

Project 7: Time Costs

1. Background information		
Strand	Black British students	
	Disability/Mental Health student	✓
Context	Assessment & Feedback	
	Teaching & Learning	
	Learning development/skills support	✓
	University/College systems and processes	✓
	Other?	
Specific research question	What is 'Cambridge Time' and how does it penalise Disabled Students at the University of Cambridge? (<i>"We have to use every moment of the day to keep up"</i>)	
Student co-researchers	Denicia Bernard	

2. Executive summary
<p>The lead co-researcher for this project (Denicia Barnard) sought to discover whether the concept of 'Cambridge Time', as defined by disabled students themselves, influences the attainment of Disabled Students. By exploring what 'Cambridge Time' is, how it creates persistent time penalties specifically for disabled students, and how these costs are negotiated/remedied, we hope to explore the barriers that are reducing the possibility of positive attainment, in order to address, mitigate and remove barriers to attainment. Data was gathered via two surveys, of varying length and disclosure, distributed both to the wider disabled student population and also our research group for ethical reasons.</p> <p>This research found that:</p> <ul style="list-style-type: none"> • Disabled Students experience persistent barriers. The most common are time penalties in relation to accessing or processing materials, persistent battles with balancing side-effects of medication or conditions with university systems, chronic levels of fatigue, and different time demands to complete tasks when compared with able peers. • Disabled students are being required to advocate for themselves multiple times to different parties which is causing distress and is a persistent time cost. • Adjustments, where in place, are mostly thought to be useful, but students struggle with them being solely exam focussed. • Services such as Lecture Capture, Mentoring and Study Skills are recognised as ways to reduce Disability related time costs. <p>Recommendations relate to: funding to enable co-developed Staff Training on diversity and inclusive practice; Lecture capture provisions as standard where possible. Increased access to mentoring and study skills, particularly for neurodivergent students. Looking at ways to speed up access to treatment (medication adjustment times remain an issue and the wider context of provisions is set to become more stretched; better internal infrastructure for mental health support could help translate this process into the 'Cambridge Time' context.</p>

3. Rationale

Cambridge students often reflect on how ‘Cambridge Time’, the pressure and intensity of the eight week terms and the skills necessary to balance competing academic demands is highly distinctive to this University: student- and staff-led internal research (Cooper and Harding, 2020), and student-perspective surveys, articles and reports (e.g. Hussein, Naylor-Perrott, & Richardson, 2019;Ropek Hewson, 2019) indicate that there may be a link between ‘Cambridge Time’, mental health, disabling barriers and academic performance; however, until this APP research study, to our knowledge, no research has been conducted to specifically to understand disabled students perception of ‘Cambridge Time’ and to explore whether and how this may be impacting on disabled student academic progress, wellbeing and attainment.

Despite being somewhat ‘common knowledge’ anecdotally, I (DB) was unable to find it within formal research, yet I believe that it clearly ties a lot of key issues relating to disability and mental health together i.e. access to support and treatment, ability to perform self care and academically in a high pressure environment, and general issues with ablest ethos, therefore I believe it deserves its own rigorous enquiry. Given existing research into disability and violent conditions and the resources which can bridge the gap, and based on my own and anecdotal experience, I would like to shed light on the Cambridge specific conditions which create additional struggle for disabled students including: advocating inside a devolved system, balancing health and wellbeing with workload, and work inaccessibility. These are particularly important given the wider mental health context and treatment times. Therefore, I chose a three part enquiry i.e. what Cambridge time is, how does it cost time, and how is it navigated, to explore disability within its unique context and its relationship with resources and desired outcomes.

4. Existing evidence

Approaches to Disability

This research used a social model of development inspired by the ‘Capabilities Approach’ (Sen, 1999; Nussbaum, 2000) to inform the study’s conceptualisation of ‘disability’. This is highlighted in the sector literature as both an established and helpful theoretical lens to conceptualise and explore issues of disability (e.g. Mitra, 2006; Dubois & Trani, 2009) and social (in)justice in education systems (Hart, 2012; Mutanga, & Walker, 2015).

Expanding on Sen’s (1999) ‘Capability Approach’ which looks at methods of distributive justice and conceptualises functionings, ‘the various things that [a person] manages to do or be in leading a life’ (Sen, 1993, p. 31), as a means not an ends i.e. worth only being tied to productive outcome, Nussbaum’s model is a social justice approach which highlights how there are multiple things, regardless of culture, which individuals should gain access to for agency and wellbeing i.e. health, affiliation to groups etc (Nussbaum, 2001). These ‘central capabilities’, as Nussbaum highlights, are influenced by resources and access to conversion factors and this is central to why it has been used throughout contemporary disability theory (Mitra, 2006; Dubois and Trani, 2009); they can help us to assess whether limited functionings, of multiple central capabilities are due to impairment or surroundings.

