

Association of Notetaking Professionals Response to the Department for Education Call for Evidence: 'Improving non-medical help for Disabled students in higher education', July 2024.

Glossary:

DSA = Disabled Students' Allowance = central government fund which pays for reasonable adjustments for Disabled students.

NMH = Non-Medical Help = support workers / access workers for Disabled students

SP = Support Provider = Support worker / access worker

HE = Higher education = university level course

HEP = Higher Education Provider = university or college that provides higher education courses.

SSP = Specialist Support Provider

CPD = Continuing Professional Development

OCN = Open College Network.

Questions

Questions 1-5 were about contact details.

6. Which category do you fall into?

DSA Supplier

7. Would you be happy for us to contact you about your response?

YES

8. What do you consider is working well for students in the current NMH system?

- The current NMH system acknowledges that some students need specialist human support to be able to fully access HE.
- The current NMH system is person-centred. It gives students control over their support provision and a choice over whether and what to disclose to their HEP.
- Research indicates a high level of satisfaction currently among students with the NMH they receive. Students have reported:
 - Improved engagement and performance

- Improved self-confidence/self-belief
- Reduced feelings of isolation, frustration and stress
- Improved mental health and overall wellbeing
- One-to-one support is responsive.
 - It is tailored to the needs and preferences of the individual and is designed to adapt as those needs and preferences change.
 - It is more able to respond to the needs of people with multiple impairments and access needs, which is a growing number of students.
 - In this context, support providers (SPs) function as early warning sign/red flag detectors. Provided there are good channels of communication between HEPs and SPs, the latter's ability to recognise such indicators of distress helps to improve students' university experience and academic performance and protect their health/wellbeing.
 - As their focus is the disabled student, support providers can also educate HEP staff about specific adjustments the student needs, which may otherwise be missed in a very bureaucratic system with overworked university staff.
- One-to-one support provision can provide a degree of accountability which research has shown can benefit some disabled students (e.g. those with ADHD), who are more likely to attend (and benefit more from) a face-to-face meeting than use an app.
- Many disabled students experience barriers to equality which have impacted them academically and personally. Only another human can create a safe space to explore work-arounds for these barriers, by establishing rapport and proving themselves trustworthy over time.
- Needs assessments help to educate students about the types of adjustments e.g. NMH that are available and which they may benefit from. They may not have had this input previously in their life.
- DSA assessments and funding are specific to each individual and recommend that individual rights are recognised and fulfilled. While funding is often not sufficient, it covers the cost of some specialist support which universities cannot or would not pay for themselves. In an ableist world, disabled people will not receive the support they need unless funding is guaranteed.
- DSA ensures some parity of student experience between different HEPs.
- Specialist human support facilitates access. This encourages inclusion and reduces segregation. This is underpinned by the social model of disability.
- Some NMH agencies are specialists in their field, for example those who specialise in support for deaf students. They have expertise in providing appropriate support.

Notetakers provide the following specific benefits:

Specialist notetaker - deaf

With the correct training, using a standard laptop keyboard, **Specialist electronic notetakers (ENTs)** can provide a live meaning-for-meaning written English feed of a lecture or meeting. This is known as **live notes** or **live captions**.

The student can read this simultaneously on a screen on their own device and use it to interact with the session in real time. This is very valuable for students who are deaf or hard of hearing and use English as their preferred language, so would not benefit from a British Sign Language (BSL) interpreter.

Hearing technologies cannot fully replace hearing, only enhance it, and lipreading is known to be very unreliable, so even skilled lipreaders cannot access spoken language through lipreading alone. This is particularly important in higher education, where the information is complex and technical, and detail is important to get right.

Specialist ENTs often use specialist software such as Text on Top to provide live notes/captions. The full transcript/notes are provided to the student after the session, after being edited by the ENT for coherence.

Wireless technology means the student does not have to sit next to their ENT to access the transcript or notes live. ENTs can also use a Smartphone or tablet to move around the room when needed (e.g. in practical sessions).

