participants, self defined as 'international student', but in fact had a 'domestic student' status with regards to funding. Without identifying with English culture, Elaine was born in the UK, and Mary and Nathan were 'domestic students' based on their residential status. Thus I have excluded their funding-related experiences in Chapter Four (Section 4.5) as these are not comparable with the rest of international participants' experiences. Two of the participants were studying in non-English UK universities; whilst in this book generally I have commented on students' experiences in relation to English universities (in line with the broader context of the study); wherever I have discussed Kate and Mlinda's accounts I have made sure to indicate that these are British universities.

The size of an HEI, the subject/course/programme and mode of study, participants' impairments, age and gender, together with their educational and community background and nationality can shape their university experience in many different ways, both positively and negatively. This fact is acknowledged in guidance from the ECU (2004: unpagged), who state that "disabled people are not a homogeneous group. They have multiple identities and other aspects of their identities may influence outcomes". Cushner and Karim (2004) also recognise that international

students' intercultural experiences are coloured by the interplay of their multiple characteristics.

In her study, Hussain (2003) points out that disabled British South Asian young adults' educational experiences are affected by disability, ethnicity and gender. On this account, Riddell *et al.* (2005) recognise disabled students' wide range of identities in the HE setting. In relation to Riddell *et al.*'s work (2005), Goode (2007: 36) discusses disabled students' fluid identities:

... students' constructions of self were temporal, contingent and negotiated, although ... some groups of disabled people are subject to greater externally-imposed constraints on the parameters for negotiation than others.

Furthermore, when an individual belongs to separate marginal groups, she/he may be disadvantaged on two or more levels at the same time, perpetuating each other, and exaggerating the experienced marginalisation. Commenting on this, Vernon (1996: 51) asserts: "... I have experienced disablism, racism and sexism". Disablism like racism is a process (Ahmad, 2000; Macpherson of Cluny, 1999) where "individuals and institutions may 'unwittingly' discriminate against people who deviate from 'the norm'" (Madriaga, 2007: 400-401), reinforcing the oppression of those who are categorised as being different. That said, the *Race Relations Act* of 1976, as amended, was enforced to prohibit discrimination on grounds of 'race', 'colour', nationality or ethnic or national origins in most areas, including provision of education (ECU, 2009b).

In analysing disabled international participants' experiences in the current study, however, it was evident that at times these students experienced discriminatory treatments on the grounds of being disabled, international and mature students. Yet, their disadvantages appeared to be so intertwined, intersectional and simultaneous that sometimes the identification of a single contributory factor to their marginalisation was difficult. Björnsdóttir and Traustadóttir (2010: 50) state that intersectional paradigms explain that "oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice". Similarly, Oliver (1996) believes disablism cannot be confronted in isolation. On the multiple nature of oppression, Barnes (1996: xii, cited in Barnes, 2009: 1) states:

The politics of disablement is about far more than disabled people; it is about challenging oppression in all its forms ... Like racism, sexism, heterosexism and all other forms of oppression, it is a human creation. It is impossible, therefore, to confront one type of oppression without confronting them all and, of course, the cultural values that created and sustains them.

I have mainly adopted the terms 'double' and 'multiple' disadvantages, as forms of marginalisation or oppression, when referring to the participants' difficulties in grounding their potentially multiple identities. However, at times 'simultaneous

oppression' (Morris, 1996; Thomas, 1999) is considered to be more relevant. Favouring this concept, Vernon (1999: 385) states: "Hence it is not surprising if 'simultaneous oppression' is perceived to be the unique experience of a minority of disabled people". Stuart (1992) also uses the term 'simultaneous oppression' when referring to 'black' disabled people's situations; not as a result of two independent oppressions, but rather both stemming from a single larger source, that of an intolerant atmosphere. These concepts are central to the issues explored in data analysis, because at any given time a disabled international student may be disadvantaged on different levels by university staff's prejudiced attitudes, and experience a multiplicity of discriminations.

Nonetheless, the aforementioned data in Appendix One further shows that the percentage increase of disabled international students between 2005/2006 and 2006/2007 was 19.99 per cent. This percentage was 7.32 per cent between the academic year 2008/2009 and 2009/2010 (HESA, 2011); and 9.69 per cent between 2009/2010 and 2010/2011 (ECU, 2012c). Thus the total increase of disabled international students was 54.27 per cent from 2005/2006 to 2010/2011. The lack of a designated organisation responsible for disabled international students' affairs can be seen to be partially responsible for this volatile increase. The implications are that there are no official services for information, advice and support, representation, policymaking and campaigning purposes for this group. In the literature studied, disabled international students' needs are often referred to Skill (Skill, 2007a), and the UK Council for International Student Affairs (UKCISA, 2013a), neither of which appear to be specifically concerned with provision for this group. Disabled international students' marginalisation is further reflected in the limited research conducted and literature available on this topic, reinforcing the following assertion by Reynolds Whyte (1995: 277):

If there is a danger that disabled people are presented as Others, not like us, then there is a double danger in the study of people with impairments in other cultures. They are both foreign and disabled, and it is a difficult job to render them as subjects we can understand and identify with.

It is well documented that international students encounter additional barriers to those faced by their fellow domestic students (Introna & Hayes, 2007; SCOUNL, 2007; Zhou *et al.*, 2008). Whilst moving to a new country is often a rich event on its own, the experience may be constrained by uncertainty and disorientation, of not only the academic and social expectations, but also disability-related needs and the type of support on offer. With little support received, disabled international students may consider themselves as invisible, and that their disability-related and cultural-specific multiple needs are either "irrelevant" or "added on as an optional extra" (Vernon, 1999: 391 - a reference to disabled 'Black' women). Disabled international students may feel discriminated against and rejected from university-specific disabled and international students' groups as well as general student bodies,

including the National Union of Students (NUS, 2013). This possible marginalisation could contradict the following statement from *SENDA* (2003a: unpagged):

Disabled students come under the Act [SENDA] no matter what their status: part-time, overseas, evening class, postgraduate, undergraduate, distance learning, etc.

This book is therefore concerned with disabled international students' specific experiences in English universities. A range of barriers, both particular and general, that this group experiences in their university life, including differences in cultural interpretations of 'disability', and the kind of support that students receive, will be explored in detail. Hence the research is deployed to identify and examine any concerns that disabled international students face in their academic and social life.

With a view to enhance knowledge in the field, this study will highlight key issues and insights for future research and policy. I therefore hope to make a meaningful contribution to debates both within the disciplines of disability studies and education, enriching both fields.

## 1.2 AIMS

In this book, I intend to achieve the following aims:

- Critically analyse the national and local policies and literature for, and the extent and kind of support available to, disabled international students in the English universities.
- Document, compare and evaluate 30 disabled international students' experiences in order to highlight any barriers they experienced.
- Comment on the applicability of 'inclusive' education theories within the university context.

## 1.3 OBJECTIVES

These aims have been fulfilled by the following means:

- Discussing previous research and the way it provides insight into disabling barriers in educational policy and practice.
- Critically evaluating national policies implemented to address the barriers identified in previous studies and also this research.
- Using a small number of universities' policy and practice documents as examples.
- Analysing 30 semi-structured interviews and one focus group data, commenting and comparing students' experiences across different variables such as age, impairment and nationality.
- Engaging in a discussion about the feasibility of 'inclusive' educational practices within the university environment.



## 1.4 METHOD

To provide a detailed insight into the under-researched area of this book, I adopted qualitative data generation strategies, using flexible and exploratory methods of a focus group and semi-structured interviews. Considering the participants' accounts and voices were the most crucial evidence in the study, these strategies proved to be pertinent for the research. A combination of networking and chain referrals in various national educational institutions was used; thus a snowballing method was adopted to recruit the participants.

A period of document analysis provided an opportunity to clarify topics from the literature and policy review, refine the foundation and highlight the key areas for the next stage. Following this, I conducted a focus group with five participants to stimulate topics for the semi-structured interviews. By using the focus group as a collective and participatory data generation technique, attempts were made to fulfil the goal of "emancipatory" research in creating an investigation setting in which disabled people empowered themselves (Stone & Priestley, 1996).

Therefore, the focus group generated, validated and refined phases for semi-structured interviews. The choice of using practical and explorative data collection strategy of semi-structured interviews meant that the detailed data about participants' academic and non-academic issues added a quality to the research, which might had not been achieved through a structured approach.

Subsequently, the interviews were transcribed. As a form of respondent validation, the participants were invited to read the transcripts through and to make any changes as they saw fit. Seven participants made noticeable changes to their interview transcripts, mostly adding more details. Although I made every effort to avoid bias in the interpretation of the interview data, allowing participants to read and edit the content of transcripts also reinforced the desire to remain relatively objective in my analysis of the results, and prevent misinterpretation of their accounts. Furthermore, the participants were given pseudonyms to protect their identities. Other details such as names of university staff, places and countries are also anonymised.

## 1.5 RESEARCH QUESTIONS

The above methods were applied to inform the following research questions:

Q1 "What is known at present about disabled international students' status in English HE and the kind of services they receive?"

Q2 "What are disabled international participants' opinions and experiences on the services they receive, particularly those concerning their disability-related support needs?"

Q3 "What are disabled international participants' opinions and experiences on encountering difficulties in HE?"

## 1.6 A NOTE ON TERMINOLOGY

A more thorough explanation of ‘disability’ will be included in Chapter Two (Section 2.1) during the discussion of the models of ‘disability’. However, it is worth mentioning here a few social model terms used throughout the book when referring to contentious phrases. I deem this necessary as language is about power, politics, domination, and control, and is often used to justify oppression (Barnes, 1993; Oliver, 1994).

The social model of ‘disability’ states that disabled people are those people with impairments who experience barriers within society (Clark & Marsh, 2002). This interpretation redefines disability as pertaining to the disabling effects of society, rather than to people’s cognitive, physical and sensory status as an assumed biological limitation or characteristic attached to them (Pfeiffer, 2002). Having used the social model epistemology throughout the book, the language related to this perspective on disability will be predominantly employed.