It is also an approach which inspired policy analysis as “public policies affect the factors that allow individuals to convert resources and commodities into capabilities” (Trani, 2011, p 145) and therefore the challenge is to “reduce the constraints that an environment adds to a person’s impairment in order to expand their capability set and allow them to live a life which they value (Dubois and Trani, 2009, p. 192).

Therefore, it is highly relevant as, like Nussbaum points out, environments “might do quite well at producing internal capabilities but might cut off the avenues through which people actually have the opportunity to function in accordance with those capabilities” (Nussbaum, 2011, p. 21-22); i.e. a university might nurture intelligence but have an environment where people fall behind and can never complete their research. Therefore, due to its contextualised analysis of environment and resources and their bearing on functionings and capability, I believe that it is relevant to this research which will explicitly look at resources that individuals have used to negotiate Cambridge Time and its impact on overall functioning, and perhaps wellbeing. I will also look at how supportive resources not being specialised i.e. distributed as a blanket measure, and thus not correctly meeting diverse needs, can lead to the “professionalisation of failure” or the “impetus to blame disabled people for the failure of expert intervention” (Gabel and Connor, 2009) i.e. when adjustments, not designed for their specific needs, don’t work.

When theorising any proposed changes, I will be taking direct recommendations, and also inspiration from multicultural studies in education theorists such as James Banks (1995) who proposes five dimensions of multicultural education:

1. Diversity integrated into the content; not additive
2. Addressing the origins and construction of knowledge, including its influence on scholars
3. A Proactive and ‘positive peace’ inspired approach to challenging prejudice which develops positive attitudes to marginalised groups
4. Equitable Pedagogy which is inclusive of different learners and forms of interaction
5. An empowering culture/structure being consciously cultivated

And also the role of Universal Design for Learning which “emphasises the creation of environments accessible to the greatest number of people possible without regard to disability status” (Gabel & Connor, 2009, p.389).

References

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Cambridge Conditions: Time, Violence, The Body and 'Fitting in'

In the presence of a visible attainment gap specific to our institution, it is perhaps useful to think of Cambridge as a cultural landscape within its own right, which by its nature has somewhere along the line become hostile or violent to certain groups including disabled students.

Laurie & Shaw (2018) use the term "*violent conditions*" to describe geographies of being that restrict the potential for individuals to flourish and achieve their potential. This advances Galtung's (1969, p. 168) definition of violence as "*the cause of the difference between the potential and the actual*" in a world (p.9); a 'vicious/violent triangle' (Galtung 1990, p. 294) made of direct, structural and cultural violence. Galtungian theories, like Laurie And Shaw's amongst others, highlight how violence can be built into systems and made to appear every day and banal; as Lawrence and Karim point out, at "its first eruption, violence is always experienced as unique. If given time and repetition, however, it becomes routine, part of the air and one learns how to breathe it without being asphyxiated. One no longer seeks to eliminate it, more even to understand it." (2007, p5). Not only do they recognise that violence "requires a system of norms, through which something wrong or undeserved or unjust happens" (Gordon, 2017, p. 51) i.e. ableist procedures becoming everyday, Galtungian theories like Laurie and Shaw's also recognise the ways in which humans can be limited by socially situated conditions, which ideologically corresponds directly with the social model of disability (Oliver, 1990) and makes it a beneficial lense to inspire our enquiry.

Laurie and Shaw (2018) stress the importance of "understanding violence [and/or disadvantage] in and through conditions discloses the insidious, atmospheric, and unjust *matters and senses of existence*" (p.9) as violence is a "slippery concept...nonlinear, productive, destructive *and* reproductive" (Scheper-Hughes & Bourgois, 2004, p. 1). I believe that their research is important to the current study as in their work they create a "cartography" split into 4 sections and one of these is *Time*, an area central to this study. Time, they argue, is "integral to the act and study of violence" (Laurie and Shaw, 2018, p. 13); it is "the vital force that nourishes what could be, and what is"; it "evolves in blinks heartbeats and aeons" (Laurie and Shaw, 2018, p. 13), and perhaps, in the context of Cambridge University, evolves differently all together which I aim to explore. Time and temporality, they continue, is the thing which can "recognis[e] the way in which violence refuses to be bounded by a temporal event, and can haunt the future potentials of subjects... in short, is not just a measurement, but is the articulation and unfolding of conditions." (Laurie and Shaw, 2018 p.13). Therefore, the "Chonopolitics of violence recognises the importance of time in the metamorphosis of violence, as violence mutates into different forms and articulates its presence in new ways" which I believe will be very relevant within the Cambridge Context. In my experience, I have found that within the Cambridge Time context, even falling behind on a singular task can often lead to the creation of cumulative time penalties later on, even before they happen i.e. a predictive time lag, and this becomes cumulatively violent; people who are constantly behind for reasons out of their control may start to internalise this sense of failure. Therefore, I will be using a lense inspired by Laurie and Shaw (2018) and Galtung (1969, 1990) which seeks to explore whether 'Cambridge Time' is violent, and whether this can be interrupted or challenged to eliminate its role as a cultural barrier.