ENTs are also trained to take a more condensed summary for the student to refer to afterwards, for example if the student is using a live ENT, a BSL interpreter, lipspeaker, Speech-to-text-reporter (STTR) or respeaker to access the lecture live. It is not possible to watch a BSL interpreter, lipspeaker, live ENT or STT feed and take your own notes at the same time. This is known as **summary notes**.

Summary notetaking for another person is a professional skill. When you take notes for yourself you may choose to focus on certain areas and/or use shorthand. A professional notetaker must summarise with equal attention to all aspects of the lecture and use language that is clear to another person. This also requires training.

Further, ENTs for the deaf (both live and summary) should be trained in deaf awareness, which is a complex field. Deafness, combined with barriers in early years and school education, can cause delayed ability in language and literacy, but does not affect the person's overall academic ability. Specialist notetakers are trained to modify or explain written English to enable D/deaf students who are affected by this to access their course content, and to improve their English language and literacy skills.

ENTs can adapt to the format accessible to the student (e.g. different size and colour of text and background) and can even connect to a Braille machine. This is essential for D/deaf students who have additional impairments such as visual impairment or dyslexia.

Summary notes for a deaf person may also be taken by a **Specialist manual notetaker** (MNT) who takes handwritten notes which are responsive to a deaf person's needs and has undertaken the above training.

In both cases, the notes are the property of the student and the student is able to edit and add to the notes later, which is empowering. (Electronic notes are editable. Manual notetakers can leave spaces for students to add their own notes).

Specialist notetakers have knowledge of Deaf culture, and when working with BSL users, are able to translate cultural differences such as sarcasm when appropriate. They can also raise lecturers' awareness of the student's needs. These are uniquely human abilities which cannot be reproduced by AI or other technology.

Specialist notetaking services can be accessed remotely where this is practical and supported by the right technology and human support.

Specialist notetakers prepare for sessions to become familiar with subject knowledge and vocabulary, so that they can produce an accurate and useful summary. Notetakers should also have had some university education to be familiar with the demands and format of higher education. Wherever possible, students should be matched with notetakers with some knowledge of the subject.

Specialist notetakers are trained professionals who are in high demand. When providing live notes/captions, two professionals are needed to co-work, as the work is very demanding. This further increases the cost. Universities need access to specialist funding - i.e. DSA - to be able to pay for these services.

Specialist notetaker – vision impairment

Many visually impaired students are unable to take their own notes. Handwritten notes would need to be very large and thick to be visible, and this would require a huge amount of paper, potentially in a certain colour, which is very costly. Taking notes on a laptop is no easier, as visually impaired students must concentrate very hard to make sure their fingers are in the right place at all times when typing, which can distract them from the content of the lecture.

Additionally, many visually impaired students rely on the screen-reader to let them know where the cursor is on the page. As it is not possible to listen to a screen-reader read things out loud during a lecture or meeting, they cannot ensure they have written what they meant to.

Trying to manage alone is extremely stressful, and makes it difficult to retain information. With a specialist notetaker present, the visually impaired student can focus on the lecture and fully take part in discussions and group work, instead of focussing all of their attention on taking notes.

Specialist notetakers can offer very large font, in any colour text with any background colour. For some clients this makes a big difference, as they can only see large text against certain colours.

Specialist notetakers also have a knowledge of how to produce notes which will be read coherently by text to speech software, which some visually impaired students use. We can keep sentences short while still maintaining the content and a clear structure, and we know to provide more headings or sub-headings to provide context of what the next paragraph will be about.

Visually impaired students miss out on many if not all visual cues, such as slides on the projector screen, drawings and writing on the whiteboard, and a number of digital teaching aids used in classrooms nowadays, which visually impaired students cannot not access. Relying on voice input alone requires a lot of brain capacity. It can also be disorienting, adding to the anxiety caused by fear of missing out on vital information. A specialist notetaker is able to take down all of the visual information for the visually impaired student to refer to later. They know that full notes, in a format that they can access, will be provided for them, so that they have equal opportunity to do well in their studies, the same as their peers.

