

An appraisal of changes to the UKRI Standard
Terms and Conditions of Training Grant for
disabled and carer doctoral students: Mode of
study, challenges, drivers and mitigation of
challenges, and the suitability of training grants to
address these challenges



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1 Executive summary

In 2020 the UK Government committed to creating a New Deal for Postgraduate Research. UK Research and Innovation (UKRI) undertook to hold a call for input and in parallel commissioned Advance HE to produce an assessment of the UKRI Standard Terms and Conditions of Training Grant from an equality, diversity and inclusion perspective. The analysis made a series of 80 recommendations for changes to the terms and conditions. In response to these pieces of work UKRI committed to review the support available to doctoral students that it funds. A set of the most straightforward amendments were made to UKRI's training grant conditions in November 2023. The rest remain under consideration, and UKRI commissioned the Equality, Diversity and Inclusion Caucus (EDICa) to help provide an evidence-based assessment of the likely impact of adopting a subset of 26 of the Advance HE recommendations.

The 26 recommendations focus on support for UKRI funded students who have children or caring responsibility, disabled students, support for mode of study (such as part-time study) and phased returns, and the information needs of students. We looked at financial support as well as leave and flexibility available to students. [Appendix 10](#) sets out each recommendation that we looked at in turn.

This report focuses on the current experiences of doctoral students and the potential impact on them of adopting the 26 Advance HE recommendations. 113 students, former students who had left their training, and potential students who had decided against pursuing their doctoral education, participated in the focus groups (FGs) (n=114, across 12 FGs) and interviews (n=13). The FGs focussed on students who had children, caring responsibilities or who are disabled (see [Appendix 2](#)). We also held FGs and interviews with 14 professionals involved in the delivery of postgraduate research training (see [Appendix 2](#) and [Table 7.1](#)).

The FGs support UKRI's wider analysis of the full set of Advance HE recommendations by providing a robust evidence base on the mechanisms that may underpin trends in doctoral training. Our analysis found that:

- For many of the participants, doctoral training is only accessible thanks to funded studentships. The research revealed how UKRI training grant conditions already play an important role in making doctoral studies accessible to groups defined by disability, childcare and caring responsibilities ([page 18](#)).
- Students with children are in some instances feeling forced to take on paid work to qualify for tax relief on childcare and subsidised childcare. As students are not eligible for childcare support in their own right, some are changing to part-time study to qualify for childcare support, and we heard how this can negatively impact students' well-being and energy levels, in some cases compromising their ability to complete their studies ([page 19](#)).
- Other students with children reported that a lack of childcare meant they were missing meetings with supervisors or leaving their studies altogether ([pages 19-20](#)).
- Students were often unaware of provision for maternity or paternity leave until the point at which they or their partner was expecting a baby. Current provision of maternity leave was broadly welcomed, but there was some frustration at having less provision for partners and the inability to access the government's paid Shared Parental Leave scheme, meaning some women may be taking longer career breaks from training or careers than would be the case with more equitable support ([page 21-22](#)).

- Disabled doctoral students reported a wide variation in experiences of getting adjustments required to undertake their studies. Some had positive experiences, but others were getting incorrect information from their research organisation (including, but not limited to, information from supervisors), undertaking additional work equivalent to a full-time job to secure the arrangements they required to complete their degree, or could not get adjustments put into place. Importantly, the data reveals that disability advisors reported challenges providing adjustments for disabled doctoral students due to the different ways of studying between research and taught degrees. Further, disability advisors reported a need for improved understanding of adjustments which would benefit disabled research students ([page 24](#)).
- Some students who move to part-time mode of study to help manage health, disability, childcare or caring responsibilities are receiving less support than their peers who were able to study full-time. Part-time students were less likely to have space within their institution. The transition to remote study for many part-time students resulted in reduced access to university life, including seminars, student counselling, and informal social interactions. This isolation can have a profound impact on academic progress and mental well-being.
- Some students are not switching to part-time despite university staff feeling this was the best option for them, because the student was concerned that they could not return to full time study later. In such cases, we heard examples of students having negative health outcomes or withdrawing from study.
- Inability to switch mode of study more than once may also be a barrier to students gaining experience in industry or commercialisation through part time placements ([page 33](#)).
- Students were not taking leave because they believed that their funded period would not be extended ([page 32](#)) or they incorrectly assumed they had no option of a phased return after the period of leave ([page 37](#)).
- Requirements for medical evidence have a cost for students in terms of considerable time which may significantly reduce time they have available for research or study compared to their peers ([pages 35-36](#)).

The implementation of the recommendations would alleviate the pressures, including financial, experienced by doctoral students. Such pressures are reported to place considerable burdens on doctoral students including issues related to stress, financial hardship, and difficulty accessing reasonable accommodations and changes to mode of study. However, for many current doctoral training students, the system of support in its current form is entrenching wider inequalities, particularly relating to caring responsibilities, disability and the benefits that may be achieved through change of mode of study. In the [conclusions section](#) we present an overview of the changes the 26 recommendations could make to the lives of doctoral training students, and the wider research and innovation (R&I) ecosystem.

UKRI is committed to removing barriers to inclusion across the R&I ecosystem. The training grant is a key lever for accelerating equity by opening doctoral study to those who may have been historically excluded or marginalised. The implementation of the recommendations, along with a holistic approach, will help to centre equality, diversity and inclusion (EDI) across the R&I ecosystem. Not only will this create equity by removing barriers to participation and excellence, but also ensures the R&I community reflects the societies it serves.