The term ‘students/people with disabilities’ has been avoided, as it implies that the disabling effects rests within the disabled student/person her/himself rather than from the educational system and/or society at large. Used in the individual medical interpretation, the phrase ‘students/people with disabilities’ denies the political or disability identity, which emerges from the Disabled People’s Movement similar to ‘Black’ and ‘Gay’ political identities (Barnes, 1992a). In this context, the term ‘disability’ refers to a person’s medical condition, confusing the crucial distinction between ‘disability’ and ‘impairment’. For these reasons, I will refrain from using ‘disability’ and ‘impairment’ interchangeably.

Such phrases as ‘the disabled’, ‘the blind’ and ‘the deaf’ will also be avoided as they objectify disabled people, denying individuality, and are regarded as oppressive by the Disabled People’s Movement (Barnes, 1992a; Bolt, 2005; Zola, 1993). Where it is necessary to indicate a student’s specific impairment, in accordance with her/his self-definition (rather than using the Universities and Colleges Admissions Service [UCAS] - Higgins, 2012 - classification), this will be prefixed with ‘a student with ...’. The correct terms for indicating a general type of impairment are considered to be ‘dyslexia as a form of Specific Learning Difficulty (SLD)’, ‘hearing impairment’, ‘mental health system survivor (including depression)’, ‘physical impairment’, and ‘visual impairment’ (Clark & Marsh, 2002), as well as individual health conditions such as Myalgic Encephalopathy (ME).

Due to participants’ self-assessment of impairments, and issues surrounding disclosure as well as the accuracy of these categories, I have remained cautious about the validity of participants’ impairment-specific data and labels used. Additionally, the ‘disability’ categories determining the figures in Appendix One (obtained from the ECU in 2008 and 2012) indicate the type of impairment that a student has on the basis of her/his self-assessment. As students are not obliged to report an impairment and as certain universities are unwilling to provide information on disclosure, HESA (2011) advises that the figures reported in analyses are derived from a subset which

may not be representative of the total student population. Owing to the relatively small sample size of the current study, and the complexity of the issues discussed, any comparison of participants' experiences has to be tentative.

I have chosen to refer to people who do not self-define as disabled as 'non-disabled people'. However, I have also not changed alternative linguistic references, self-identifications and/or differing points of views either in direct quotations or in commenting on statements by the research participants and other authors.

In the email communication with the ECU (ECU, 2008c; 2012c), data (for Appendix One) is provided in the form of postcodes (UK domiciled students), or country codes (non-UK domiciled students). In the chapters where I have analysed participants' specific experiences, I have anonymised individual's nationalities to their continents or regions, but on general terms I have referred to all non-English domiciled students as 'international'. To further anonymise participants from Canada and United States of America (USA), the general label 'North American' has been used when referring to the nationality of these students. In this study, HE refers to pre and post-1992 university education (the nature of these institutions is discussed in chapters Two and Three- Sections 2.5 and 3.1). The HESA classifications (HESA, 2011) consider HE students as those on programmes of study for which the level of instruction is above that of level three of the National Qualifications Framework (NQF). Finally, I have followed the DfES definition of 'mature' students as "those who commence their HE study aged 21 or over" (Ross *et al.*, 2010: 8). Having discussed the language used in the current study, next I shall outline the structure of the book.

## 1.7 STRUCTURE OF THE BOOK

In Chapter Two, the two models of 'disability' will be explored. The chapter will then comment on the nature of education, critically evaluating its exclusionary theoretical and practical barriers for the student population in general, and for disabled students in particular. This discussion will begin by an interrogation of the term 'globalisation of education', reviewing some previous research on barriers that international students encountered. Finally, the scene will be set for subsequent chapters through a discussion of disabled domestic and disabled international students' experiences.

Chapter Three will critically analyse various national and a small number of universities' policy documentation and guidelines that address the practical barriers, in admission, disability-related services, pedagogy, and accommodation and social life, highlighted throughout this book. Therefore, chapters Four, Five, Six and Seven will refer to Chapter Three where appropriate to compare participants' experiences with the relevant policies.

These empirical chapters are structured around disabled people's 'Seven Needs' (Hasler, 2003). Chapter Four considers the range of influential factors as to why students decided to study a specific course in their particular university/city, and the kind of 'information' available to them to make those choices. The built environment

is crucial in “promoting access and choice” (Chard & Couch, 1998: 608). Thus, various barriers regarding ‘access’ to the university environment, including the admissions process, will be discussed. Subsequently, different issues of funding and the range of scholarships that students applied for will be a key focus.

Chapter Five begins by examining participants’ views and feelings on disclosing the nature of their impairments. Participants’ experiences relating to their needs assessment process or lack thereof will be highlighted. The chapter will assess the effectiveness of specific disability services ranging from the support offered in forms of ‘technical aids’, transcription service, and the ‘Personal Assistance’ scheme.

In Chapter Six, such academic issues as the effects of previous education on participants’ study-related performances in their English universities will be assessed. The possibilities of attending English Language classes, pre-admission, as well as their accessibility and effectiveness will be taken into account. The chapter will also discuss participants’ observations of specific academic cultural differences.

In Chapter Seven, participants’ general experiences, including the accessibility of students’ ‘housing’, and the ‘transport’ used will be analysed. This chapter will also comment on participants’ experiences of ‘peer support’, and the possible barriers within their social involvements. Subsequently, participants’ perceptions of both, general and specific cultural differences, particularly those relating to the interpretations of ‘disability’, will be examined. The chapter will then discuss students’ overall experiences.

The final chapter will comment on the relevance of policies discussed in Chapter Three about ‘disabled’, ‘international’ and ‘disabled international’ students in an HE environment, which attempts inclusivity. I will summarise the research by offering some insights for educational organisations and policymakers. Further issues for future research will also be identified.



## **DISABILITY, HIGHER EDUCATION AND DISABLED INTERNATIONAL STUDENTS**

In the previous chapter I outlined the background, aims and objectives of the current study. This chapter will begin by discussing various understandings of the term ‘disability’ in a Western context. The importance of ‘Independent Living’ for disabled people and the seven contributory needs in realising independence shall subsequently be explained. As the ‘Seven Needs’ schema (Hasler, 2003) provides a structural framework for the current book, this discussion is pertinent to the present study. The concept of education in providing the choice and control necessary to live independently (HCIL, 1990), and its exclusionary practices in a modern global education system, will also be explored. Subsequently, the problems that the internationalisation of education raises for non-disabled international students in the English Higher Education (HE) sector will be examined.

Following this, the relevance of debates surrounding definitions of ‘disability’ in ‘special’, ‘integrated’ and ‘inclusive’ educational models for disabled children will be discussed. Attention will then turn to how these models are reflected in HE. Research into barriers experienced by disabled domestic students in universities will follow. Finally, the difficulties encountered by disabled international students in the English Higher education Institutions (HEIs) will be reviewed and commented upon.

### 2.1 EXPLAINING ‘DISABILITY’

On an international level, there are a number of different cultural interpretations of ‘disability’ (Coleridge, 1993; Stone, 1999; Üstün *et al.*, 2003). Thus (as demonstrated in the current book), there is variation in the ways disability is understood, which is reflected in the language used by the participants in this study. However, here I am concerned only with two main Western views of disability, and their influence on educational policy and practice. The individual medical and social definitions of disability have specifically been selected due to their global impact on the field of education.

#### *The Individual Medical/Deficit Definition*

The concept of oppression, and the marginalisation of the subordinate group, results from a power exercise - the dominance of one group over another defined by Gramsci (1971: 4) as “hegemony”. On an institutional level, legitimising and

distributing a specific point of view protects and perpetuates the position of dominant group, whilst continuing to oppress the disadvantaged population (Young, 1990). The interpretations of disability are associated with this theory, with the powerful professional groups within society determining its meaning based on the individual medical model of disability (Oliver, 1990b). As discussed throughout the current study, this is particularly evident in HE, where the needs of non-disabled individuals are largely met, whilst disabled students' ones are overlooked, excluded or even rejected in different aspects of university life.

The individual medical definition of 'disability' is a nineteenth century Western concept, rooted in a medicalised understanding of disability (Barnes, 1997). This interpretation states that disability stems from an individual's biological or psychological limitations, leaving social and economic structures un-theorised (Oliver, 1990a). In 1980, the World Health Organisation (WHO) introduced the International Classification of Impairments, Disabilities and Handicaps (ICIDH), seeking the following international agreement on a conceptual schema of impairment, disability and handicap in the context of health experiences:

**IMPAIRMENT:** ... is any loss or abnormality of psychological, physiological, or anatomical structure or function.

**DISABILITY:** ... is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

**HANDICAP:** ... is a disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfillment of a role that is normal ... for that individual (Wood, 1980: 27-29).

Criticisms of this model include the biased view of 'disability' only in medical terms, the surrounding disabling language, and the perception of 'normalcy'. Imrie (2004: 290) criticises the biomedical definition as being partial and providing an "under-socialised" account of disability by failing to recognise the interrelationships of biology, culture and biography. Since its inception, disabled people have opposed the word 'handicap', calling it a semantic construction related to the medicalisation of disability, which conjured up images of begging, i.e. the notion of cap-in-hand (Barnes, 1991). Additionally, Barnes (2003: 12) criticises the concepts of "impairment" and "normal" in the ICIDH, as social phenomena that are not easily defined and subject to substantive "experiential, contextual and cultural variation" in meaning. Llewellyn and Hogan (2000: 159) further explain that "the view of what it is to be normal" is determined by societal and cultural acceptance and expectations.

Despite these criticisms, in Western cultures definitions within legislation, policy and provision (Barnes, 1991; Beauchamp-Pryor, 2007) predominantly reflect the deficit model of disability. The individual medical interpretation has led to colonisation of disabled people's lives (Oliver, 1996), and an expansion of professionally-run "paternalistic" services 'for' disabled people (Evans, 2003: unpagged). The Disability

Service Units (DSUs) discussed in Chapter Five (Section 5.2), in most HEIs in meeting individual's needs rather than striving for inclusivity, can be considered as part of these professionally-run services. By using rehabilitation and adjustment as compensation, most professionals consider their major task to be to normalise, care for, or cure disabled individuals (Chappell, 1997; Garland Thomson, 1997; Oliver, 1981; Roman, 2009). In short, disabled people have been categorised, labelled, separated and treated differently by type and severity of their impairments.