Specialist notetakers can also raise lecturers' awareness of the students' needs e.g. large print handouts or formats which can be read by screen-reader. Notetakers without specialist training would not have this knowledge. Technology is unable to do this, and students often lack the confidence themselves, although having in-person support can increase this confidence.

"Non-specialist" notetaker (Band 2, currently not covered by DSA)

With the right training and remuneration, a notetaker (either manual or electronic) provides an essential, tailored service for many students with non-sensory impairments who are unable to take their own notes in class, or would find it debilitating to do so. Some examples of reasons for this include chronic illness, pain, fatigue, ADHD, SpLD, autism, mental health problems, and medication which impairs energy, dexterity or concentration. (This is not an exhaustive list).

Such notetaking also requires skilled adaptations which require training in notetaking skills and in awareness of different impairments. This work is more suitable to be carried out by a human for all the reasons already explored in relation to specialist support. Since 2016/17, notetaking for students with non-sensory impairments has been classed as non-specialist. However, in practice, to provide a quality service, specialist skills and training are also required in this work.

9. What do you consider is working well for HEPs in the current NMH system?

- In the current NMH system, funding is earmarked for each student. This takes the pressure off already overstretched Disability and Mental Health/Wellbeing services, whose remit includes support for the general student population.
- The current system enables students to access the specialist support they need, which makes it more likely that they will see their course of study through to completion and perform to their full potential, which makes it more likely that they will find work after graduation. This has financial and reputational benefits for HEPs.

- In the current NMH system, HEPs have limited responsibility for administering and managing that system because most SPs are sourced through agencies or are self-employed.
- In the current system, HEPs have no responsibility for paying NIC and have no obligation to provide sick, holiday or parental leave. Pension scheme autoenrollment obligations do not apply.

10. What do you consider is working well for DSA suppliers in the current NMH system?

- The current DSA fee framework provides HEPs with necessary guidance as to appropriate rates of pay for specialist support provision. In theory, it ensures wage equality within and between the four nations.
- The current system provides the flexibility that some SPs want/need.
- Some specialist agencies pay access workers (NMH) appropriately and support them, for example by providing preparation materials.

11. What aspects of the current NMH system do you consider are NOT working well for students?

- Organising and managing their own support is time-consuming and stressful, particularly for those students whose disabilities affect their executive function. At best, this work distracts attention and energy away from their studies.
- The stress and fatigue created by this responsibility are compounded by the typically lengthy wait for a needs assessment, for their DSA application to be approved, and/or for support to be allocated.
- Often the support needed is never put into place.
- One contributing factor is the limited availability of SPs in some NMH roles.
- Role/Regional/Institutional variation in the availability and/or quality of support provision perpetuates inequality and disadvantage.
- While in theory students are free to use another if they are dissatisfied with their current supplier, in practice many smaller professional agencies have been forced out of business since changes to DSA in 2015/2016 and the government's use of Least-Cost Selection procurement. These changes also have had an impact on recruitment and retention of skilled and experienced SPs. Consequently, students have little if any meaningful choice.
- Students aren't given enough information about the support available. One example is deaf and hard of hearing students who use English, most of whom have no idea that live electronic notetakers, speech-to-text reporters or lipspeakers exist.
- Large generic agencies lack knowledge of disability, leaving students to educate them about their needs, which they may be unsure of themselves.
- Often students are given AI software instead of human support. AI captioning software is unreliable and makes a lot of errors, especially as teaching staff move

around. It can't ask for clarification, cut out background noise and irrelevant details. It can't modify language to meet students' literacy and language needs. It can't meet the needs of additional impairments.

- Loss of travel expenses for notetakers has led to an increase in remote notetaking during in-person lectures. While some notetaking can take place remotely, this option is not always appropriate. The technology provided by the university to enable remote notetaking is often poor and it can be difficult to pinpoint who (if anyone) has responsibility for its management. Consequently, notetakers may be unable to hear or clarify what is being said.
- Much of what is described as 'remote' notetaking is not live but rather is taken from recordings. This means there is even less chance to clarify information, as it is not possible to take direction or feedback from or to build rapport with the student, which in turn limits the ability of the NMH to recognise and report early warning signs. Furthermore, the student is not likely to receive the notes for several days after the lecture has taken place, putting them at a disadvantage to their non-disabled peers who are able to access their own notes immediately.

