

Building inclusive learning environments for postgraduate students with specific learning difficulties (SpLDs) across higher education: a case study approach

Gemma McKenna, Health Services Management Centre

Contact: g.r.mckenna@bham.ac.uk

Abstract

This article explores inclusive learning environments in the higher education (HE) context for postgraduate (PG) students with a specific learning difficulty (SpLD) including, but not limited to, dyslexia, dyspraxia, dyscalculia, and attention deficit hyperactivity disorder (ADHD). A case study design was employed to investigate the context, specifically for graduate management trainee (GMT) participants on the Elizabeth Garrett (EGA) programme at the University of Birmingham (UoB). Inclusive practices are present but not consistent across HE. The pedagogical context and conceptual environment require enhancement to encourage disclosure of SpLDs and develop more inclusive teaching environments, drawing on the andragogical approach to adult based learning combined with a social model of disability. This paper offers theoretical and practical solutions for educators across HE to enhance inclusive learning environments in collaboration with postgraduate learners with SpLDs.

Background: neurodiverse learners in UK HE contexts

Record levels of UK domiciled young people are entering UK HE institutions. 272,500 students, a 7% increase from 2020, are choosing advanced study (UCAS, 2022). Of these, 130,000 are registered with a specific learning difficulty (SpLD) including, dyslexia, dyspraxia, dyscalculia, and attention deficit hyperactivity disorder (ADHD) (HESA, 2022). This learning drive may be explained, in retrospect, by Labour government policy in the late 1990s. The 'widening participation' agenda encouraged students with disabilities, amongst other minority groups, to enter higher education (Layer, 2004). While the policy was welcome, the reality for students with SpLDs entering institutions was predicated with a medical model of

disability, which suggests that disability is a defective part of the student that disadvantages them (Cigman, 2010). This approach is still evident in HE. Later Conservative government legislation, namely The Equality Act (2010), may have inadvertently supported this approach. While the Act has provided a legal basis for people with protected characteristics to ensure fair treatment, the Act struggles to recognise the positive nuances that disability can bring. Mos-Shogbamimu argues that the Act is “is devoid of complexities and no longer fit for purpose” (2018, p. 1). Research has shown that the HE sector should be striving for a more nuanced approach to disability that considers the social model, which proposes that society has a responsibility to adapt and change to create inclusive environments for everyone (Oliver 1998; Cooper, 2006; Griffin and Pollack, 2008).

Using a case study approach, the following paper explores access to support and the context of the learning environment for PG learners with SpLDs at UoB. The unit of analysis concentrates on PGs enrolled on the EGA programme. EGA is a 2-year Masters in healthcare leadership. It is commissioned by the NHS Leadership Academy. There are two distinct streams of the programme, Graduate Management Trainees (GMTs), who are recent post-graduate students and standard participants, who are often senior NHS clinicians who may have been out of mainstream education for some time. While they share a common curriculum, the constituency of learners is different. This matters, in a practical sense: most GMT entrants are younger and have more recent experience of HE. They are generally more likely to identify special needs and articulate support needs, but not always - a common theme in HE. Standard participants with SpLDs are evenly distributed among the learner population, however, compared to their GMTS counterparts it can be more challenging for typically older adults on the standard programme to identify need and then source support. For this reason, the paper focuses on GMTS participants, who require different strategies for support compared to standard programme learners.

The aim of the programme is to develop participants into confident leaders who challenge the status quo and elicit tangible and sustainable change to improve patient care and experience in the NHS (NHS Leadership Academy, 2023). The learners are PGs who join UoB as part of a dedicated programme of leadership learning affiliated to their NHS organisation. The combination of education and work experience is a significant part of the pedagogy that

underpins the programme. A thematic exploration of the literature highlights the factors constraining inclusive learning environments across HE. Based on the case study findings, practical solutions are suggested to build more inclusive learning environments for postgraduate students across HE.