... welfare provision for disabled people has largely worked to isolate and inhibit individuals, as opposed to enabling their integration into society. (Beauchamp-Pryor, 2007: 14).

Instead of recognising the need for social, political and economic action, the medicalised discourses reinforce dependency and blame the individual for her/his perceived inadequacies (Barnes, 1992a; Finkelstein, 1991). For disabled people "the body is the site of oppression, both in form, and in what is done with it" (Abberley, 1997: 173). More importantly, the individual medical model underpins personal tragedy theory (Oliver, 1990a), which considers the onset of impairment as a terrible and random event, occurring in the life of an individual, who is subsequently perceived as "unfortunate, useless, different, oppressed and sick" (Hunt, 1966: 146).

It could therefore be argued that the individual medical/deficit model of disability often perpetuated persistent traditional perspectives, and "became a potent means of oppression" (Rieser, 2008: 20). The dominant perspectives of the individual medical understanding of disability are invoked in everyday life as ways of thinking, speaking and acting; in Roman's view (2009) often thoughtlessly. Stereotyped and stigmatising ways of thinking influence social understandings of disability identity, and societal responses to disabled people in general (Goffman, 1968). Consequently, disabled people's perceptions of themselves are shaped significantly by their environment and by the culture they live in (Jacoby & Austin, 2007; Karagiozakis, 2010): "The medical model of disability leads from the point of diagnosis to a lifetime of feeling that we are a disappointment and a worry to everyone" (Mason, 1990: 2).

For disabled people, handling the negative outlook of a society often goes beyond projecting the blame onto their surrounding community, and results in internalising negative feelings (Rieser, 1990). According to Mason (1990: 1) internalised oppression is "not the cause of our mistreatment, it is the result of our mistreatment". This experience "operates on the 'inside' as well as on the 'outside': it is about being made to feel of lesser value, worthless, unattractive, or disgusting ..." (Thomas, 2004: 40).

As shall be discussed below (Section 2.4), traditional educational policy has adopted the individual medical definition of disability, assuming that human potential/ability cannot supersede medically defined functional limitations. In this way the existence of 'special education' is justified and maintained (McDonald, 1996). The individual medical model of disability continues to exert a strong influence in HE, although the rhetoric of the social model of disability, discussed next, is beginning to emerge, albeit tentatively, in university policy papers.



### *The Social Definition*

In response to the individual medical perceptions of disability, based on their direct experiences of impairment/disability, disabled activists examined and rejected the limitations of this deficit model. Oliver (1996) documents how the Union of the Physically Impaired against Segregation (UPIAS), in their manifesto *The Fundamental Principles of Disability* (1976), accommodated the development of a politics of difference, reformulating disability as ‘social’ in the following term:

... the disadvantage or restriction of activity caused by a contemporary social organisation which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS, 1976: 3-4).

The British Council of Disabled People (BCODP, 1997) agreed that this definition of disability should incorporate all disabled people, including those with sensory and cognitive impairments, rather than only referring to people with physical impairments. Adopting the UPIAS definition of disability (1976), in 1981 the social model of ‘disability’ was developed as an invaluable, practical and heuristic tool, which has strengthened disabled people’s struggle for emancipation (Finkelstein, 2001; Oliver, 2000b).

The above social model definition of the term disability differs radically from that of the individual medical definition. Campling (1981), and Oliver (1990a) state that instead of considering individual’s impairments as the determining factor in creating disability, the social interpretation of disability crucially recognises the labelling of disabled people in relation to dominant social and cultural values, and environmental barriers. The social model distinguishes between the ‘impairment’ experienced by any individual, and ‘disability’, understood in terms of societal discrimination, as a wider and fundamental issue of prejudice (Holden & Beresford, 2002; Morris, 1992). According to Thomas (2004: 46) “disability is social exclusion on the grounds of impairment. Impairment does not cause disability, certainly not, but it is the raw material upon which disability works”. Moreover, impairment can be made more significant, or indeed created, by a disablist environment, where categories and definitions literally shape and reflect attitudes and actions. Disabled people’s day-to-day experiences of social exclusion, for example, can result in, or indeed exaggerate, mental health difficulties (Dunn, 1999; Morris, 2004; Stansfield, 2002).

The social definition of disability has, however, been criticised by several writers (Bury, 1996; Crow, 1996; Dewsbury *et al.*, 2004; French, 1993; Swain & French, 2000). Much of this critique refers to the dominance of male, white, middle-class, wheelchair-users’ concerns, the privileging of their experiences, and the undermining of disabled people’s diverse identities and multiple forms of oppression. In response, Oliver (2000b) suggests that although the social model has been applied more often to certain impairments, its relevance to others nonetheless remains significant.

Additionally, the social model is said to not adequately address how individual's experiences and perceptions of disability can be identified and analysed (Hutchison, 1995). This definition has been criticised (Shakespeare, 2006; Shakespeare & Watson, 2002) for either ignoring or excluding the issue of 'impairment' as a major part of biographies, therefore denying the differences of experience between impairments. Defending the social model, Priestley (1998: 86) argues that although the existence of significant differences between disabled people may impact differentially on their personal experiences, "this does not invalidate a social model analysis of oppression".

Butler and Parr (1999), Corker and French (1999), and Lindsay (2003) argue that the emphasis of the social model on the discriminatory social positioning of disabled people often fails to recognise biological, psychological and socio-cultural factors. They argue that the interplay of these elements often creates pain and discomfort (including associated depression), which often goes unrecognised. Nevertheless, in Oliver's view (2000b) the social model, as an aid to understanding disability, refuses to see specific problems in isolation from the totality of disabling environments or indeed impairments. Elsewhere, Oliver (1996: 48) asserts that the social model has made a "pragmatic decision to identify and address issues and barriers that can be changed through collective action rather than medical or professional treatment".

Other disabled researchers like Thomas (1999) highlight the importance of psycho-emotional effects resulting from impairment in the social model. Impairment effects are "profoundly bio-social" (Thomas, 1999: 43) impairment-related activity restrictions such as fatigue, which create constraints in certain contexts, and "interlock in unique and complex ways" with disability effects (Thomas, 2004: 48).

Whilst the social model may be criticised for not addressing issues such as disabled people's experiences relating to impairment, gender and ethnicity, it is not possible to address disabling barriers without considering these significant experiences, particularly that of impairment. As will be discussed below (Section 2.4), the social interpretation of disability has led to much criticism of 'special education', resulting in calls for 'inclusive' educational systems for disabled students (Barnes, 1990).

The criticisms raised regarding the two interpretations of 'disability' above led to the WHO's redefinition of this term as bio-psycho-social, and the replacement of the ICIDH with the International Classification of Functioning, Disability and Health (commonly called the ICF) (WHO, 2001), previously known as ICIDH2. However, as the application of this model has not yet filtered through HE policy, the discussion of this model appears to be less relevant to the current work. In contrast, as will be discussed, the individual medical and social definitions of disability have a particular relevance to English university practice and policy documents for disabled students.

Having discussed the two models of disability, I recognise that in order to understand socially constructed barriers, one has to fully appreciate the impact of an individual's impairment (and its effects), which may also be socially constructed. The social model recognises the importance of an individual's experience of impairment,

particularly when attempting to eliminate social exclusion (Barnes, 2003; Oliver, 1996). Therefore, my chosen epistemology is a social model analysis. I acknowledge disabled international students' wide ranging impairments and associated difficulties, whilst concentrating on their concerns and experiences related to the disabling barriers in HE as a basis for challenging their potential disadvantages.

Although the social model has been criticised on many grounds, it is linked to the concept of 'Independent Living', discussed next, which is firstly a philosophy, and secondly a practical tool leading to the formation of the 'Seven Needs'. Independent living has been defined as "the ability to decide and choose what a person wants, where to live and how, what to do, and how to set about doing it" (Evans, 2001: 1). Throughout this book, I have used disabled people's 'Seven Needs' to analyse and structure the barriers participants faced.

### *Applying the Social Model*

Due largely to the effects of the medical model of disability, disabled people have historically been denied active participation in mainstream life (Oliver & Barnes, 1998), meaning that their lives were mostly restricted to family homes and residential institutions (Barnes, 2007a). Davis (1984) refers to this exclusion as the root cause of disability, the very antithesis of independent/integrated living.

In order to improve their confined lives and living conditions, disabled people in Britain sought the option of 'Independent Living', taking inspiration from their American counterparts. Significantly, the American Independent Living Movement (ILM) emerged initially from the campus culture of American universities to influence national disability policy. In the 1960s, some American universities, particularly in Berkeley, California, introduced various self-help programmes to enable students with "severe" physical impairments to attend mainstream courses (Davis, 1984: 46). The inadequacy of similar schemes available outside university campuses "prompted some disabled students to develop their own services, under the banner of 'Centres for Independent Living' (CILs)" (Barnes, 2007a: 3).

To provide effective services, Davis (1984) argues that disabled people should themselves run services relevant to their self-determined needs, that people with all kinds of impairments should be involved, and that facilities should ultimately help disabled individuals to achieve their own life choices. Thus contrary to other services 'for' disabled people run mainly by non-disabled professionals and/or charities, disabled people exclusively controlled the CILs, providing a holistic, new and innovative range of support services, information and advice (Hasler, 2003). Barnes (2007a: 17) maintains that "to facilitate greater user-involvement in the development and delivery of services, people have to desire to and feel empowered", in contrast to feeling imposed upon from above.

The original CIL in Berkeley established the five basic core services to meet disabled people's local needs at a grassroots level. 'Housing', 'Personal Assistant (PA) service', 'Transport', 'Access', and 'Peer Counseling and Support' aimed to

ensure that “all disabled people have the equality of opportunity in the chances and choices of life like everybody else” (Evans, 2001: 1). These services were intended to not only empower disabled people to have self-determination and control, but also to contribute to their collective emancipation as a marginalised minority group (Evans, 2001). More importantly, instead of suggesting that a person needed “rehabilitation” in order to exist in an inaccessible environment, the CIL approach highlighted the significance of society adapting itself to accommodate disabled people (Hasler, 2003: unpagged).