Giving HEPs overall responsibility for disability support would not solve these problems!

- Students will still need to be assessed.
- NMH SPs will still need to be recruited, vetted, inducted/trained, matched with students, managed and paid.
- Without ringfenced funding for this work, HEPs will have no choice but to opt for the Least-Cost Selection method of procurement.
- DSA is capped for individuals at a level which does not cover the support needs of many students e.g. deaf students. This means students have the administrative and emotional burden of sourcing additional funding from the HEP or other sources. Often they have to fight for it and it is not guaranteed. Again, this distracts attention away from their studies and is another barrier to equality.
- Lack of knowledge and poor attitudes around disability in some HEP staff and needs assessors leads to students not getting the support they need. For example, views that the support is not needed, that it would disadvantage other students, or that it would mean the student is not fit to study, were all reported in research by Disabled Students UK (p43).

12. What aspects of the current NMH system do you consider are NOT working well for HEPs?

- There are currently poor channels of communication between HEPs and SPs.
- The quality of support provision can vary significantly. This can affect the quality of students' experience, rates of retention, performance and employment following graduation, which in turn may cause financial and reputational damage to the HEPs.

- The low rates of pay for SPs working in education (relative to other sectors) and lack of benefits contributes to high turnover. Unreliable or inconsistent support provision can affect a student's university experience, which can reduce retention and may cause financial and/or reputational damage to the HEP.
- There is currently no regulatory pressure on HEPs to ensure that top-up funding earmarked for disabled students is used as intended.
- University disability and mental health support services are already overstretched. HEPs do not have the human resources they need to manage individual students' support effectively, forcing students to try to manage it themselves.

13. What aspects of the current NMH system do you consider are NOT working well for DSA suppliers?

- In practice very few SPs receive the full rate of pay recommended by the DSA framework. Those working for or through intermediaries (e.g. agencies) experience a significant erosion in their hourly wage.
- For some roles, in some cases, the hourly wage falls below minimum (and well below the living wage standard) when non-billable hours are taken into account.
- The low rates of pay for 'non-specialist' NMH roles undervalue the skills and experience required to deliver such support.
- Despite modest increases recently, the rates of pay for NMH have not kept up with inflation.
- Although notetaking for deaf and visually impaired students was classed as 'specialist' and therefore still covered by DSA following the changes introduced in 2016/2017, in practice most of this work was taken over by big agencies alongside Band 2 Notetaking, and paid at very similar, low rates. This has affected recruitment and retention of skilled, experienced SSPs.
- The introduction in 2015/16 of a 24-hour cap on reimbursement for cancellation of DSA-funded work had a similar effect. In universities, cancellations of between 24 hours to 14 days are quite common. A payment equal to 100% of the fee when a booking is cancelled within 7 days and 50% when cancelled between 8 and 14 days is standard. This practice recognises the challenge of replacing lost work and the impact this has on SPs ability to pay their bills. It also facilitates recruitment and retention of skilled, experienced NMH.
- Entitlement to travel expenses has also been withdrawn, with a similar effect on recruitment and retention of skilled, experienced NMH. Since relatively few students are identified as needing specialist notetaking and there is a small pool of professionals, we need to be able to travel out of our area in order to support the students who need us. Travel expenses are standard for BSL interpreters for this very reason.
- In some cases, the patchy use of auto-captions has reduced the hours available for notetakers and made the remaining available work more challenging for us as we have missed important course content, so lack the context to be able to produce useful notes. This is particularly damaging in more academically challenging

courses and at higher levels. The numbers of disabled students taking academically challenging subjects and studying to higher levels is rising.

