Government call for evidence on improving non-medical help for disabled students in higher education

Response of the Association of School and College Leaders

A. Introduction

1. The Association of School and College Leaders (ASCL) represents around 25,000 education system leaders, heads, principals, deputies, vice-principals, assistant heads, business managers and other senior staff of state-funded and independent schools and colleges throughout the UK. ASCL members are responsible for the education of more than four million young people in more than 90 per cent of the secondary and tertiary phases, and in an increasing proportion of the primary and further education and skills phases. This places the association in a strong position to consider this issue from the viewpoint of the leaders of schools and colleges of all types.

2. ASCL welcomes the opportunity to respond to this consultation.

B. Answers to questions

Question 7: What do you consider is working well for students in the current NMH system?

3. We do not believe that much is working well in the current NMH system.

Question 8: What do you consider is working well for HEPs in the current NMH system?

4. We do not hear feedback that HEPs are consistently working well with disabled students in the system.

Question 9: What do you consider is working well for DSA suppliers in the current NMH system?

5. We do not have sufficient knowledge to answer this question. As stated above, we do not believe that much is working well in the current NMH system.

Question 10: What aspects of the current NMH system do you consider are <u>not</u> working well for students?

6. Funding processes are not working, including the evidence required to apply for DSA, which includes conflicting messages. For example, one section says you can apply if you feel you have a need, whilst another says you need GP confirmation of need.

7. Transition from 16-18 provision to HE is not working. Support for those who would ordinarily receive help from family, but are effectively cut off from them, is not working.

8. Students who are still coming to terms with their need for help, and don't yet fully understand their support needs, are being penalised.

9. Students with Special Educational Needs and Disabilities (SEND) still have the highest drop-out rates and the lowest progression rates.

10. Knowledge of SEND in HEPs is not working well. HEPs which claim GDPR as a reason not to share information with parents and carers of disabled students is creating additional burdens on all stakeholders.

11. Removal of Education and Health Care Plans (EHCPs) on starting HE effectively throws disabled students into the world without any form of safety net or guidance.

Question 11: What aspects of the current NMH system do you consider are <u>not</u> working well for HEPs?

12. GDPR rules which prevent HEPs from liaising with parents and carers unless in receipt of written consent from the student.

13. Poor information sharing, including situations where a student has previously held an EHCP creating delays in implementing support, which can lead to drop-out rates and risk sustainability of courses.

Question 12: What aspects of the current NMH system do you consider are <u>not</u> working well for DSA suppliers?

13. We do not have sufficient knowledge to answer this question.

Question 13: Do you have any suggestions for how the current NMH system could be improved?

14. Yes. Allow liaison with named parent/carer for all students who have been known to be on the SEN register at their previous setting.

15. Allow extension to EHCPs to graduation (it makes no sense that this is 0-25 unless you go to HE and then it stops – the disability doesn't stop!).

16. Mandate EDI training for all admissions departments at universities.

17. Increase the number of SEND leads in universities to support disabled students.

Question 14: Do you consider it more important for a student to have an individual entitlement for more specialist NMH support or for a HEP to have overall responsibility for the whole of a student's NMH support?

18. Individual entitlement is more important. This is so that specific needs can be met. HE practices are too variable to guarantee that effective action would be taken when it's needed.

Question 15: How do you think giving HEPs overall responsibility for the whole of a student's NMH support would affect the provision offered?

19. It would produce a generic approach which would maintain existing variability.

Question 16: Do you think a single approach will work for all students and HEPs?

20. No, for the reasons stated above as HE practices are so varied.

Question 17: What do you think the potential equality impacts are of the individual entitlement model compared to the HEP overall responsibility model?

21. The impact would be considerable. There needs to be a change in education and health care systems and in the amount of resource made available to them, to ensure that fairness overrides all else. However, HEPs must take responsibility for providing the support systems so that students who need support because of their disability get it.

Question 18: Are some of the existing DSA-funded support roles more suited than others to be delivered by HEPs? If so, which roles?

22. A comprehensive review is needed in terms of government policy on SEND. This should address the requirement for those students accessing higher education to benefit from appropriate resources which will help them achieve. Until a review has been undertaken, we cannot be sure that any DSA funded roles are more suited than others to be delivered in HEPs.

Question 19: Are there any DSA-funded NMH roles that you consider are no longer needed, or should be adapted?

23. We agree that champions for areas of disability are needed in all educational settings. For example, the ADHD Foundation has stated that having Neurodiversity Champions in every further and higher education setting as part of the executive leadership would help this group of young people entering higher education. This is true of other areas of disability, so that transitions to relevant and supportive educational settings are possible for all those who aspire to higher education.

Question 20: Are there any NMH roles not currently funded by DSA that you think should be?

24. Yes. There needs to be more accredited training for providers and more quality assurance of programmes to show they meet the needs of students with disabilities. This may reveal more roles which are not currently funded by DSA. This may then ensure better value for money for the students and their families who pay tuition fees.

Question 21: Have you experienced any issues with specific NMH roles, and if so what are those?

25. No. However, we know that there is inconsistency in the system of NMH roles and this needs to be eradicated.

Question 22: Do you have any other comments on DSA-funded NMH support?

26. Changes to the current system are needed but will be expensive for government in the long term. We acknowledge the need for change which ensures that education at all levels enables all those who wish to enter higher education to do so, with the support they need to be successful. We cannot rely on the current system where support is hard to come by and inconsistent in nature due to lack of funding.

D. Conclusion

27. We feel strongly that students with disabilities need a better deal than they currently get when moving onto higher education.

28. We hope that this response is of value to your consultation. ASCL is willing to be further consulted and to assist in any way that it can.

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