In Britain, in 1985, the newly formed Derbyshire Coalition of Disabled People (DCDP) established Derbyshire Centre for Integrated Living (DCIL). The name for this CIL was purposefully chosen because, as Brisenden (1989: 8) asserts, independence “is not linked to the physical or intellectual capacity to care for oneself without assistance; independence is created by having assistance when and how one requires it”. Despite the change of name, this CIL, as well as those founded later, adopted a similar philosophy to organisations in the United States of America (USA) - such as Berkeley, facilitating disabled people’s full and equal participation in the community both outside and within the context of education (Evans, 2001).

In translating integrated/independent living philosophy into a framework for practical action, derived from the social model of disability (Barnes, 2007a), the secondary needs were identified. The DCIL added the need for ‘Information’ and ‘Technical Equipment’. This ‘Derbyshire Seven Needs’, became a blueprint for the development of many CILs and disabled people’s organisations in the United Kingdom (UK) (Barnes, 2007a). Interestingly, education was not included in the ‘Derbyshire Seven Needs’. It was understood that once meaningful progress was made towards satisfying the ‘Seven Needs’, access to education would be a barrier free experience. In 1989, the ‘Seven Needs’ were superseded by the ‘Eleven Needs’ adapted by Hampshire Centre for Independent Living (HCIL). The additional needs included ‘Employment’, ‘Education and Training’, ‘Income and Benefits’, and ‘Advocacy’ (Barnes, 2007a).

As the current research evolved it became evident that the ‘Seven Needs’ could provide a better framework for analysing the research interviews and structuring the book. As discussed throughout this study, the ‘Seven Needs’ remain fundamental to disabled students’ lives in the present day. Having justified my choice and application of the social model of disability as the epistemology for this research, I shall now explore the nature of mainstream education, starting with the globalisation of education.

## 2.2 GLOBALISATION OF HIGHER EDUCATION

Here, I only discuss ‘formal education’, comprising of the knowledge acquired in school and university as opposed to informal education as an ongoing lifelong process, often starting, typically, in the family environment (Giddens, 1997; Illich, 1970). The primary aim of formal education is to nurture students’ intellectual,

personal and social development to the highest possible level (Bennett, 1999). These educational achievements may become an essential success factor in securing entry to sought-after positions in the employment market (EHRC, 2010; Getzel *et al.*, 2001; Hayton & Paczuska, 2002; Magnus, 2006; Wakeling, 2005). In an increasingly technological world, educational qualifications and skills are said to be “vital to career success and satisfaction” (McBrien, 2005: 344), and to an independent life (HCIL, 1990). For disabled people to exercise the same level of choice and control as their non-disabled peers, education is fundamental. Yet, as discussed below, mainstream education can be disabling as well as enabling for various groups of children/students with different biological and cultural backgrounds (Coard, 1971; Docherty *et al.*, 2004; Riddell *et al.*, 2001).

The HE system has provided services and a specific form of advanced education for an elite group of the population to study a wide range of subjects undisturbed by the mundane demands of daily life (Barnes, 2007b). Thus as Windolf (1997) argues, the major beneficiaries of HE remain the middle-classes armed with “social capital”, as understood by Bourdieu (1997: 51): “Social capital is the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition ...”. Elaborating on this, Naidoo (2003: 252) considers “the implementation of an institutional framework, which selectively empowers and disempowers individuals largely on the basis of social disadvantage” to be an integral aspect of the international HE landscape. More importantly, and as shall be discussed in this chapter, the ethos of HE as competition has recently been intensified to the level of commercial enterprise, attracting financially able students, who require minimal support. The explicit emphasis of the commercialisation of education, alongside processes of globalisation, is therefore a comparably newly developed trend (James & Mok, 2003; Varughese, 2010).

In general terms, globalisation is a set of issues relating to important social and ideological changes, including production, community identity and types of democracy (Neufeld, 2001). Robson (2011) refers to the internationalisation of education as a process that involves increasing the range of international activities for students and academic staff between universities and other educational institutions. Internationalisation of education is the integration of international and intercultural dimensions into all aspects of an HEI, including learning, teaching and research (Knight & de Wit, 1995). Gribble and Ziguras (2003) consider the transnationalisation of education to be a significant feature of globalised HE, resulting in the operation of increasingly international, mobile, commercial and tradable programmes and services with high incentives for providers.

Governments world-wide have linked HE reform strategies to the concept of ‘globalisation’ (Naidoo, 2003). This has encompassed a range of activities including the emphasis of advances in Information Technology (IT), and the heightened integration of national economies (Davies, 1999). Naidoo (2003) considers these developments to have given rise to a new type of globalised economy, dependent

on production of higher value-added products and services, and developed through knowledge, particularly scientific and technological research. Hence HE has been seen as a crucial site for the “production, dissemination and transfer of economically productive knowledge and continual innovation” (Naidoo, 2003: 249).

Internationalisation of education has been high on the British governments’ agenda over the recent years (Bone, 2008). During the previous Government, for example, the UK had one of the largest international student populations amongst countries included in the Organisation for Economic Co-operation and Development (OECD, 2011), with international students accounting for 14.1 per cent as opposed to an OECD average of 6.9 per cent (Brown & Ramsden, 2008). Pelletier (2003) argues that international students have always studied at British universities, but due to their increased participation, nowadays have a significantly greater impact on the economics and professional rationale of HE. In the current economic climate, British universities take a proactive approach to international students’ recruitment, although arguably for financial gain (Graf, 2009). Education has therefore been transformed and commodified into a *service*, and students into valuable customers. As such, it has been argued that UK universities approach internationalisation as a considerable source of income (Evans & Williams, 2005) with high financial incentives (Graf, 2009).

The report of the ‘Joint Working Group of the Council for Education in the Commonwealth, and UK Council for Overseas Student Affairs (UKCOSA)’ (2000) (hereafter referred to as ‘Joint Report’) argues that the provision of courses for international students has been regarded as a potential source of income, which may be promoted to fulfil the desire for precious revenue. The international education provides significant levels of earnings, and international students contribute to the British economy through paying various services for their education and living, without recourse to public funds (Joint Report, 2000). Hence the HE sector is an extremely significant export industry in the UK, outstripping the export value of alcoholic drinks, textiles, clothing, publishing and cultural and media industries (Vickers & Bekhradnia, 2007). Since several thousand graduates remain in the UK each year to work, the impact that this has on the UK economy is also considerable (*ibid*).

In addition to improving their competitiveness in market access, on a global level countries are motivated to internationalise research in order to enhance the quality of research and development, and also to tackle global and international development issues (Bone, 2008; Rizvi, 2004). According to Brown and Ramsden (2008), the British universities tend to regard world-class research inherently as international, and that the career experience of not only research students and postdoctoral researchers, but also the undergraduates, is positively impacted by international research interactions. Domestic students may broaden their outlook; richer international perspectives can offset any tendencies to undue parochialism, and help raising awareness about issues of racism, global pollution, and human rights (Berchem, 1991; Papatsiba, 2006). In other words, cultural diversity, respect,

understanding and tolerance for cultural difference promoted by internationalisation can work towards world peace.

Therefore, Papatsiba (2006: 99) argues that the civic rationale of student mobility as a “secondary socialisation” through the introduction of such programmes as Erasmus and the Bologna Process (discussed in the introduction of Chapter One) will help to create new European citizens. All of this reinforces the political vision of intertwining personal and professional development, including a good command of languages, heightened interpersonal skills, practical application of knowledge, and strengths such as autonomy, initiative, resilience and self-confidence (Papatsiba, 2006; Robson, 2011). Universities can become international businesses, transforming students’ “mono-cultural” views, helping them to progress through stages of international awareness, competency and finally expertise (Edwards *et al.*, 2003: 187).

Globalisation has also been described in terms of equipping graduates with the suitable characteristics for an international job market (SCONUL, 2007). Employers prefer international students since de facto they have an international background (Brown & Ramsden, 2008). For individuals, a major link between education and occupational attainment in “advanced industrial” countries is relatively close (Shiner & Modood, 2002: 210). In these societies, HE is often viewed as a “stepping stone to higher level occupations” and semi-elite status (Cheng & Heath, 1993: 151). To the risk of excluding disabled students with unmet needs, the uncertain future of the employment market is claimed to require “better fitted” graduates, who have lifelong transferable skills and intellectual independence that can be applied internationally (Joint Report, 2000: 2). All this raises the expectation that HE will enhance the nation’s competitive edge in the global market place by producing the new “smart” workers who will take up key positions in the knowledge economy (Naidoo, 2003: 251). In light of such rhetoric, the next section will look at issues pertinent to international students in this new global knowledge economy.

### 2.3 NON-DISABLED INTERNATIONAL STUDENTS

Here, research on the range of barriers that non-disabled international students may encounter will be examined, with the view to revisit these studies in later chapters. I shall then highlight how research has been limited by the exclusion of disabled international students’ concerns and experiences.

Walker (1999: 54) emphasises that “overseas students [are] desirable in principle but difficult in practice”. As well as dealing with the common problems of adjustment to a new environment, international students attending universities in a culture different to that of their own “have to contend with novel social and educational organisations, behaviours and expectations” (Zhou *et al.*, 2008: 63). The following five categories of cultural barriers at pre-entry, entry, on-programme and at exit, specifically for international students have been identified by Burslem (2005), Pelletier (2003), and Simpson (1996). These include: Practical challenges: time-management, visas,

provision of information pre-/post-arrival on Accommodation, policies relating to financial support; Emotional and affective issues: stress, homesickness, lack of confidence, participation in support services; Cultural adaptation and integration: developing adequate cross-cultural skills, English language acquisition/competence; Pedagogic difficulties: unfamiliarity with the UK system and academic conventions, seminar, study and writing skills, teaching/learning experiences, linguistic diversity; Curriculum and assessment: appropriate course delivery design, performance and outcomes.

Funding tuition fees and living expenses also presents a key barrier for most international students (Soorenian, 2008a). In Brown and Ramsden's study (2008), the vast majority of international students reported extra costs for books and course materials, field trips and excursions; very nearly half for graduation, and a minority for equipment and lab fees. International students are also affected by a radical increase in visa charges (Brown & Ramsden, 2008) (for recent visa charges see Chapter Three—Section 3.3). Moreover, Brown and Ramsden (2008: 6) state that the “long-term perverse incentive of maximising short-term profit” from international students is all too tempting. The UK Government is said to be concerned with ensuring that most international students are not subsidised, and that institutions recover the costs of teaching (Joint Report, 2000).