14. Do you have any suggestions for how the current NMH system could be improved?

- Restore DSA to pre 2016/17 levels, when it could be used to pay for all forms and bands of NMH support. From a student's perspective, so-called "non-specialist" roles are no less necessary than specialist roles to ensuring equal access to HE and removing disadvantage.
- Provide all specialist and "non-specialist" NMH with free, on-campus training in Mental Health First Aid (MHFA) as a condition of appointment, to equip them to serve their function as detectors of early warning signs of distress in the students with whom they work.
- Recognise (and appropriately remunerate) the role of (specialist and "non-specialist") NMH in detecting of early warning signs; helping to ease students' transition into, through and out of university; facilitating the person-centred model of support; providing informal education to HEPs about adjustments; and fostering independence in students.
- Establish an effective mechanism for communication between HEPs and SPs, so the latter can report concerns about students quickly and appropriately.
- Offer NMH opportunities for CPD, including the opportunity to earn the qualifications necessary to take on additional roles, at no cost or for a significantly reduced fee. Recipients of this funding could be required to serve in the role(s) for which they've been trained for a specified period or number of hours or be liable for the full cost of training (unless exempted).
- Provide pathways for progression into advisor and management roles for NMH who want to.
- Make funding available for more professional training courses for specialist NMH. There is currently a shortage of specialist notetakers, specialist study skills tutors, specialist mental health and autism mentors, specialist support professionals (deaf AND visual impairment), speech-to-text-reporters, BSL interpreters and mobility trainers, for example. These courses should be subsidised and flexible so that people from all backgrounds are able to access them.
- Advertise and provide incentives for people to train in these roles, as happens in teaching and policing, for example.
- Increase the money that is paid directly to universities for the provision of disability support, so that universities can recruit and train their own specialist support workers if they wish to.
- Make funding available for specialist NMH to set up specialist agencies, where they are suitably qualified to do so, plus training in management and related skills.
- Recognise, train (and appropriately remunerate) the skills required for effective "non-specialist" provision of NMH such as Proofreading and Notetaking.

- Notetaking is essential for some students with both sensory and non-sensory impairments, such as chronic fatigue, chronic pain, ADHD, SpLD, autism. (See question 8).
- The existing OCN course Electronic Notetaking to support Deaf and Disabled people covers multiple impairments, yet within the DSA system only notetaking for deaf and visually impaired people is considered specialist. This means that ENTs who have paid to have specialist training earn minimum wage when working with students with non-sensory impairments. In effect, we earn less than minimum wage, because our training requires us to spend time preparing for sessions and editing the notes, and to undertake Continuing Professional Development (CPD), which notetakers without specialist training do not do. Our training and professional code of conduct also requires us not to take on work for which we are ill equipped e.g. because of a lack of subject knowledge. On the other hand, notetakers without specialist training are encouraged by agencies to take on any work. Effectively those of us with specialist training are being financially punished for investing in our training to provide a quality service.
- All forms of notetaking require preparation time to become familiar with subject knowledge and vocabulary, to enable the notetaker to provide a useful summary. This is increasingly important as disabled students are taking courses in a broader range of subjects and at higher levels. This should be reflected in both training and rates of pay.
- Time taken to edit notes for errors should also be reflected in training and rates of pay.
- Human notetakers provide unique benefits not possible with technology alone, as previously explored in question 8. Students with notetaking needs should be given the option of a human notetaker.
- Increase fees for NMH so that they take account of unbillable hours used in preparation and administration, and the irregular nature of NMH work, i.e. a billable 9-5 day is rare, but we need to either be working, available for work, or travelling between jobs during that time, and student timetables often do not allow for doing another job on the same day. Our fees should also reflect the lack of work available in the long student holidays.
 - Such changes would attract a more diverse demographic into NMH roles, such as men, people with more need for financial security, people with higher academic qualifications and subject knowledge.
 - This would be positive for students, as: people often connect more easily with support workers who share characteristics with themselves; it would create more role models; it would tap into a broader human resource; NMH will be available with a greater range of academic subject knowledge and at higher levels. This is essential as disabled students are increasingly taking courses in a broader range of subjects and at higher levels.
- Fees should be reviewed each year and increased in line with inflation.
- Remove the 24-hour cap on remuneration for cancelled sessions.