Reframing disability and supporting inclusive teaching practice

As part of HE institutional policy, students with SpLDs are required (international perspective) or encouraged (from a UK perspective) to disclose their SpLDs (Hansen & Dawson, 2020). This policy implies that a reciprocal relationship exists between institutions and students, whereby if students disclose, they are then supported with accommodations to facilitate their learning. Considered through the lens of critical realism (Sayer, 2000), an alternative viewpoint suggests this approach places the loci of responsibility for disclosure of SpLDs purely with students. Therefore, the relationship is only conducive to inclusive learning practice if the student discloses. Furthermore, the wider HE system does not have any formal mechanisms to encourage PG students to disclose, unlike at the undergraduate level where students have the option to disclose built into their UCAS application (Office for Students, 2019). The processes to disclose are cumbersome, and students fear stigmatisation and labelling, which prevents them from disclosing. Furthermore, the paradigm in which SpLDs is situated – in the disability arena – can promote inaccessible learning environments (Clouder *et al.* 2020).

These issues relate to institutional structural bias. While unintended, the current SpLD context in HE diminishes the responsibility of institutions and faculty to find other mechanisms to encourage and support disclosure, and provide inclusive teaching practice (Clouder *et al.*, 2020). This perspective can be defended owing to staff resource and capacity issues, which has an even greater impact on traditional large group teaching, for example (Hansen & Dawson, 2020). While this is an important consideration, reframing disability is required. Layer's (2018) HE 'Triangle Model' (Figure 1) infers turning the model of disability on its axis with inclusivity at the base of all HE environments. Rather than the current approach, which requires students with SpLDs to request support through disability support advisors, who construct a reasonable adjustment plan to guide lecturers on learning and assessment adjustments.