Mackinnon and Manathunga (2003) and Race and Brown (2006) point to differing academic cultural practices ranging from the structure of essay writing, plagiarism and assessments, to the interaction between staff and students. For example, different cultures have different ways of valuing students' participation in discussions (Hofstede & Hofstede, 2004), some preferring the students to reflect critically instead of actively participating in discussions. Western universities' responses to international students' educational needs have been criticised by a number of authors as one-way learning, where it is expected of the student to conform to Western notions of research and learning (Marginson, 2010; Trahar, 2011; Turner & Robson, 2008). Many universities organise their educational systems, assessments and curricula within a national framework, predominantly serving the dominant culture's social expectations, but which may not necessarily be accessible to students from differing cultural backgrounds (Varughese, 2010).

In collectivist cultures, the teacher is said to provide all the guidance and information students need to complete their courses (Keenan & Jemmeson, 2003). Many international students' previous learning environments have been characterised by a respect for lecturers, and deference to authoritative texts or figures (Ryan, 2000; Tweed & Lehman, 2002; Warring, 2010). Knowledge is also considered as communal property (Carroll, 2002); the reproduction of written material with little alteration, therefore subjects international students studying in Britain to accusations of plagiarism, creating yet another barrier in presenting their written work in a second or sometimes third language. These culturally-based academic difficulties may be regarded as exaggerating the existing language difficulties of newly arrived international students (Hellstén, 2002). International students from cultures where



learning is teacher-led and class-based may consider the transition to an independent academic environment especially problematic (Scheyvens *et al.*, 2003). Therefore, learning the culture of the host university is significant for a smooth transition into the new learning setting (Biggs, 2001).

According to the Joint Report (2000), the UK Government was invited to consider addressing such international student issues as: better publicity on the issuing of National Insurance (NI) numbers and working regulations, and rewording of stamps/vignettes in passports. Other agencies were asked to consider providing improved pre-arrival information on immigration, national initiatives for training academics, the availability of data to inform policies, and the need for regular monitoring of international students' experiences (*ibid*). Brown and Ramsden (2008) identify the relatively poor ranking of facilities such as learning spaces and sports centres in UK HE establishments compared with those of international competitors, highlighting the urgency of improvements in these services. Similarly SCONUL (2007) argues that if the UK HEIs are to maintain their place in the global educational market, and face challenges particularly from China and India, as well as some European countries which offer degrees taught in English, they must respond to the diverse and changing needs of international students.

Moreover, Turney *et al.* (2002: 20) identify the implications of often unrecognised institutional "whiteness" to be the stigmatisation of "racialised" and "ethnicised" student and staff groups studying and working within HEIs. Spencer-Rodgers and McGovern (2002) argue that stereotypic beliefs are a well-established source of unfavorable attitudes towards cultural difference, specifically where there has been minimal prior inter-group and interpersonal contact. The negative aspects of perceived linguistic and cultural barriers have been investigated by Stephan and Stephan (1996) as determining prejudice. According to these authors, prejudicial attitudes often result in consensual stereotyping, inter-group anxiety, as well as realistic and symbolic cultural threats. Similarly, McBrien (2005) contends that cultural misunderstandings can lead to prejudice and discrimination and have a lasting effect on international students' academic focus and achievements. Consequently, students already struggling with an unfamiliar language and confusing cultural changes may also need to work to overcome the impact of prejudicial attitudes.

Yet, Zhou *et al.* (2008) suggest that international students can adjust better and benefit emotionally, socially and academically from interaction with people from the host country. Fewer academic difficulties and social problems have been reported by international students from an increased interaction with domestic students (Ward & Kennedy, 1993).

The following chapters explore participants' experiences through the barriers discussed here. Whilst research into such topics as pedagogic difficulties is ample, other issues including international students' participation in social life, appears to be limited. This is especially pertinent when social support is said to alleviate 'homesickness' engendered by cultural differences (Hannigan *et al.*, 1997).

Furthermore, it ought to be noted that the language and ideas related to independence, characterising international students' participation in a globalised HE is replete with elitist and inaccessible concepts (Stienstra, 2002), and is discriminatory and disabling in nature. This thereby makes disabled students' access to British HE problematic, creating additional barriers to overcome. Given that globalisation creates "greater economic and social polarization within and across countries" (Henry *et al.*, 1999: 92), questions must be raised on how far the universities are actually prepared to go to welcome disabled students. Next, I shall focus this discussion on the disabling nature of mainstream education, starting with schooling, then progressing to the university context.

#### 2.4 'SPECIAL', 'INTEGRATED' AND 'INCLUSIVE' EDUCATION

There are a number of studies investigating various groups— for example, different social class groups (Wakeling, 2005), working-class men (Marks, 2003), and ethnic minority groups' (Shiner & Modood, 2002) — participation in education. Yet, mainstream educational writers do not appear to be interested in issues surrounding disability and education, perhaps due to the presumed 'special' nature of disabled people's participation in education (Barton, 1997; Goodley *et al.*, 2011). Nevertheless, several disability studies academics (Ballard, 1999; Barnes, 2007c; Barnes & Mercer, 2003; Barton, 2003; Barton & Armstrong, 2001; Oliver, 1992b; 2000a) have explored the subject of disability in education, and evaluated 'special education' in depth. Here, I will discuss some of these studies and three models of education, namely 'special', 'integrated' and 'inclusive' in relation to disabled children/students.

##### *'Special Education'*

Here I will give a brief history of the 'special education' system, describing its operation in the context of the school setting. The term 'special school' refers to institutions which are separate from mainstream schooling, and aim to accommodate children who are perceived as disabled or 'exceptional' and are therefore seen as ultimately having 'special needs' (Barton & Tomlinson, 1984).

Influenced by the individual medical/deficit model of disability and driven by the non-disabled population's interests, the ideology of 'special education' was used to offer remedial help through 'segregated education' (Michalko, 2002; Roman, 2009). Based on controversial Intelligence Quotient (IQ) tests, disabled, working-class, and immigrant children generally were often labelled as "naturally educationally handicapped" (Tomlinson, 1982: 179), or as having a "fixed innate intelligence" (*ibid*: 46). These children were often placed in 'special education' classes with low academic streams and expectations, regardless of their high achievements (McBrien, 2005).

Although the practice of ‘special education’ originated in the seventeenth century (Tomlinson, 1995b) and was fully implemented by the nineteenth century (Davis, 1995), the current study is concerned with its recent history, from the 1970s to the present date. In November 1975, Margaret Thatcher, then Secretary of State for Education and Science, appointed a Committee to review educational provision for disabled children in England, Scotland and Wales (Barton, 1997). The committee produced the *Warnock Report* (1978) - an influential account of disabled children’s education that took into account their medical needs.

The report recommended replacing the 11 categories of educable ‘handicap’ - identified in the *Education Act of 1944* (HMSO, 1944) - with an evolving and expanding notion of ‘special educational needs’ (Hurst, 1998). In doing so, attempts were made to remove the division between “handicapped” and “non-handicapped” pupils and to include a larger population of children in mainstream education (Barton, 1997: 147). In practice this report did not work towards the abolition of the categorical conceptualisation of ‘disability’, and has been criticised for its individualistic medical assumptions (Oliver, 2000a). Labels including “severe” and “moderate” learning difficulties still exist today in ‘special schools’, and are arguably rooted in the Universities and Colleges Admission Services (UCAS) categories (Farrell, 2001: 4), as discussed in Chapter Three (Section 3.4). UCAS is the organisation responsible for managing applications to HE courses in the UK, providing application, research and advisory services across a range of subject areas and modes of study for UK universities and colleges (UCAS, 2013a).

Farrell (2001) criticises the arbitrary categorisation of a child as having ‘special needs’. First, Farrell argues that the process of labeling implies that the problem lies within the child, freeing the school from any responsibility in addressing her/his needs. Second, focusing on categories can lower the expectations of what a child can achieve in school. Third, there is a general assumption amongst teachers that children with a certain label require a particular form of exclusive intervention. Fourth, unlike the labels they receive, for many disabled children their impairments lie on a continuum. Their difficulties may improve or deteriorate depending on the support they receive. Notably, all these criticisms may be applied to the categorisation of disabled students’ impairments in HE.

That said, as shall be discussed in Chapter Five (Section 5.1), if handled sensitively, categories can result in staff being better informed about the nature of students’ difficulties as well as students being supported effectively. The label dyslexia, for instance, informs the relevant staff that the student is most likely to be competent in a wide range of areas, but may have specific difficulties, usually in acquiring literacy skills (Farrell, 2001). However, as discussed below, problems arise when labels such as ‘special education needs’, developed by the *Warnock* report (1978), are used to justify the child’s failure to succeed rather than attempting to remove barriers.

The growth of ‘special education’ has been explained in a variety of ways. Next, three interrelated perspectives, namely ‘Functionalist’, ‘Conflict’, and ‘Social Control’ theories will be linked to those on mainstream education. In Illich’s view

(1970), compulsory education has four basic aims: the provision of custodial care; the distribution of people into occupational roles; the learning of dominant values; and the acquisition of socially approved skills and knowledge.

### *Functionalist Theory*

In general terms, formal education allocates and selects people for participation in education and the workforce (Macionis & Plummer, 1997), and regulates people through the dissemination of dominant social values (Middleton, 1993). Selection is therefore concerned with “weeding out what is undesirable” (Dewey, 1997: 14), placing them into ‘special education’ schools, where disabled children are distributed amongst certain low-status occupational roles (Barnes, 1991; Tomlinson, 1982).

The Functionalist view considers that ‘special education’ teaches dominant values and promotes the learning of socially approved norms, skills and knowledge, so that disabled children can “fit in” to the society in which they live (Tomlinson, 1995b: 124). The functionalists argue that the vocational training taught in ‘special education’ schools has been (and remains) concerned with mechanical, manual and moral fields; presumably enhancing students’ self-control and social skills, creating conformity and obedience (Tomlinson, 1982; 1995b). Hence three of Illich’s (1970) basic tenets of compulsory education, the distribution of people into occupational roles; the learning of dominant values; and the acquisition of socially approved skills and knowledge, are specifically relevant to the Functionalist view of ‘special education’.