- Introduce a regulatory oversight mechanism to assure the quality and consistency of support provision within and between the four nations.
- Impose some form of regulatory pressure on HEPs to ensure that students entitled to reasonable adjustments actually receive them. (The Office of Students currently assesses equality of outcome, not opportunity.)
- Establish a national register of NMH support professionals to facilitate the recruitment and vetting of potential providers.
- Provide HEPs with funding to set up and maintain IT and communication systems that facilitate the use of assistive technology and enable remote notetaking during live lectures.
- Through all the above, expand availability of quality support so that students have meaningful choice, NOT the least cost option.
- Remove the individual cap on DSA funding so that students receive all the support they need, without having to beg or fight universities for additional funding.
- Expand eligibility for DSA to international as well as UK students, as disabled students from other countries should be equally entitled to access.
- DSA should be expanded to cover access needs to participate in extra-curricular activities such as societies and socials, so that disabled students can participate equally in all aspects of university life. This is essential for career building as well as well-being.
- Restore the right to travel expenses for specialist NMH such as specialist notetakers for bookings out of our area, so that we are able to provide face-to-face support out of our area when it is needed.
- Provide funding for mandatory training in disability awareness for all university staff, provided by respected disabled providers.
 - With students' consent, for staff who teach students with a specific impairment, or universities with a high number of students with a specific impairment, this should be complemented by impairment-specific training e.g. deaf awareness, provided by people from that group.
 - This should include training on how to work with support professionals e.g. BSL interpreters and notetakers, provided by those professionals. For example, the need for interpreters and notetakers to access course materials in advance.
 - It should also include training in how to use universal accessibility features e.g. captions.
- Students should be provided with training on how to work with the support professionals allocated to them e.g. notetakers, provided by those professionals.

- All students should be provided with opportunities to learn about disability and reasonable adjustments available, to foster an inclusive community.
- Students should be provided with opportunities to screen for impairments e.g. dyslexia, without stigma or onerous bureaucracy.

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

Individual entitlement more important.

Please explain your answer to the question above:

- We still live in an ableist society where disabled individuals' rights are not guaranteed. This includes the right to the support providers they need to enable access. Unless funding for this support is guaranteed, disabled people will not receive it.
- Previous cuts to DSA in 2015/16 and 2016/17 reduced the quality and availability of experienced, skilled NMH.
 - Lower rates of pay
 - Imposition of a 24-hour cap on entitlement to cancellation fees
 - Withdrawal of entitlement to travel expenses

All of this led to a decrease in the availability of quality support, which increased inequality.

- The lack of travel expenses also led to an increase in remote notetaking, which is often poorly managed by the HEP (who are the only people with staff onsite) and results in poor quality notes and/or late notes, as discussed in question 11.

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

POTENTIAL ADVANTAGES

For students:

- Reduced organisational/managerial burden.

For NMH:

- Opportunity to challenge the dominance of the big agencies (and other fee-sapping third parties), depending on the nature of the model imposed.

POTENTIAL DISADVANTAGES

For students:

- Loss of tailored, responsive support provision with direct, lived experience of HE (as opposed to algorithmic, through the use of technology alone).

- Inadequate support provision due to ongoing difficulties recruiting and retaining NMH in some roles.
- Inconsistencies in funding may lead to systemic inequality within and between the four nations.
- The need to disclose their disability to the HEP may discourage some students from applying for or availing of support.
- Further reduction in the options available to students as small agencies and sole traders are pushed out or absorbed by larger firms.
- Overreliance on assistive technology on the grounds of cost effectiveness (defined as the number of students offered support) degrades the quality, efficacy and appropriacy of the support provided
 - For example, the rise in remote notetaking since COVID has not been accompanied by steps on the part of HEPs to ensure reliability and/or universality of access
 - “Live” lectures accessed remotely are often in fact taped lectures accessed after the fact. As notetakers working in this way have no opportunity to clarify information with the lecturer or take direction or feedback from the student or establish rapport with the student (which is essential for recognising early warning signs), this way of working perpetuates inequality and disadvantage.