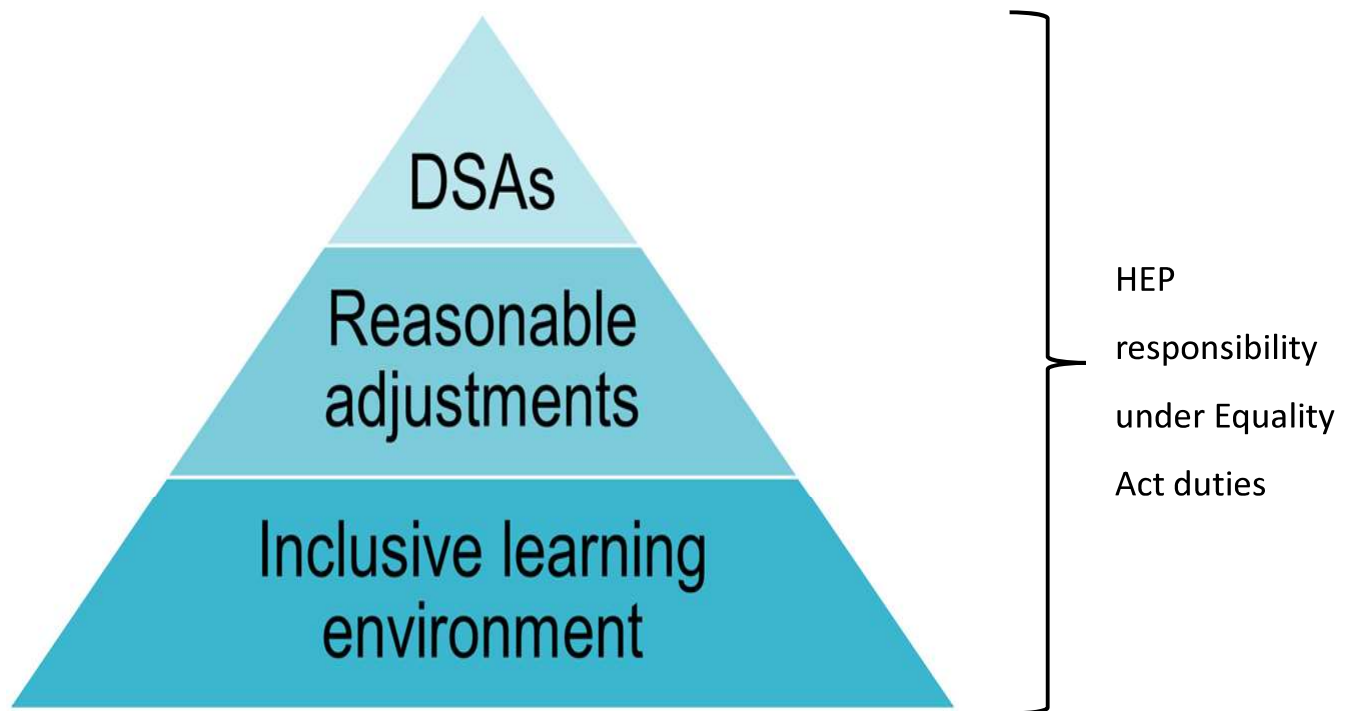


Figure 1: Inclusive Learning: HE 'Triangle Model' for Disability (Layer, 2018)

This approach is widespread across HE and relies heavily on lecturers knowing how to support their learners. Without mandatory universal training for educators during their probation period or via postgraduate certification in higher education, teaching (PGCHE) quality and consistency of inclusive practice remains elusive in HE. The challenge is for educators to enhance the quality of their inclusive academic offer, which requires institutions to shift the paradigm away from SpLDs viewed negatively to a position where it is seen as an advantage (Eide and Eide, 2011).

Despite these challenges, UK HE institutions, including UoB, have come a long way to support students with SpLDs. Institutions are making assistive technology available; recording lectures, developing alternative assessment methods and learning resources, including staff training and induction (Office for Students, 2019). However, there is more work to do across the sector. Inclusive practice is widespread but not consistent, and currently only around 20% of students registered in UK HE institutions disclose their SpLD (Layer, 2018). Returning to critical theory, perhaps the answer is in theoretical framing,

which can provide us with resources to build knowledge around what inclusive practice means and what is preventing it (Clegg, 2015).

One such example is ontological thinking that encourages interrogation of the fundamental, underlying mechanisms, which perpetuate inequity in learning environments. Some of these exogenous (external) mechanisms have been discussed above, such as institutional structural bias, in both government legislation and HE policy, and a medicalised view of disability (Sayer, 2005; 2011; Clegg, 2015). But we need a process of retroduction to probe further. This would entail using “a mode of inference in which events are explained by postulating (and identifying) mechanisms which are capable of producing them” (Sayer 1992, p. 107). From a retroductive perspective, the mechanisms which appear to be missing from encouraging disclosure and creating inclusive learning environments at UoB are communication gaps and a lack of SpLD-specific training or developmental resources to support lecturers. Similar issues are prevalent across the HE sector (Clouder *et al.*, 2020).

Remedying these gaps is challenging. HE institutions still rely heavily on traditional methods of teaching and assessment, which are inflexible and often punitive towards students with SpLDs (Jansen *et al.*, 2017; Smith, 2017; Clouder *et al.*, 2020). Furthermore, the neoliberalisation of HE, and external shocks such as COVID-19 and Brexit, have placed additional pressures on lecturers to act as marketeers to fill courses and plug gaps, or to take on extra teaching and research where staffing levels have been impacted (Walker *et al.*, 2021). There is no overall panacea to address these issues. However, embedding a cultural shift in discipline-specific approaches to learning and teaching may help (Griffin & Pollak, 2009). Revisiting an andragogical (adult-focused) approach combined with Layer’s (2018) learning inclusion model, where inclusive practice is embedded in teaching design and delivery for *all* students rather than adjusted for those with SpLDs, is fundamental.

Andragogical theory places the learner at the centre of their learning experience. They work with their facilitator (lecturer) to create learning environments that are based on their life experiences, existing knowledge base, wants, needs, and motivations (Knowles, 2020). Opposed to pedagogical (child-focused) theory, the practice is more self-directive, collaborative, and requires facilitators to be more inclusive and transactive in their approach

to knowledge sharing (El-Amin, 2020). Central to the andragogical approach is the need for lecturers to evaluate their teaching philosophies, ways of working, and approaches to improve their facilitating style. Coupled with collaborative curriculum design, educators can adapt and hone course content and delivery (Bouchrika, 2022), to better meet the needs of students with SpLDs. This proposition leads to discussion of the following case study.