### *Conflict Theory*

Illich (1970) criticises the ‘hidden curriculum’ in mainstream schooling, arguing that it has failed to deliver equality and space for the creative imagination. Illich (1970: 15) asserts that the hidden curriculum: “... adds prejudice and guilt to the discrimination which a society practices against some of its members and compounds the privilege of others with a new title to condescend to the majority”. Therefore, the same author (1970) advocates de-schooling and the abolition of formal education as an analogous process, favouring a more egalitarian and lifelong informal learning practice.

In a similar vein, in the Conflict theory perspective, Tomlinson (1982; 1995b) considers the ‘special education’ structure in post-industrial Britain to be determined and constrained by political and economic factors that shape many disabled children’s lives. Depending on vested interests and spheres of competence, experts analyse, explain, theorise and judge children’s capabilities based on social, rather than educational criteria (Tomlinson, 1995b). As “paid servants of the state” (Tomlinson, 1995a: 5), teachers manage these schools as formal businesses, and as agents of power they legitimise structures of control, domination and inequality (Barton & Armstrong, 2001).

Tomlinson (1995a) refers to ‘special education’ schools as dysfunctional organisations based on nineteenth century factories, characterised by continuity, discipline, rationality, reliability, legitimacy of authority, and regulated tasks and rules. Citing Mintzberg (1979) and Skrtic (1995), Tomlinson (1995a: 3) likens these school structures to “professional bureaucracies”. With professional autonomy, these systems often undertake tasks that are too complex to be rationalised and too uncertain to be formalised.

The learning of dominant values as one of Illich’s (1970) basic tenets of compulsory education is particularly appropriate to the Conflict theory perspective of ‘special education’. Through the reproduction of social, cultural and economic positions, professionals use ‘special education’ to exercise their power, and influence policies regarding disabled children by segregating them (Tomlinson, 1982), leading to the discussion of Social Control theory next.

### *Social Control Theory*

Marxist theorists like Bowles and Gintis (1976) discuss schooling generally, in relation to industrial capitalism, stating that education reflects the wider world, where conformity and disobedience result in rewards and punishments respectively. This theory stresses the inequalities practiced in education, which continue into the labour market (Tomlinson, 1995b), limiting people’s abilities by enforced conformity: “How working-class kids get working-class jobs” (Willis, 1977, cited in Giddens, 1997: 418).

The Social Control theory attributes the growth of the ‘special education’ system to the generalised interest in controlling potentially disruptive social problems, such as ‘uneducable’ or ‘troublesome’ children (Barnes & Mercer, 2003; Skrtic, 1995). Throughout the history of formal education in Britain, children with biological and cultural minority backgrounds have been constituted as different or even inferior and have been controlled and allocated services by a team of social and healthcare professionals (Graham, 2009; Pijl *et al.*, 1999). Tomlinson (1982) notes that these mechanisms have been used to reproduce and protect middle-class values, promoting social order by enforcement of compliance and stigmatisation, using persuasion or even coercion. In this way, the dominant relations of power and contemporary cultural norms seem to be maintained and privileged (Graham, 2009). The expansion of ‘special education’ can therefore be attributed to the “rational action” of those who control and regulate education, to meet the needs of a “postindustrial, technologically” based society (Tomlinson, 1995b: 126).

This theory corresponds with Bowles and Gintis’s (1976) perception of schooling as related to industrial capitalism. According to the Social Control theory, ‘special education’ enforces conformity to authority, creating and reinforcing inequalities. Illich’s theory (1970) on the learning of dominant values, and the acquisition of socially approved skills and knowledge as means of control in mainstream schools, by reinforcing societal prejudice against some of its members, can also be applied to this theory of ‘special education’.

However, generally, ‘special education’ does little to provide children with any value system or skills that would result in long-term self-confidence (Hirst & Baldwin, 1994). As a result, disabled adults who had a history of ‘special’ schooling are often confined to a specific lifestyle, to “significant living without work” (Warnock, 1978: 202), often attending day-centres.

‘Special’ education’ has had a long history of not providing effective and adequate services that are culturally responsive and respectful (McCray & García, 2002). Medicalised discourses, generally adopted by these schools, focus on disabled children’s deficits, and attempt to correct or normalise them (Ainscow, 2005; Fulcher, 1995; Rieser, 2006). Additionally, ‘special education’ provides little chance for receiving further qualifications, which would tend to increase children’s entry to HE, leading to decent employment and the formation of relationships (Rieser, 2006). For these reasons, amongst others (e.g. narrow curriculum, and separating very young children from their communities), the ‘special education’ system has been heavily criticised (Armstrong & Barton, 1999; Barnes, 1990; Barton, 2004; Rieser, 2006). In the struggle for inclusion, many disabled people’s organisations have called for the abolition of all ‘segregated’ institutions (Allan, 1999; Barnes, 2003; Oliver, 2000a). Next, alternative models of education for disabled children/students, namely ‘integration’ and ‘inclusion’ will be discussed; the application of these in relation to disabled domestic and disabled international students in HE will then be explored.

### *‘Integration’ and ‘Inclusion’*

Following the publication of the *Warnock Report (1978)*, there was a shift from ‘special education’ towards two very different views of integration, known as “old” integration (now referred as “integration”), and “new” integration (now termed “inclusion”) (Oliver, 1992b: 25). ‘Integration’, as understood by Oliver (1992b), suggests that schools should establish ‘special needs’ departments and provide both internal and external support services to accommodate disabled children (Dessent, 1987).

Subsequently, the 1981, 1993 and 1996 *Education Acts* (HMSO, 1981; 1993; 1996) were introduced. This legislation allowed for integration at the parents’ discretion. The Education Authorities offered ‘integrated’ education only if the disabled child’s needs were not severe and could have been appropriately met; if an uneconomic use of resources was not necessary; and where this would not have interfered with the efficient education of other children in the mainstream classes (Rieser, 2006). Consequently, attempts were made to place an increasing number of disabled children in mainstream units attached to mainstream schools, so that social interaction with their peers was maintained (Lindsay, 2003). Yet, Rieser (2006) argues that at most mainstream schools, the staff had little or no training and experience of successfully integrating more significantly impaired children. Oliver (2000a) contends that mainstream schools were dominated by ‘special education’

ideology, merely tolerating disabled children. There appeared to be little point in assimilating disabled pupils into schools, which, whilst striving to accommodate all, had “not addressed the ‘deep culture of exclusion’ that pervades their societies” (Slee, 1997: 412).

According to Tomlinson (1995a), the situation will remain the same until mainstream schools alter their goals, functions and organisation, evolving into completely inclusive institutions. An alternative model to ‘integration’ is the development of schools which are able to meet the needs of ‘all’ children (Mason & Rieser, 1994).

Expanding this vision, Oliver (1992b) suggests that organisational changes and methods of curriculum delivery need to be connected with the process of struggle, and that inclusion can only be achieved through attitudinal change and a properly resourced vision of the aims. The new paradigm of ‘integration’ as ‘inclusion’ is underpinned by a completely different philosophy to ‘special’ or even the older notions of ‘integrated’ education (Rieser, 2008). Based on the social model of disability, this approach challenges the constructed notion of normality by removing barriers in meeting students’ needs (Oliver, 1992b).

In making these demands, Oliver (1992b) contends that the provision of a legal framework must be supported with moral fervour and genuine political commitment to strengthen its influence. In an ‘inclusive’ educational setting, “teachers are expected not only to provide effective instruction to all students of various needs but also to advance the issue of social justice in classrooms and empower the various marginalised and disadvantaged groups” (Van Swet *et al.*, 2012: 379). Thus, the identification and removal of ignorance, fear, prejudice, competition, selection and therefore exclusion are central to an inclusive society, providing the non-disabled world with an alternative and positive perception of disability (Barton, 2003; Farrell, 2001; Sharma *et al.*, 2008; Ware, 1999).

By highlighting that “... schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other conditions” (UNESCO, 1994: 6), the Salamanca Statement has been internationally significant in furthering the prospects for ‘inclusive education’ (Farrell, 2001). In the British context, the previous Labour Government claimed to promote the policy of ‘inclusion’ through its *Green Paper* (DfEE, 1997), *Special Educational Needs Action Programme* (DfEE, 1998), and the *National Curriculum Inclusion Statement* (DfES, 2000).

These were succeeded by a number of initiatives, the most important piece of legislation being the *Special Educational Needs and Disability Act (SENDA)* in 2001 (SENDA, 2001), which signalled the first entry of disability in education into statute books, and has emphasised ‘inclusion’ in greater measures in post-16 education. In principle, the provision of this act affected teaching, learning and assessment of disabled students in HE (Fuller *et al.*, 2004a). Having said this, as documented throughout the current study, the manifestations of ‘inclusive education’ in practice in the current Western formal education context are not without problems. In

contemporary capitalist economic and social relations, and considering the traditional educational approaches that still prevail, the vision of a genuinely ‘inclusive education’ may be difficult to achieve. As with other non-traditional students, differences in disabled students’ expectations and needs often exist, and most HEIs are unable to identify and meet these specific needs (Haque, 2001). By implication, using such measures as increasing the general diversity of students may prove to be ineffective (Felder, 1993), instead reinforce existing inequalities (Ballard, 1999; Barton, 1997). Relative inequalities with regards to social background (Davies, 1999), and disability (Barnes, 2007c) seem to have changed very little. Ultimately, the exclusionary HE context is about pursuit of knowledge, where “selection by ability inevitably means exclusion on presumptions of inability or disability” (Barnes, 2007c: 2). Next, I shall explore disabled domestic students’ experiences within this exclusionary HE context.

## 2.5 DISABLED DOMESTIC STUDENTS

Many of the issues raised about ‘integrated education’ are arguably reflected and heightened in HE. Nevertheless, the possible ‘inclusive’ practices, discussed in the preceding section, based on the social interpretation of disability, can also be extended to HEIs through the effective application of *SENDA* (2001), and other guidelines and policies, discussed in Chapter Three. Here I will examine the challenges imposed by two conflicting interpretations of ‘disability’ in HE, and the difficulties that disabled domestic students may face.