For HEPs:

- Significantly greater administrative burden (e.g. recruitment, vetting, training/induction, management and payment of NMH) and associated costs.
- Drive to minimise cost compromises the quality, quantity and availability of support provision as downward pressure on rates discourages skilled, experienced support providers from working in the sector, with the result that HEPs fail to fulfil their duties under the Equality Act.
- Inability to predict how many disabled students will apply/be admitted each year makes it impossible for HEPs to guarantee that all individuals who are entitled to support will receive an appropriate level of support.
- Additional pressure on already overstretched support services proves unsustainable. The risk of shortfall if not collapse will only increase if proposed cuts to the number and nature of international student visas are approved.
 - ‘Top-up’ money for HEPs to support disabled students has gradually been cut.
 - There is no regulatory pressure for HEPs to spend this ‘top-up’ money on disabled students.
 - The premium paid to universities to replace the cuts made to DSA in 2016/17 was not equivalent to the cuts made. It seems likely this will be repeated if DSA is abolished completely for NMH.

- All indications are that further belt-tightening will be required, particularly if proposed restrictions on the number and nature of international student visas come to pass.
- The number of disabled students has been steadily rising, as are the number of students who arrive at university presenting with poor mental health and/or learning difficulties but without a formal diagnosis. There has been no corresponding increase in government funding to support them.

For NMH:

- Further depression of rates of pay and working conditions, which began following the introduction of cuts in 2015/16.
- Skilled, experienced support providers are replaced with (or priced out by) less skilled, less experienced providers willing and able to work for less.
- Low wages, compounded by the absence of benefits, makes it impossible to remain in the sector. The real hourly wage is already much lower than listed due to the cuts taken by agencies and the number of (unbillable) hours spent on prep and follow-up work, especially since the withdrawal of reimbursement for travel expenses.

17. Do you think a single approach will work for all students and HEPs?

No.

Why?

For a single approach to work for all students and HEPs, the HEPs would need sufficient funding to enable them to:

- Establish a register of suitably qualified NMH for each role.
- Recruit, vet, match, manage and pay NMH appropriately.
- Source initial/basic, ongoing and specialist training both to assure the quality of the support provided and to facilitate recruitment, retention and professional development of suitably skilled, experienced NMH.
- All of this funding needs to be ringfenced and strongly audited.
- There need to be much stronger safeguards to ensure universities fulfil their Equality Act obligations.

Also, for a single approach to work for all students and HEPs, all agencies offering to supply NMH must be required as a condition of contract to offer NMH terms and conditions and rates of pay in line with industry standards.

With the correct funding from central government (which seems unlikely) some institutions would be able to meet these conditions. However, most institutions are many years away from meeting the above conditions and lack the commitment to accessibility it would require. At the present time, DSA is the best chance that students at all institutions have of having their needs met.

Furthermore, due to the sheer diversity of human needs, there will always be some specialist forms of support which HEPs are unable to provide in-house.

18. What do you think the potential equality impacts are of the individual entitlement model compared to the HEP overall responsibility model?

Individual entitlement model

- Is more likely to ensure that specific needs of the individual student are recognised and met.

HEP overall responsibility model

- Will confuse and dilute disabled people's rights. Since we live in an ableist society, if disabled people's funding for support is not guaranteed, they will not receive it.
- Runs the risk of disadvantaging some students (e.g. those who are diagnosed/referred for support after the annual pot runs dry) due to the relative poverty of their region and/or institution, or the attitude of their institution.
- [Research](#) by the Higher Education Commission has shown that the move towards a HEP overall responsibility model in 2016/17 has increased inequality (p40).
- There will be pressure to implement Least Cost Procurement, which has been shown to drive down wages, which in turn shrinks the pool of skilled, experienced providers, which compounds inequality
- The Call for Evidence document notes that female students are more likely than male students to be DSA recipients, at both the undergraduate and the graduate level. It follows that the potential negative impacts of any change will be greater on females than on males. This could have an impact on female retention and completion rates, which in turn has potential implications for their future earning capacity/financial security.
- A reduction in specialist staff with a disability focus means that accessibility suffers. For example, according to web accessibility guidelines, all pre-recorded lectures are supposed to be captioned, but more than half of them are not, according to research by [Disabled Students UK](#) (p20). This is just one of many examples of where universities are not meeting their equality obligations. While we hope for universities to become more inclusive by design, they are a long way from meeting that goal. This makes NMH support even more needed.
- Without DSA, universities will be less willing to enrol disabled students due to the cost of specialist support.
- More disabled students will drop out because of the lack of support.
- This will compound inequalities for disabled people in society due to a lack of higher education and corresponding lack of opportunities and earning capacity.
- [Research](#) shows that disabled people are more likely to be older, BME, LGBTQIA or from a poor socioeconomic background than non-disabled people. Therefore inequalities for disabled people also compounds inequalities for other marginalised groups.