I will also take a materialist disability perspective as inspired by Garland Thompson (2011). She reinforces how certain environments i.e. in the context of our study, Cambridge University running on 'Cambridge Time', can create a 'misfit' who isn't compatible and is subsequently pushed out and falls behind. 'Fitting' Garland Thompsom argues occurs when "a generic body enters a generic world, a world conceptualized, designed, and built in anticipation of bodies considered in the dominant perspective as uniform, standard, majority bodies" (2011, p.595) but for disabled people this isn't the case; subsequently she highlights how "inequality occurs not purely from prejudicial attitudes but is an artifact of material configurations misfitting with bodies" (p. 602). I will use this lense to explore how Cambridge can accidentally turn disabled students into 'misfits' of this calibre by perpetuating Ableism which can be defined as: "a pervasive system of discrimination and exclusion that oppresses disabled people...deedly rooted [in] beliefs about health,

productivity, beauty and the value of human life [which combines]] to create an environment that is often hostile to those whose...abilities...fall out of the scope of what is currently defined as socially acceptable” (Rauscher and McClintock, 1996, p. 198).

Disability is diversity, and we need to look at the ways it is being approached through this lens. As Garland-Thompson (2011) points out, “What we call disability is unavoidable, insistent in its misfitting. Our conventional response to disability is to change the person through medical technology, rather than changing the environment to accommodate the widest possible range of human form and function. The concept of misfitting shifts this model. The body is dynamic, constantly interacting with history and environment; sometimes it fits and at other points or moments, it does not. We evolve into what we call disability as our lives develop. The misfits that constitute the lived experience of disability in its broadest sense is perhaps, then, the essential characteristic of being human. (p. 603). Therefore, in line with the social model, I am interested in interrogating the ways in which disabled students change their environment to return make it ‘fit’ for them so will be considering this concept as I design my enquiries.

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Research Conducted Within the Cambridge Context

Cooper, I; Harding J (2020) Briefing paper on digital accessibility: GBEC (2020)

Findings: Students aren’t getting appropriate access to reasonable adjustments and accessible course material

- Feedback from students, both reported to the DRC and as outlined in a review of the reasonable adjustments process conducted by CUSU demonstrate that the legal duty to provide reasonable adjustments isn’t being appropriately or consistently met.
 - A student with visual impairments in 2018-2019 was able to access < 25% of the material within their reading lists
 - Only 25% of responses to the CUSU survey indicated that the materials for their course were in an accessible format when questioned about the accessibility of course materials
- There is confusion across the University regarding the application of Accessibility Regulations and Duty under the Equality Act 2010
 - Voluntarily following the Accessibility Regulations would assist in ensuring that it complies with its equality act duties
 - If we continue to produce inaccessible content the university will be perceived as not caring about equality or inclusion, or not having taken appropriate and proportionate action, at a time when particular focus is being put on universal design, inclusive practice and widening participation

Harrison, T (January, 2020), 'Cambridge's notoriously short terms aren't working. Something must change' *Varsity, Cambridge*, <https://www.varsity.co.uk/opinion/18135>

In a recent article, current student Harrison (2020) commented how ““Cambridge time is different - in Cambridge time we've known each other for ten years.” and “Terms at Cambridge are not only unusually short, they're also unimaginably intense” which subsequently results in an “ongoing cycle of stress”. She goes on to discuss how “The unconventional 'Cambridge week,' beginning on Thursday and ending on Wednesday, adds to this and “the intensity of these brief terms fuels and exacerbates the scale of mental health issues in Cambridge: something needs to change”. Harrison concludes by discussing how, “Whether it's giving students more time to seek treatment for serious conditions or simply offering an extra week to catch up if they've been bedridden with Freshers' flu or missed an essay, the benefits a longer term could bring to student well-being are boundless.” (Varsity, 2020).

