

CAITE

Decolonising DMU Toolkit

Students with learning differences and disabilities

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What is the issue/problem this resource will help to address? Context setting

Significant physical and mental health inequalities exist in the UK between people from different ethnic groups. The patterns of inequality are complex and vary significantly according to the health condition or disease. "Unpicking the causes of ethnic inequalities in health is difficult. Available evidence suggests a complex interplay of deprivation, environmental, physiological, behavioural and cultural factors."

(Kings Fund, 2021)

Engagement with health services, and particularly mental health services, varies significantly, with both gender and ethnicity playing a role in people's willingness to seek advice or treatment for health, particularly mental health conditions. These differences in engagement exist worldwide.

Students with learning differences, such as dyslexia and autism spectrum conditions, commonly arrive at DMU without having had a formal diagnostic assessment of their learning difference and this can delay their access of appropriate support. Few schools and colleges provide full diagnostic assessments for dyslexia, and it is difficult to access an autism assessment in many areas of the UK. There are economic barriers to accessing private assessments, but the families of students from minoritized ethnic groups face additional barriers to accessing assessments and support services: [autism.org.uk](https://www.autism.org.uk)

Another important element in obtaining support for a disability or learning difference at university is disclosure: formally informing the university that you have a disability. There are a number of reasons why students may choose not to tell their university about their disability including concerns about confidentiality; concerns about the impact on a future career; concerns about discrimination; and feeling that they do not need support.

Disclosure of learning differences and disabilities at DMU

At DMU we have relatively high levels of disability disclosure among our students; almost 1 in 5 students discloses a disability or learning difference to us. However, the rates of disclosure vary, with male students generally being less likely than female students to make a disclosure. White students are much more likely to disclose than students from all other ethnic groups; for example, in 20/21 77% of Autism disclosures were from white students. These differences in disclosure rates are reflected in similarly differential access of a range of disability and mental health services at DMU.

The potential impact of not disclosing

When students choose not to disclose their disability to the university it means that we will not be aware of any reasonable adjustments that we need to make to accommodate the

student and they won't be able to access the full range of support available to support their studies. There may be an impact on the student's performance and on their ability to stay on their course. Students who disclose their disability to the university do just as well as other students; but we know from the students who disclose their disability only when they reach crisis point, such as during an academic appeal, that not having the support you need in place can have a very negative impact.

How should the resource be used and by whom?

This resource should be used by academic staff and professional services staff who have a role in signposting students to appropriate support service or in teaching students.

There are 5 key areas of practice where staff can address this issue:

- 1. Effective signposting** – by being aware of the range of support services and information available at the university, and signposting students to them when they indicate a need for them. Information for staff about student support services at DMU can be found in the [Healthy DMU Staff Toolkit](#). There is training for staff about Student Welfare services available and details can be found on DMU Hub under My Development, in the training catalogue. The key resource for students about health & wellbeing is the [Healthy DMU Hub](#).
- 2. Normalising support** – when discussing issues of wellbeing, mental health, disability or learning differences it is helpful to communicate that disclosing a disability and accessing support from the Student Welfare team is very common: almost 1 in 5 students discloses a disability to the university.
- 3. Embedding support in your module or course** – the Course Specific Initiatives programme is available to staff teaching on any course, at any level. It is a programme of embedded support for wellbeing that is delivered by the Student Welfare team as part of a course or module timetable. This kind of support means that students aren't required to disclose a disability or undergo assessments of their disability in order to access support. The CSI menu can be found [here](#) and you can contact Rachel Davies for more information about what's available: rachel.davies@dmu.ac.uk
- 4. UDL** – Following UDL principles is key for teaching staff because it removes barriers to learning and provides “invisible” support to students, particularly those who have not disclosed a disability or who are not able to access Disabled Students Allowances (for example international students). You can find more information about UDL and the DMU approach to it [here](#).
- 5. Healthy DMU** – the Healthy DMU approach was devised in order to address the health inequalities noted above. Encourage students to use the [Healthy DMU Hub](#) (they have a link to it on their MyDMU app). For example, in BAL, Roger Saunders provides prompts to students to consider aspects of their wellbeing using Healthy DMU resources at particular points in the academic year in module guides.