- Research by [Disabled Students UK](#) also found that disabled students who were BME or from poor socioeconomic backgrounds were less likely to have the disability support they needed. Therefore poorer support provision is likely to hit these groups even harder (Access Insights Report 2023, https://disabledstudents.co.uk/wp-content/uploads/2023/11/Disabled-Students-UK_Access-Insights-2023-Report.pdf).
- There are no regulatory pressures on universities to comply with their responsibilities under the [Equality Act](#). The Office for Students assesses equality of outcome rather than equality of opportunity, which means they do not even record whether or not students get the reasonable adjustments they need.

Equality is a complex area and all of these issues would need to be explored in much greater depth and rigour before any proposed changes are implemented.

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

The question is not who should deliver these forms of support, but how that support is funded. Most NMH roles could be delivered by HEPs in theory if they are sufficiently funded to do so and sufficient safeguards are put in place.

However, under the current model, the issues of recruitment, supply shortages and cost will remain and in fact be exacerbated if HEPs are given overall responsibility for support delivery. Furthermore, most HEPs lack the commitment to accessibility that taking full responsibility for delivering NMH would require.

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

No.

21. Are there any NMH roles not currently funded by DSA that you think should be?

In principle, all NMH roles should be funded by DSA, including those that were funded pre-2016, because all enable students to access HE.

That said, priority should be given to Proofreaders and “non-specialist” Notetakers. Both roles require a higher level of skill and experience than the currently low rate of pay suggest. Disabled students rely on their Notetakers to capture the information they need to understand their subject area and complete their coursework when they are unable, due to their impairment, to take notes for themselves.

The same is true of all NMH roles not currently funded by DSA.

Furthermore, the system should make more use of ENTs and STTRs to provide live notes / captions for deaf and hard of hearing students who use English as their preferred language. They should make more use of lipspeakers for those who lipread, and of re-speakers for remote lectures. It is not fair to expect students to rely on [lipreading](#) for academic lectures and seminars, when it is only effective up to 40% of the time in the best conditions. Automated captioning is unreliable and cannot provide the tailored service that ENTs and other communication professionals provide, as explored in question 8.

Furthermore, [only 37% of recorded lectures have useful captions](#) (p20) and not all lectures are recorded. In any case, it would not be equitable to expect deaf and hard of hearing students to wait until a recording is available to be able to access the information which their hearing peers accessed live.

22. Have you experienced any issues with specific NMH roles, and if so what are those?

“Non-specialist” Notetaker

- Students are regularly disadvantaged by notetakers who: do not prepare for sessions; do not have sufficient subject knowledge; arrive late; fail to attend; provide notes that are unclear or incomplete; provide notes that are inaccessible to the student; forget to send their notes; send notes too late to be of use.
- This is a direct result of inadequate training, recognition and funding of the “non-specialist” notetaker role.
- As the role is paid at such a low hourly rate with no benefits and no opportunities for progression, there is no incentive for notetakers to spend time on preparation, to take pride in their work, to tailor notes to students’ needs, or to pursue training opportunities. Further, the minimal training provided by large agencies for the role does not inform notetakers of the need to do any of the above, nor is there any supervision or oversight of the notetakers.

23. Do you have any other comments on DSA-funded NMH support?

(No answer given.)