Hussein, N; Naylor-Perrott, L; Richardson, J (2019) 'Feeling Blue: Mental Health at Cambridge University' Report

Findings:

- Students are frustrated and desire change
 - “there is a general feeling that the collegiate University has, to date, significantly underperformed against the levels of both preventative and curative care which could, with a comparatively small degree of effort and funding, be attained” p7
 - “a number of students believe that the collegiate University is in a position to improve the wellbeing of students, and consequently the consistent quality of their study and research, by seriously re-examining priorities. A large proportion of students interviewed, and many more of those who sent in their statements, made it clear that with regards to mental health awareness and attitudes, they felt as though Cambridge could do much more.” p. 7
- Workload remains a significant issue
 - “Workload requirements and expectations are often unclear to students. Some students feel as though an increase in clarity could reduce levels of work-related stress. In [their] interviews, students and staff alike discussed workload in uncertain terms, with expectations of amount, frequency and quality of work not always made clear by supervisors or Directors of Studies. For example, students reported overlapping essay deadlines and reading lists that were deliberately impossible to complete in full. “ p.9
- Academic Pressure is creating mental health issues, not related to diagnosed conditions
 - “A large number of students reported experiencing feelings of anxiety or depression which were not sufficiently severe to be diagnosed as a mental health issue, but which are better described as issues with wellbeing, as a result of academic pressure.” p. 10
 - “a number of students raised concerns about culturally endemic, yet potentially unsustainable 'background', 'situational' and 'non clinical' levels of stress and depression, with one suggestion of 'adjustment disorder'. Some students were concerned that their feelings of depression or anxiety would be taken seriously only on the point of becoming debilitating.” p.10

The Tab (2017), UK University Mental Health Survey <https://thetab.com/2017-mental-health-rankings>

- Cambridge ranked 3rd highest on welfare spending per student (Cambridge spent £38.96 per student on mental health in 2017, significantly higher than the national average of £21.80), yet it came 27th in student mental health satisfaction.

The Times (2018), Times Higher Education Student Experience Survey,

<https://www.timeshighereducation.com/student/news/student-experience-survey-2018-results>

- Cambridge ranked 4th for academic experience, yet 41st for quality of welfare support.

Big Cambridge Survey Report (2016-2017)

- 4% undergrads thought that their workload was manageable and healthy, falling to 34% of mature undergrads (mature students often face financial barriers: they are more likely to fund their studies with paid work, or to have families to support alongside study), falling further to 28% of self-defined disabled students
- 52% of undergraduates found dealing with stress and anxiety a problem in student life, but the figure was significantly higher for students in historically excluded and disadvantaged groups, rising to 83% of those who self-defined as disabled, 62% of LGBT+ respondents, 78% of non-binary people, and 59% of women
- 55% of those undergraduates who self-defined as disabled felt there was enough structure in their courses to allow them to work effectively, in contrast to 70% of those with no known disability.
- College teaching staff were perceived as significantly more supportive to disabled students than staff within the Faculties, with 74% of disabled undergraduates agreeing that they felt fully supported by their College teaching staff, in comparison to 51% agreeing that they felt fully supported by teaching staff in their Faculty.
- Disabled students were significantly less likely to agree that they knew where to go if they had problems with their courses, with 69% agreeing to this in comparison to 81% of those with no known disability. Only 47% of disabled students felt that reasonable adjustments had always been made for them if needed.

The Big Robinson Survey, (2018-19) <http://www.rcsa.co.uk/files/documents/Big-Robinson-Survey-2018.pdf>

- 60% of students believe that attending Cambridge University has had a negative effect on their mental health (41% slightly negative / 19% very negative). 20% of students believe that it has had a positive effect (15% slightly positive / 5% very positive).

Ropek Hewson, S (2019) Postgraduate Mental Health Report, Cambridge Graduate Union,

<https://www.gradunion.cam.ac.uk/files/postgraduate-mhreport/view>

- Overall, 67% of respondents reported both diagnosed and undiagnosed mental health problems.

Cambridge Culture:

- 46% of all respondents reported feeling either uncomfortable taking breaks/holidays or not allowed to take them, and a resultant negative impact on their mental health.
- 61% reported that a competitive and high pressured university environment had affected their mental health.
- 68% reported imposter syndrome affecting their mental health.
- 59% reported isolation and loneliness affecting their mental health.

Supervisor Relationships:

- 93% of students who reported that their supervisor has unreasonable expectations also reported mental health problems.
- 80% of students reporting that their supervisor does not provide welfare support or signpost to support services also reported mental health problems.
- 25% of 1803 respondents report that their relationship with their supervisor has negatively affected their mental health.

Support Provisions:

- Respondents are most aware of the University Counselling Service (85%) and college graduate tutors (94%).
- Multiple respondents specifically praised the DRC's mentoring scheme and the UCS's Sexual Assault and Harassment Advisor, but criticised both general services for long waiting times.
- Some criticised University and college provisions for being/the perception that they were less operational outside term-time, despite postgraduate students living in Cambridge year-round.