Post-1992 institutions are former polytechnics accorded university status after the Reform of HE under the terms of the *Further and Higher Education Act (FHEA)* of 1992 (HMSO, 1992a). These ‘new’ universities often already had learning support services in place for disabled students, and had a better record of attracting under-represented groups in HE (Maton, 2005; Riddell *et al.*, 2005). Conversely, ‘red-brick’ pre-1992 institutions have had to establish facilities and services to meet the expanding diverse student population’s needs (Maton, 2005). They had often been unable to develop because of their inheritance of inaccessible buildings and multi-site facilities. In short, as will be discussed in Chapter Three (Section 3.1), pre-1992 and post-1992 universities have different histories of governance, funding and degree-awarding powers (Knight, 2002; Maton, 2005; Riddell *et al.*, 2005).

However, Riddell (1998) argues that the expansion of HE in the 1960s following the *Robbins Report* (HMSO, 1963), and subsequent moves to widen access, largely ignored and excluded disabled students. This group’s under-representation within HE has only recently been recognised as problematic. The failure to educate disabled people has resulted in many individuals not attaining the rewards and experiences of an academic life and, crucially, lacking the fulfilment and empowerment gained from the relevant qualifications (Fuller *et al.*, 2004a).

Although due to recent policies, discussed in Chapter Three (Sections 3.2 and 3.3), access for disabled students to HE has been widened (Viney, 2006), disabled



students' concerns often remain unheard (Fuller *et al.*, 2004a; Riddell *et al.*, 2005). Additionally, many barriers to their full participation exist (Fuller *et al.*, 2004a; Holloway, 2001; Madriaga *et al.*, 2010; Shevlin *et al.*, 2004; Vickerman & Blundell, 2010). Similar to their non-disabled counterparts, disabled students may be concerned about issues that affect all students, including workload, finances, and having a social life and housing. Yet for some, additional disabling barriers may pose further challenges that are difficult to overcome.

In the terms derived from the social model, the barriers experienced by disabled students are structural in nature, but as shall be discussed below, have been perceived by most HEIs in individual medical terms. Therefore, the solutions proposed are often inadequate and supported by medical and personal tragedy discourses, focusing on individual deficit and the negative consequences of impairment (Riddell, 1998). Attempts are concentrated on changing the individual, and meeting needs, reflecting "care, concern and compensation" models (Beauchamp-Pryor, 2007: i), rather than implementing structural changes (Borland & James, 1999). This medicalised approach in HE policy is also discussed by Leicester and Lovell (1994) in their research into HE equal opportunity policy and practices.

Beauchamp-Pryor (2004), and Brown and Simpson (2004) point to the lack of clarity in the way disability is defined and how disabled students are consequently treated in HE. These authors suggest that HE is more inclined to adopt the individual medical definition of disability highlighted in the *Disability Discrimination Act (DDA 1995)* (discussed in Chapter One– Section 1.1). It can therefore be argued that the actual implementation of most HEIs' policies indicate a more 'integrated' approach, still grounded in the individual medical interpretation of students' perceived ability "deficiencies" (Simpson, 1996: 22).

Indeed, the issue of accuracy in measuring impairments through the UCAS categories (Higgins, 2012) has shifted the emphasis away from the social interpretation of disability and created another hindrance for disabled students (Brown & Simpson, 2004; Hurst, 1996). In categorising 'disability', UCAS has mostly used the ICIDH interpretation of disability, which is based on ideas of individual deficit rather than social barriers, promoting the individual medical definition of impairment/disability highlighted in the *DDA (1995)*. As Riddell argued in 1998, even 20 years after the *Warnock Report (1978)*, categories of impairment still had not been subjected to appropriate critical scrutiny.

Consequently, in disclosing their impairments formally on the UCAS form, or informally to a university in order to receive support, students may fear being labelled, treated differently or even rejected from their choice of course and university (Cottrell, 1996). Although the label of 'disability' in HE may confer certain benefits, such as access to various support services, it may also undermine the possibility of inclusion in certain areas and courses (e.g. archaeology, health and physical education) (Beauchamp-Pryor, 2004; Ulley *et al.*, 2007). Thus, the irrelevant nature of the categories of 'disability' to educational and social needs, and the real or perceived threat of rejection can indeed inhibit students from disclosing

such details, taking the responsibility of their impairments on themselves and going without support (Baron *et al.*, 1996; Hall & Tinklin, 1998). Students are therefore likely to make a series of judgements as to whether the benefits gained from disclosing an impairment will be outweighed by the possible disadvantages of doing so (Riddell, 1998).

Having said this, Fuller *et al.* (2004a) give examples of the university staff not making accommodations for students' disability-related needs, where this failure to be flexible or understanding could be the result of not knowing about students' impairments. They also reveal cases where staff had been unhelpful despite their awareness of the disabled students' presence. This suggests that students usually enter university unsure of the provision of, and funding for, the support they may need. This can prove to be a distressing experience (Komesaroff, 2005; Viney, 2006).

Beauchamp-Pryor (2004) found that even when promised support, students' experiences indicated that the help did not always materialise. As a result, students felt disempowered. As students were often making sure that issues regarding support were being met and resolved, they had less time for studying (Brandt, 2011), and would often miss important lectures and deadlines, therefore being forced to request extensions. In most institutions, disabled students' academic hurdles are seen as objective and manageable. Disability barriers, on the other hand, may be perceived as subjective and their successful negotiations at the discretion of staff, who make the final decisions regarding appropriate support (Borland & James, 1999). There is also a danger of a conflict with other students (especially those with undiagnosed impairments), who can claim unfair advantage if they feel certain students receive undue or unfair amounts of support (Brown *et al.*, 1997).

Several studies, discussed here, identify difficulties that disabled domestic students experience in both the pre and post admission stages to British HE. In the later chapters, these studies will be revisited and compared with the current research participants' experiences. At the point of transition into HE, the divulgence of accessible and responsive information, advice and guidance is essential for widening participation (Hayton & Paczuska, 2002; Paczuska, 2002). That said, in Baron *et al.*'s study (1996) information in prospectuses was reported to be often inaccurate, and academic staff's accounts indicated that none of the institutions had general guidance information available in formats such as Braille, audiotape or large print. Madriaga (2007) considers the resulting added stress and anxiety from lack of accessible information received to be one reason for the low proportion of disabled students entering British HE.

Holloway (2001), Madriaga *et al.* (2010), and Shevlin *et al.* (2004) have also criticised barriers such as informational and physical access for disabled students in HE. Baron *et al.* (1996) found that none of the HEIs researched were entirely physically accessible to disabled students and most were generally inaccessible. Partial or complete lack of access to sites was also given as the most common barrier in Fuller *et al.*'s study (2004a).

In another account, in research conducted after the introduction of Disabled Students' Allowance (DSA) to cover disabled domestic students' equipment, non-medical helpers and general costs, the inadequacy of governmental financial support available to disabled students was criticised (Stone *et al.*, 1998; Tozer, 2006). Most disabled part-time and international students (Soorenian, 2009) often face financial barriers and need to rely on charitable trusts such as the Snowdon Scheme to fund their disability-related support costs (Snowdon, 2012). This specific fund has been running since 1981, providing grants of up to £2,500 to disabled students who are studying in UK Further Education (FE), HE, or training towards employment, to help them fund their disability-support costs (Snowdon, 2012).

Growing in popularity, one such essential support service for disabled students is the Personal Assistant (PA) scheme, which is organised and managed by HEIs to enable students to have more inclusive university experience (Earle, 1999). Prior to the inception of this scheme, disabled students generally had three options: the use of Community Service Volunteers (CSVs); studying at a local institution; or through distance learning; otherwise their university choices were extremely restricted (Earle, 1999). Yet, the appropriateness of the PA scheme in facilitating independence has been criticised (Parker, 1999).

Moreover, some areas of teaching, curriculum delivery and assessment procedures can also act as significant barriers for disabled students' full participation in HE (Brandt, 2011; Chard & Couch, 1998; Madriaga *et al.*, 2010). Baron *et al.*'s study (1996) shows that in the lecture context, little material was available in alternative format to printed material, despite the large amount of required reading. Giving all students the same photocopied handouts to be read on the spot, using the noisy Overhead Projectors (OHP), using certain coloured chalks, moving around whilst speaking, and relying on subtle innuendo were all disabling examples cited by disabled social-work students in Baron *et al.*'s research (1996). Vickerman and Blundell (2010) found that inappropriate learning objectives, a lack of adapted equipment for practical courses, inaccessible teaching procedures, and a lack of communication with disabled students about barriers to their learning and assessment strategies had a negative effect on their pedagogical experiences.

In Fuller *et al.* (2004a), and Madriaga *et al.*'s (2010) studies, students experienced a lack of cooperation from some lecturers. These included an unwillingness to allow their lecture to be tape-recorded, lecturers having unrealistic expectations about the amount of new reading that students could reasonably manage during a taught session, or failing to provide user-friendly handouts. These and similar practices exclude disabled students through the assumption of 'normality' (Lee, 2011). Hall and Tinklin (1998), for example, document how students were forced to put pressure on staff, so that they made some modest adaptations, including using radio microphones in order to support hearing through induction loop systems.

The library visits, known to be an essential element of successful completion of a course, can also be challenging. Identified barriers include short loan-time, library staff's unhelpfulness, as well as poor quality computer clusters with some areas

lacking the accessible software or other enabling equipment (Fuller *et al.*, 2004a). Students with dyslexia and visual impairments are unable to access print material, which makes browsing and finding books problematic (Fuller *et al.*, 2004a). Due to the particular constellation of some old learning centres in libraries, some parts can remain inaccessible to students with mobility impairments through lack of lifts or very heavy doors (O'Connor & Robinson, 1999).

The examination process has also been considered as a barrier in relation to students' impairment-related needs. The HE tradition of privileging written work positions students with visual impairments and dyslexia at a disadvantage (McCarthy & Hurst, 2001). The main barriers for students with visual impairments undertaking assessments are said to be the availability of accessible exam materials (McCarthy & Hurst, 2001). Deadlines for written work "enforced in the name of equity", pressure some disabled students, particularly those with physical impairments, to submit work before the adequate amount of material is assimilated (Baron *et al.*, 1996: 372).