Case study: the work-based learning model incorporating inclusive practice

The UoB EGA programme is embedded in the work-based learning approach (WBL). The multidimensional concept illustrates a bridge between participants, higher education, and the workplace (society). Opportunities for learning are practical but theoretically led and help prepare learners for real world leadership in the NHS (QAA for HE, 2018). There are numerous approaches to WBL (Major, 2016). The EGA approach is an integrated model, which involves practical leadership opportunities in the NHS, delivered through the NHS Leadership Academy, UoB, and the University of Manchester as the academic delivery partners (Major, 2016). This holistic approach enables participants to situate their on-the-job work in the broader context stimulated by the NHS.

The use of this hybrid learning model permits a diverse and inclusive approach to learning, which means the most appropriate methods for teaching, learning, and assessing can be adopted. The blended-learning focus (Banados, 2006) acknowledges that some approaches are more appropriate than others given the level of the material being taught and the readiness and academic stage of learners. For example, the programme uses two types of in-person learning groups between GMTs and standard participants (general NHS staff also on the EGA programme) to achieve the same learning outcomes. GMTs participate in Inquiry and Action Groups (IAGs). These are led more formally by the tutor, where directed readings and activities to support leadership inquiry are provided for assessment. Participants are encouraged to discuss real NHS challenges and suggest leadership approaches to solve problems Mumford (1996), but it is not a requirement. Through this approach participants experience responsibility for their learning which is rooted in theory and experiential practice-orientated foci (Bradfield, Cairns and Wright, 2015).

Effective learning environments are complex and fluid. There are many aspects to an environment that can change or influence the outcome for a student depending on the exogenous (external) and endogenous (internal) conditions (Sayer, 2000). For example, the physical environment, social and cultural conditions (Hiemstra, 1991). Through participant feedback and on reflection (Luft & Ingham, 1955), the author had neglected this standpoint during her initial EGA cohort. Despite experiencing dyslexia personally, the author did not actively engage students in discussion around their SpLDs. Following this revelation, the author evaluated student needs and adapted large group and small group teaching spheres to include more photo imagery and use of abstract principles to explain definitions. This more overt approach to effective, and crucially inclusive learning environments, also uncovered a challenge in the broader EGA programme at the institutional level at UoB, and ultimately across HE, in equity for support for PG learners.

The challenge is to create learning environments which are more inclusive for PG participants with SpLDs. At undergraduate level, there is a more formalised system for disclosure (via UCAS) and clear signposting (at open days and Freshers Fairs, for example). The current problem in HE for PGs is one of communication. The provision for EGA participants with SpLDs is excellent, however the complexity of the system that supports participants to disclose their SpLD and apply for support is unclear. Part of this can be attributed to the programme recruitment process. GMTS participants are recruited by the NHS Leadership Academy directly, not the University. This adds a layer of navigation and access complexity for support, and the potential for communication breakdown. For example, GMTS participants may disclose their SpLD to the NHS Academy, but due to data protection issues the disclosure has not been shared with UoB. However, participants believe that as they have disclosed, they will automatically receive support, which is not the case. This one area of communication difficulty highlights the complex arena in which the programme operates between different stakeholders. Elucidating a data sharing agreement between stakeholders to anticipate this issue is something that HE institutions should be considering in the contracting of their programmes.

Furthermore, specific neurodiversity training for lecturers is neither mandatory nor routinised if delivered at programme level. However, unique to the EGA programme is the

'trio' teaching model, which does provide opportunities for effective peer review and observation of practice. The Health Services Management Centre (HSMC) has also recently re-introduced peer reviewing across its programmes to evaluate the learning experience of students to improve teaching practice. These elements will help to embed and sustain opportunities for learning and development of practice to support PG with SpLDs.