Wider UK Mental Health Stats

UK Mental Health Stats, Mental Health Foundation

<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-most-common-mental-health-problems>

- Mixed anxiety & depression is the most common mental disorder in Britain, with 7.8% of people meeting criteria for diagnosis.
- 4-10% of people in England will experience depression in their lifetime.
- Common mental health problems such as depression and anxiety are distributed according to a gradient of economic disadvantage across society. The poorer and more disadvantaged are disproportionately affected by common mental health problems and their adverse consequences.
- Mixed anxiety and depression has been estimated to cause one fifth of days lost from work in Britain.
- One adult in six had a common mental disorder.

The following references were footnotes in the original UK Mental Health Stats Report.

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NHS Waiting times

<https://www.nhs.uk/using-the-nhs/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/>

- Mental health services are free on the NHS, but in some cases you'll need a referral from your GP to access them.
- Consultant-led mental health services are covered by the NHS 18-week maximum waiting time.

This however, doesn't cover the wait for a *second* appointment i.e. to continue treatment after initial screening. The BBC (2019) have recently reported that "half of patients waited over 28 days, and one in six longer than 90 days, between their first and second sessions in the past year" as well as a high level of people dropping out due to waits. (see <https://www.bbc.co.uk/news/health-50658007>)

5. Generation of evidence

- A survey was distributed to students registered with the DRC who identify as disabled. It received 101 responses, although not every participant answered each question. The average sample size of responses was 72 participants.
- A second survey was distributed to the research group; this survey had the same questions but allowed for more open-ended qualitative data to be gathered. It received 5 responses.
- Thematic analysis, both by hand and using Nvivo, was conducted on qualitative data to identify common themes amongst data.
- Simple quantitative analysis was conducted on numerical data.

6. Small project research findings

'Cambridge Time' and its impact

What is it?

Firstly, we asked each participant, unprompted, to define the concept of 'Cambridge Time' in their own terms. Below are key characteristics of Cambridge Time which were explicitly referenced by participants.

Characteristics Of 'Cambridge Time'	Occurrence within Responses
N/A, Unsure	26%
Lack of Time / Time Moving Too Fast	26%
Paradoxical (Simultaneously too fast and too slow)	24%
Exhausting or Detrimental to Wellbeing	11%
Work and Deadlines	10%
Stress	10%
Prioritising Work over Health	10%
Busy	8%
Artificial	8%
Intense	8%
Other	6%
Lonely	1%

Participants described 'Cambridge Time' as a "bubble outside of the rest of the world" where stakeholders are "under the false impression that there are far more than 24 hours in a day and that all other considerations, including mental and physical wellbeing are secondary to work". Cambridge Time's artificiality was mentioned in 8% of responses, with "weeks beginning on a Thursday" and 8 week terms

appearing in most responses; another described factor was the “lack of typical time markers i.e. no distinctions between weekend and week days...and frequent, drastic transitions in available time”.

Similarly, lack of time or time moving too quickly appeared in 26% of responses. Respondents described how term is “really long and exhausting because its non-stop”, everything happens “too fast with no breathing space” leaving one participant feeling “claustrophobic and even physically sick”. Another described how Cambridge Time is unique in nature because “everything happens faster here and I feel like we have to use every moment of the day to keep up”. “Work with no/little opportunity to rest” appeared in 10% of responses, and concerningly, explicit mentions of Cambridge Time’s exhausting nature or detriment to wellbeing appeared in 11% of responses. Characterised by how it is “work first, always”; how there is never “time to take a breather or do ‘normal things’”; and “never enough time to look after yourself or be ill, but illness feeling like it's going on forever because it doesn’t fit into your schedule”, a need to prioritise work over health and wellbeing was explicitly mentioned in 10% of responses. Multiple responses also explicitly mentioned feelings of guilt for leaving Cambridge, or taking time to practice self care, with one student describing feeling like they’re “on bail” whilst taking a weekend away from the University.

Interestingly, one of the most common characteristics (as present in 24% of responses) is a sense of Temporal Paradox i.e. Cambridge Time is both too fast but also there’s not enough of it; days feel long, and yet not long enough. One participant defined Cambridge Time as “strangely long, but at the same time much too quick”. Another describes it as a “bizarre time when all days become one...[it’s] very long and events that took place 3 days earlier seem like...weeks ago, but at the same time it passes so quickly”. Another respondent describes being “against the clock for every minute of the day, yet [they] can totally lose sense of how quickly it goes”; they later describe struggling to find time to both eat and work. Interestingly, multiple participants describe common ‘in jokes’ regarding cambridge time amongst their peers, with pieces even appearing in student satire publications (see Porters Log, 2016, <http://theporterslog.com/news/cambridge-term-to-be-condensed-into-eight-days/>) and being mentioned in the University Prospectus, highlighting its unique nature.