The extensive additional examination arrangements are said to work towards more equitable assessment systems for disabled students across HEIs (Konur, 2002). Waterfield *et al.*'s research (2006) recommends continuous assessment, multiple choice, oral examination, coursework and portfolio as alternative formats to the formal examinations. More importantly, their study advocates the philosophy of 'universal design' within assessment in HE, suitable for a diverse student population regardless of labels used. They champion a broad-spectrum 'inclusive' solution to assessment, which benefits everyone, with a notable reduction in requests for 'special' provision. 'Inclusive' exam processes are particularly significant, when considering that Madriaga *et al.* (2010), and Riddell (1998) note the separate rooms and seating during examinations to perpetuate the 'special' status ascribed to disabled students, reinforcing notions of 'normality'.

Murray-Seegert (1993) recognises that the non-academic areas take on a greater complexity as these significantly affect and determine disabled students' interactions with others in the educational institution concerned. One non-academic area that presents a key challenge to students' participation in university life is inaccessible accommodation. Farrar (2004), for example, found that disabled students used vital energy fighting for accessible accommodation, which limited their concentration and time for study.

The availability of a social network with both staff and students to support individual students is an important factor in their physical and psychological wellbeing, challenging negative effects of stress on health (Jones & Bright, 2001). However, King (undated) discusses non-disabled students' attitudes towards their disabled peers, and how these can potentially impinge on developing personal and social relationships, specifically with the opposite sex. This author contends that whereas integration into the academic sphere may be dealt with, participating in social activities is more complicated, and can be influenced by the inaccessibility of social venues, disability-related support needs as well as interpersonal issues.

Whilst anticipatory duties place responsibility on HEIs to understand and remove barriers, it appears that disabled students are often expected to go to extreme lengths and display skills beyond those required by their non-disabled peers, simply to access the same opportunities and achieve the same entitlements as non-disabled students (Brandt, 2011; Roberts, 2009). Against this prevailing ‘normalcy’, Adams and Holland (2006), and Preece (1995) consider disabled students’ underachievement to be the consequence of disabling practices, reflecting attitudinal and access issues. Explaining attitudinal barriers, McCarthy and Hurst (2001: 4) assert: “Tutors might never have encountered people who are blind or deaf and so they lack personal knowledge and personal experience”. Beauchamp-Pryor’s study (2004) shows that disabled students often felt their own views were perceived as unimportant or ignored and a low priority was given to their presence. More importantly, such “negative constructions of disability” (Gilson & Dymond, 2011: unpagged) can result in internalised oppression, where some disabled students may have low self-esteem, feel inferior, and use various techniques to compensate in the face of disadvantages they experience.

Studies reviewed here have highlighted barriers related to the HEIs’ dominant ideological value system underpinning disability practice and policy. It could therefore be argued that the way ‘disability’ is defined in medical terms in HE shapes the opinions of those influential in the “planning and implementation of policy and provision” (Beauchamp-Pryor, 2007: 36), resulting in more ‘integrated’ rather than ‘inclusive’ practices.

Many of the barriers to disabled students’ education, such as limited accessible information, finance and accessible pedagogy are shared with international students, who are also affected by the inflexible framework of the HE sector. This commonality of disabled and international students’ experiences points to the “superiority of the normative order” (Lee, 2011: unpagged), which promotes ‘sameness’ and excludes ‘otherness’. That said, of those discussed above, only a small number of authors (e.g. Brown & Simpson, 2004; Riddell *et al.*, 2005; Stone *et al.*, 1998) refer to disabled international students’ experiences. Interestingly, all three studies are concerned with disabled international students’ financial needs and the limited funding available to them. However, Preece (1995) refers to the experiences of domestic disabled students with an ethnic minority background without acknowledging disabled international students. Similarly, with no specific reference to disabled international students’ experiences, Riddell *et al.* (2004) focus on the way disabled students from different backgrounds such as social class, impairments, gender and ethnicity negotiate and prioritise their multiple, yet fluid identities in the HE setting. Despite this lack of research, the Higher Education Funding Council of England (HEFCE, 2003b) claims to appreciate that issues of race equality are not clear-cut - individuals may have multiple identities - and that discrimination can affect people in different ways. In the next section, I shall discuss disabled international students’ experiences in English HE.

## 2.6 DISABLED INTERNATIONAL STUDENTS

In the literature reviewed thus far there is no explicit mention of the problems caused by a non-inclusive disabling HE for disabled international students. Indeed, the Joint Report (2000: 46) states that when recruiting international students, universities are interested in the “best” and most able students, particularly for postgraduate work, arguably excluding disabled students. Yet, as shown in this chapter, non-disabled international students encounter numerous barriers during their university experience. If the inflexible setting of British universities is unable to accommodate this group of students, questions arise about disabled international students’ presence in British HE and as to how their additional needs are being met.

On an international level, the majority of universities have taken the responsibility of developing a globally diverse student population, through equitable educational access paths (McLean *et al.*, 2003; Neufeld, 2001; Van Swet *et al.*, 2012). This is facilitated by increasing exchange programmes and the process of internationalising teaching for ‘all’ students, in principle including disabled students. McLean *et al.* (2003) argue that as global education opportunities widen, the failure to address disabled students’ needs can be considered discriminatory, as it restricts their opportunities to succeed. In light of such rhetoric, here I shall review the limited research on disabled international students’ accounts.

As has been discussed in this chapter, most international students experience a degree of culture shock. How people live and work in Britain may challenge previous perceptions and expectations. International students are often confronted with problems related to settling in, different forms of communication, different pedagogical processes, and different relationships with their surrounding community. However, for disabled international students, this is often exaggerated by additional factors such as the level and type of disability-support required and provided, and physical and informational accessibility, which can significantly affect a successful study period (McLean *et al.*, 2003).

McLean *et al.* (2003) contend that cultural factors affect disabled students’ opportunities to participate in the HE sector in the following three ways. Firstly, culture and ethnicity shapes family attitudes and social relations to ‘disability’ and disabled people. Secondly, cultural differences in social structures lead to differential access to social power and participation in community. Thirdly, opportunities open to disabled people vary significantly across cultures, presenting differing attitudes to ‘disability’ influenced by different elements including the educational, legislative and social. Preliminary medical tests in some countries, for example, can effectively exclude disabled students from accessing and participating in university education (McLean *et al.*, 2003). Therefore, Farrar (2004) considers non-disclosure of impairments in the university setting to be affected by cultural and historical barriers. Cultural norms may mean that international students prefer not to disclose an impairment, or choose not to define themselves as disabled. This may be the

result of previous disability discrimination experiences and a corresponding fear of the effects of disclosure (ECU, 2012d).

For students who require high levels of support in their home country, additional financial and personal burdens associated with this support can make the transition particularly difficult (McLean *et al.*, 2003). As UKCOSA and Skill: the National Bureau for Students with Disabilities (2005) suggest, these students may initially feel they must cope on their own without assistance, therefore choose not to disclose the details of their impairments. It should be emphasised that there are no specific governmental grants available for disabled international students' support needs, who are only allowed to remain in the UK on the condition that they make no recourse to public funds, including such welfare benefits as DSA (Soorenian, 2008a). The identification of international students' impairments and related support needs may also be problematic due to language and cultural barriers in this process. Cottrell (1996), for example, discusses the problems related to diagnosing and testing non-native English speakers for dyslexia. The entry English tests to English speaking universities are also reported to be problematic for students with dyslexia (Brandt, 2011).

Hence this group of students, not only experience the cultural differences afforded by living and learning in a new country, but often experience cultural variation in understanding 'disability' (Conway & McDow, 2010). Hurst (1998), for example, documents that students from the USA may be frustrated and disappointed by some of the difficulties they are confronted with, barriers that may not exist in their country following the various anti-discrimination legislations.

As a result of these additional dimensions, in an 'integrated' HE system, where disabled international students' differences are merely tolerated, their difficulties may be compounded and even new obstacles created. Disabled international students may be conceptualised as doubly or multiply oppressed due to the two sets of structural oppression - disablism (Barnes, 1991; Oliver, 1996), and racism (Allen, 1998; Modood, 1998). These can interact, potentially creating new barriers specific to disabled international students. Yet, the disentanglement of these different sets of oppression may not be always possible. As demonstrated here, research into disabled international students' experiences is limited, despite this group experiencing qualitatively and quantitatively different sets of barriers to their non-disabled and domestic counterparts.

## 2.7 SUMMARY

This chapter highlighted the two definitions of 'disability', and their relevance to 'special', 'integrated' and 'inclusive' educational systems in schools.

Within Western cultures, HE is an institutional system at the height of educational achievements, nurturing particular skills and abilities. Whilst the trend towards mass global HE may be a potentially significant development, considering that it is largely driven by economic incentives, concern remains about those excluded

groups. Universities largely concentrate on giving financially able students opportunities to develop physically and intellectually, yet as discussed in this chapter, can be considered as exclusionary to students with biological and cultural minority backgrounds. Disabled domestic and non-disabled international students, as two separate groups, encounter numerous barriers during their studies in British HE. Their shared difficulties are in the areas of information; access and funding; pedagogy; social life; general support services; and attitudinal barriers.

Thus there are a number of overlapping gaps in provision between equality and diversity, and internationalisation, specifically concerning disabled students. It can therefore be argued that disabled international students, in addition to experiencing the same barriers encountered by both groups of disabled domestic and non-disabled international students, may also face a new set of concerns specific to their own group. As discussed throughout the current study, this can potentially result in their further marginalisation, multiplying their difficulties and exaggerating the sense of social isolation they experience. To address this, the creation of a fully 'inclusive' and flexible learning environment can benefit all students, including those domestic disabled students who, for a variety of reasons, do not disclose their impairments, as well as non-disabled international and disabled international students.

As I have demonstrated, universities are by definition elitist for the majority of students. How this is manifested is the subject of the current work. Having reviewed previous research, the book will now begin to present the research findings, starting with a discussion of national and local disability legislation and policy in the next Chapter, moving to the analysis of participants' experiences in the following ones.