The EGA programme does illustrate good practice in relation to student feedback, with inbuilt mechanisms to foster participant feedback about their learning experiences. There is an extensive formal feedback set up, which includes a set of surveys that follow in-person teaching residencies, which also occur at set points in the programme. They are administered by our Professional Services Team rather than by the tutors. The results are reported annually to the NHS Leadership Academy via the Programme and Practice Board. Also, quarterly nominated cohort representatives provide written and oral feedback via the programme Directors. On reflection (Gibbs, 1998), the issue with this approach alone is that feedback tends to become longer and more problematic; limiting the opportunity for dynamic and responsive changes to be made in the learning environment more regularly (Gray, Riegler and Walsh, 2022). The informal approach is led by the tutor. Tutors invite written and oral feedback following in-person lectures at each opportunity, which is typically once every month. Tutors focus on asking limited but specific questions, such as 'in what ways did today's activity challenge you?' The critical step is to loop back and tell participants about the changes made to tutor practice (Brennan and Williams, 2004).

Tutors also invite feedback during assessment activities. Assessments are pedagogically situated in the work-based learning model (QAA for HE, 2018) and informed by Nicol and MacFarlane's (2004) theoretical model and principles for good feedback practice, which combines academic-focused essays and work-based assignments. The 500-word reflective pieces assess participants' fitness to practice in healthcare leadership, whereas the essays form the theoretical basis of healthcare leadership. Tutors also embed feedback on draft work and supplementary notes to support participant learning. Participants are also offered 1:1s if the feedback on assessment requires further explanation. On reflection (Schön, 1983), only the informal feedback mechanism highlights the need for tutors to adapt their teaching environment for participants with SpLDs. The informal route also highlights the

issue of the complexity PG learners with SpLDs have when disclosing and understanding the process for support. Therefore, it is critical for academic staff to have the capacity to build relationships with participants that foster an environment where learners feel comfortable to disclose such challenges- smaller group and individual tutorials are crucial (Layton, 2015).

The EGA programme offers a beacon of good practice, with opportunities to develop. However, to remedy the wider inclusive practice issues across HE, the following development points are suggested: earlier opportunities and encouragement for participants to disclose SpLDs alongside improved communication of available resources, improved support for lecturers to develop inclusive learning environments, contracted data sharing agreements, and formalised evaluation methods to review learners' experiences. Fundamentally, theory and practice need to be re-aligned in HE to arrive at inclusive learning spaces which encourage self-directive and collaborative learning- much like the EGA approach - with practical tools to support lecturers and students to navigate processes of support and adapt teaching practices, following Layer's (2018) 'inclusivity first' approach.

Conclusion

This paper has evaluated the situational context for UK HE postgraduate students with SpLDs and specifically, EGA GMTS participants with SpLDs at UoB. Literature suggests that the HE system does not encourage students to disclose SpLDs (Office for Students, 2019). The processes are cumbersome, and students fear stigmatization and labelling, which can prevent disclosure. Moreover, the current disability paradigm can inadvertently promote inaccessible learning environments (Clouder, Karakus, Cinotti, and Ferreyra, 2020). Current evidence and data highlights that inclusive practice is widespread but not consistent, and currently around only 20% of students registered in UK HE institutions disclose their SpLD (Layer, 2018).

Therefore, this paper calls for several approaches to action. First is theoretical and linked to practice, whereby HE contexts revisit the andragogical (adult focused) approach reformed with Layer's (2004) learning inclusion model, which is illustrated by the UoB case study. This requires lecturers to evaluate their teaching philosophies, ways of working, and approaches

to improve their facilitating style and delivery, to better meet the needs of students with SpLDs (Bouchrika, 2022). Second is conceptual whereby an inclusive process model of support for learners with SpLDs needs to be designed with accompanying visual explanation (notes and video), as well as empirical data concerning participants with SpLD experiences of their learning environment to inform inclusive practice and design.

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