- 72% of responses in the main survey stated that ‘Cambridge Time’ operates differently to time spent elsewhere (10% Neutral, 18% Disagree). This suggests that it may have its strengths, pending further investigation, as a standalone theoretical concept.

How does ‘Cambridge Time’ impact Disabled Students?

Next, we asked students to describe the general ways in which the concept had impacted them as disabled students. When asked whether Cambridge Time had influenced their overall academic performance, 61% of responses explicitly said it had made a negative impact (15% said it was positive, 24% neutral). When asked whether Cambridge Time had influenced their mental health, 67% of responses said that it had negatively impacted their mental health. Less than 8% of responses said that Cambridge Time had made a positive impact.

Further Findings:

- 63% of responses said they did not feel confident that they could complete their work within a Cambridge Term. (29% very unconfident, 17% unconfident, 14% Neutral, 21% Confident, 3% Very confident)
- 100% of participants in the longer survey said their identity influenced how they approached Cambridge Time when compared to peers, with increased struggle to maintain a flow/focus; limited free time available; extra pressure to perform; and a different approach to health management compared to external time being most commonly noted. One participant describes how Cambridge Time routinely makes them “feel exhausted for a day [they] haven’t even done

yet". 100% of longer survey responses also strongly disagreed that "everyone, regardless of their identity, experiences time in the same way"; thus suggesting that identity can influence how people interact with Cambridge Time.

Time Penalties for Disabled Students

Next, we were interested in the types of penalties that 'Cambridge Time' creates and how students feel about navigating them.

We asked students if, in the last term, that had experienced time costs related to their disability. The findings are below.

	Occurrence within Responses
Missed social interaction whilst catching up with work	78%
Requesting deadline extensions on work	69%
Extra Time spent processing materials compared to peers	65%
Missed classes due to illness	63%
Attending Medical Appointments	56%
Missed contact hours with teachers	50%
Communicating learning adjustments i.e. requesting slides in advance, asking to submit a plan, requesting a room change	49%
Missed time due to medication adjustments	33%
Difficulty accessing learning materials	29%
Communicating accommodation adjustments i.e. in college	25%
Manually converting learning material into an accessible format	24%
Other	13%
Missed classes due to their inaccessibility	11%

*Other common, self-disclosed, time penalties were: issues with sleeping (3%), emergency trips home (3%), time spent needing to fulfil specific routines (4%), time planning routes when changes happen (3%)

Communicating Time Penalties

When asked if they felt confident communicating issues regarding time penalties to the relevant supportive party at the time, 60% of the longer survey responses said they didn't feel confident, 20% said neutral/partially (i.e. dependent on individual staff; and 20% felt confident. When asked if they were happy with the time it took to communicate the issue/to self advocate, 60% expressed dissatisfaction with the time it took to communicate the issue and have it resolved. One participant discussed how "communicating [their] needs is difficult for a variety of reasons" including difficulty "understanding people due to being neurodivergent"; the upsetting nature of "repeated disclosures" due to having to contact multiple people; and "fear of discrimination or neglect due to past experiences"; they explicitly described this causing them to "underperform, which [they are] then criticised or judged for by staff" which is "demoralising". Another participant described how "just being disabled takes up vast amounts of administrative time that Cambridge time does not allow for, making [them] feel even further behind"; and another describes how there are "so many hoops to jump through and emails to send to get things done". Again, describing the difficulties of being neurodivergent in Cambridge, the participant describes how "emails are really hard if you're autistic...[because] what makes sense or is 'obvious subtext' to you isn't

necessarily the same to someone else so there's the endless fear that[you're] not making the point you want to make and that's genuinely really difficult".

Whilst an early prediction was that time spent advocating would feature heavily as a time cost, 42% of students in the wider survey actually said they felt confident that they could communicate an issue regarding their wellbeing to the relevant party to receive support in a timely manner, whilst 35% did not feel confident in doing this. We were unable to gauge this discrepancy, however, later testimonies suggest that neurodivergence may play a role to some degree as many people describe difficulties communicating.

Persistent Time-Related Barriers for Disabled Students

Next, we asked students in an open-ended question what had been their most persistent disability-related time cost throughout their degree so far. The results are below:

Penalty by Theme	Occurrence within responses (%)
Processing speed and concentration	15%
Lack of Energy and Fatigue	8%
Struggle with Workload/Deadlines	6%
Takes more time to do certain tasks	7%
Inadequate time to look after health	6%
Sleep Issues	4%
Paperwork/Advocacy	4%
Assumptions behind time (i.e. differentiated time needs) coming from others	3%
Perceived personal flaw	3%
Extra reading	3%
Pre-reading	1%
Attending Therapeutic Services	1%
Waiting for Support	1%
Travel Time	1%

Differences in processing speed and trouble concentrating was the most common theme in responses (15%) with issues relating to fatigue and lack of energy coming second (8%). One response describes lacking "to work as much as most students would be able to", and subsequently lacking time to spend on "social or relaxing activities". Another describes "always feel[ing] drained so [they're] working at kind of half speed that creates downwards spiral"; alarmingly, another reports being "left with Chronic Fatigue" due to struggling to cope with workload in previous terms, and now is unable to "get anything out of [their] final year" at Cambridge.

Struggling with workload and deadline was frequently cited (6%), as were general differentiated time experiences i.e. disability taking longer to complete certain tasks (7%). Students also described how "there is so much work to do that [they] don't have time to look after [their] health at all" (6%). One participant described how they "don't have as many hours in the day as everyone else" due to their ADHD, and supervisors "don't appreciate that a student is even able to struggle in this way, or understand the level of

difficulty [they] face in comparison to [their] peers when attempting to complete the same tasks in the same allotted time”; they conclude by discussing how their teaching staff interpret their difficulty with time management as “a shortfall in both effort and ability rather than the struggle with time that it really is” . A lack of understanding that different people take different time appeared in 3% of responses to this question, but also was cited in response to other questions. Students also mention issues with the time that it takes to adjust to medication, with one participant describing how “by the time [they’ve] got the right dose prescribed and working, term is almost over”, and sleep was another penalty raised.

Whilst a low percentage, I have viewed these as significant as responses were gathered entirely without prompt.

Therapy and Support Services for Disabled Students

Every participant in the longer survey declared that they had used a therapeutic support service on a routine basis in the past year, however, none were satisfied with the wait time or length of provisions offered. One participant described how “accessing help in the university takes months, whereas getting so behind you need to intermit only takes days”, whilst another described how “effectively one can spend almost half a Cambridge Term on waiting for a single GP appointment”; another discussed the difficulties of filling out forms to access to support as they are “are quite long and confusing which can’t really be a priority when you’ve got deadlines coming and lots of emails requesting things from you”.

Interestingly, 60% of responses to this question discuss mentoring and Neurodiversity coaching as useful to negate this, with one participant mentioning how their coach was “proactive with organising meetings...and checked with other staff to confirm [availability and arrangements]”; another describes how having regular mentoring scheduled in “for the same time / same place every week...became [their] only real marker of where [they were] at given that weekends became mythical and Cambridge weeks and real weeks don’t match up”.

Negotiating ‘Cambridge Time’

Next, we sought to explore how students reduce the time costs associated with their disability.

Time Management

Generally, we found a fairly broad divide between students’ confidence in their time management abilities outside of studying i.e. social commitments; 43% were confident, 49% unconfident. We are unable to clearly speculate why this might be, but later time cost discussions from participants who mention neurodivergence frequently raise struggling with time management as a key issue.

Reasonable Adjustments

When asked if they received adjustments relating to their disability 76% of our sample said yes. We then asked how they felt these adjustments had helped them to navigate Cambridge time.

	Occurrence within responses (%)
Helpful	55%
Issues with them being Exam Only	13%

Extra Time helpful	13%
Lecture Capture Useful	11%
Time Management still an issue	11%
Not Helpful	9%
Lecture Capture not useful	7%
Helped to Catch Up / Stay on Track	7%
Unsure/ Not Yet	7%
RAs created balance but not an advantage	5%
Improved Wellbeing / Decreased Stress	4%
Flexible Deadlines Helpful	4%
Adjustment not specific to condition	4%
Mentoring	2%

The most common theme (55%) was that adjustments have been helpful when negotiating the time penalties that come with disability. Out of useful adjustments, lecture capture (11%), and Extra time in exams (13%) and Flexible deadlines (4%) came up most commonly in responses. Students described how extra time is “exceptionally helpful during the exam...as it negates difficulties that [they’ve] experienced due to slower comprehension”, whilst others describe how “there is no way [they] would pass any of [their] exams without [extra time]”, and that it created space for one student to “stop the clock when [they] feel the [dissociation] coming and start [time] again when [they’re] focussed enough to write”.

However, numerous reports (13%) describe the frustration of adjustments being entirely exam-based. One student describes how they “don’t really feel like there are any adjustments available to help [them] cope in term time throughout the academic year”; another describes how they “don’t have 25% extra time that [they] can spare for doing work in term time and similarly a third muses that it’s a “shame [they] don’t get extra time in the week”. Of other adjustments deemed not useful, lecture capture not being correctly implemented featured in 7% of responses. Students discuss how some “faculties refuse to record lectures”, not being able to attend a lecture and thus unable to record it, and one describes feeling “like a burden on [their] friends by asking them to record lectures for a week or so in a row” as well as discussing how “having to ask the lecturers permission is incredibly difficult” in their faculty where it is not standard practice. Other sources of frustration came from adjustments not being specific to the mental health disorder, but instead something else (4%); one student describes frustration that “no real accommodations regarding time have been made for [their] mental health condition [therefore they] rely on [their SpLD] as the excuse”.

However, overall adjustments seem to have a positive or mixed impact, with a further 4% of responses describing improved wellbeing or decreased stress.

Saving Time

We explicitly asked our long survey respondents ‘what would help you to negotiate or save ‘Cambridge Time’ better in the future and 60% discussed a need for increased understanding that people take different amounts of time to perform tasks; i.e. a “better understanding that we do not all have the same background or the same brain” because the “one size fits all model...does not work for marginalised people, never mind the multiply marginalised”. Other suggestions include “training so that staff are aware about neurodivergence”, “reduced workload” and improved access to mentoring and study skills; one participant describes how they “used to agonise over how to ask for the right kind of help” before their

mentor helped them to advocate, another spoke about needing help to “remove the burden on [them] to arrange [their] own support”. Therefore, improved access to advocating staff/services could help to reduce this burden, or alternatively, a review of how students are currently able to communicate their condition and its barriers within a devolved system, and if there are ways to streamline this i.e. increased visibility for SSDs for example.

Finally, in a separate open-ended question, we asked students within the DRC survey what had helped them to negotiate time costs/penalties the most so far.

	Occurrence within Responses
Mentoring or Study Skills	10%
Understanding/Supportive Staff	7%
Flexible Deadlines / Advanced Essay Titles	7%
Lecture Capture	4%
EPS/Double Time	3%
Adjustments within College i.e. groceries delivered direct, access to a freezer	1%
Extra Time (Reasonable Adjustment within Exams)	1%
Access to Funding	1%
College Nurse Provision	1%
Changing personal beliefs about time i.e. independently deciding to reduce workload	1%

Mentoring and Study skills were the most commonly mentioned (10%) ‘time saver’ or Cambridge Time navigation method. One student describes how “Mentoring to prioritise and plan time has really helped [their] time management and has helped to get almost everything done that [they’ve] wanted to”. Another describes how “mentoring...helps me keep each week in perspective and recognise the passage of time as it happens”. With another discussing how their “study skills supervisor is [their] therapist/lifeline when [they] feel down about time management; she reminds me that [they] are trying [their] best and doing very well in spite of it all”.

Understanding staff and deadlines came in next at (7%) occurrence respectively. One participant described how “staff actually taking what I say at face value and believing [them]” was a rarity, so when “staff proactively [offer] adjustment it is of massive benefit”. Another describes how they are “less worried and the stakes are lower, so stress and negative thoughts are less likely to overwhelm them” when they have supportive supervisors, perhaps highlighting that improved training could increase support available to disabled students. Again, lecture capture (4%) was also raised as a key method of negotiating Cambridge Time as students describe its ability to reduce “physical expenditure and thus [create] rest time needed [to allow them] to keep up with the workload.

Therefore, adjustments and provisions clearly are providing very beneficial ‘conversion factors’ (Nussbaum, 2011), but there is clearly further fine-tuning and reviewing needed to ensure that they are specialised to the diverse needs and requirements of diverse individuals.

7. Outcomes of research/implications for Cambridge practices and processes.

It is evident that students believe they would benefit from lecture capture provision as standard within faculties; this has important policy implications, particularly when looking at its practical ability to reduce time lost to fatigue, illness or loss of concentration which are persistent barriers for many. However, it's also important to look at its implementation i.e. so that students don't have to be present to record it themselves, permission is granted easily.

Any changes to mentoring provisions could have vast implication; increasing access to the provision could benefit multiple students.

A review into advocacy procedure and access to Student Support Documents could reduce time that students are currently spending communicating their requirements, potentially reducing both admin time and individual distress.

8. RECOMMENDED ACTIONS

1. That staff training on inclusive practices include recommendations about managing time costs/penalties experienced by disabled students
2. That time saving approaches, such as lecture capture, be standardised in the delivery of course materials
3. That increased support for neurodiverse students, such as mentoring and study skills, be provided
4. That a more streamlined infrastructure for mental health support be investigated, taking into account student workloads, time costs of self-advocacy, access to treatment and management of medications