Importantly, while this report focuses on doctoral students, many of these changes would affect positive change for staff across the R&I ecosystem. Many of the challenges reported

by disabled, neurodivergent and deaf doctoral training students have also been reported by staff in universities ([Sang et al., 2022](#); [O'Brien, 2023](#)). It is vital that there are changes in the provision of support for staff to prevent disabled people 'falling off the cliff edge' that they report in the transition from doctoral student to staff in universities ([Sang et al., 2022](#)). The implementation of the recommendations would create the foundations for significant practical changes to remove barriers to participation in R&I careers by those with caring responsibilities and disabled, neurodivergent, and deaf people.

2 Acknowledgments

We would like to thank all the people who took part in the research project. We would also like to thank the university disability professionals, and university academics and managerial staff involved in managing or directing doctoral programmes for the institutions they are employed by, who also provided important contextual and corroborating information. We really appreciate the time and effort to share experiences of accessing, overseeing, and supporting doctoral programmes across the UK on an EDI basis. It was evident many participants took the time to share difficult and challenging lived experiences widely experienced at the interface between study and the wider private and personal domain, from the intersection of doctoral studies with disability, childcare and caring responsibilities, international study, as well in some cases lived experience based on a combination of some or all such identities. We believe this report provides a rich, varied, and accurate account of the many and various ways EDI is impacted by current UKRI standard terms and conditions of training grants.

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3 Table of Contents

	Page no.
1 <u>Executive summary</u>	2
2 <u>Acknowledgements</u>	5
3 <u>Table of Contents</u>	6
4 <u>Tables</u>	8
5 <u>Glossary of terms</u>	9
6 <u>Introduction and overview</u>	10
6.1 <u>Background</u>	10
6.2 <u>Project aims and objectives</u>	11
6.3 <u>Structure of the report</u>	11
7 <u>Methodology</u>	12
7.1 <u>Research approach</u>	13
7.2 <u>Fieldwork details</u>	15
7.3 <u>Data analysis</u>	18
8 <u>Findings: Positive impacts of doctoral training grants</u>	19
9 <u>Findings: Childcare and caring responsibilities (recommendations 1-7)</u>	20
10 <u>Findings: Disabled, deaf, and neurodivergent students (recommendations 8-14)</u>	25
11 <u>Findings: Mode of study and phased return to study (recommendations 15-24)</u>	30
12 <u>Information needs (recommendations 25-26)</u>	41
13 <u>Conclusions</u>	42
13.1 <u>Impact on doctoral training students</u>	43
13.2 <u>Impact on carers</u>	43
13.3 <u>Impact on disabled people</u>	44
13.4 <u>Changing mode of study and EDI</u>	44
13.5 <u>Impact on UKRI's EDI goals</u>	45
14 <u>References</u>	46
15 <u>Appendices</u>	47
Appendix 1: <u>Equality, diversity and inclusion-related recommendations from Advance HE's assessment of terms and conditions of doctoral training grants</u>	47
Appendix 2: <u>Details of focus groups and participants</u>	49

Appendix 3:	<u>Study information and informed consent</u>	50
Appendix 4:	<u>Details of the recruitment to, and informed consent for, focus groups and interviews</u>	52
Appendix 5:	<u>Doctoral training student debrief document</u>	53
Appendix 6:	<u>Universities represented in the study</u>	55
Appendix 7:	<u>Coding template for data analysis</u>	56
Appendix 8:	<u>Focus group questions</u>	59
Appendix 9:	<u>Interview questions (disability managers/advisors, leavers and non-pursuers of doctoral programmes)</u>	64
Appendix 10:	<u>A detailed analysis of each recommendation</u>	66

4 Tables

	Page no.
Table 7.1: <u>Details of interviewees</u>	13
Table 7.2: <u>General details of focus groups and interviews</u>	16

5 Glossary of terms

BSL	British Sign Language
DSA	Disabled Students Allowance
DTP	Director of Doctoral Programmes
EDI	Equality, diversity and inclusion
EDICa	Equality, Diversity and Inclusion Caucus
FG(s)	Focus group(s)
R&I	Research and innovation
T&Cs	Terms and conditions

6 Introduction and overview

6.1 Background

To achieve global excellence in research and innovation (R&I), the R&I community must bring a diversity of experiences, expertise and ideas which necessitates the creation of inclusive research cultures to remove barriers for marginalised researchers and innovators to meet UKRI's UK-wide talent programme and research concordats on responsible research practices. This community is dependent on a strong, diverse, and engaged supply of doctoral research students.

The Equality, Diversity and Inclusion Caucus (EDICa) is funded by UK Research & Innovation¹ (UKRI) with support from the British Academy (January 2023 – December 2025) to accelerate efforts to realise equity across the R&I ecosystems.

The vision of EDICa is to create a framework for inclusive research cultures, enabling diverse researchers to access and thrive in careers across the R&I systems, removing barriers to full participation experienced by women, disabled, LGBTQI and racially minoritised researchers, and researchers with caring responsibilities. As such, EDICa acts as a focal point, identifying, evaluating, and synthesising equality, diversity and inclusion (EDI) initiatives across the R&I systems ensuring research addresses the needs of a diverse range of stakeholders. Using evidence reviews, our own projects, and the management of a flexible fund, EDICa is coordinating and disseminating interdisciplinary research to address the stubborn inequalities which persist across the R&I ecosystem. The aim of EDICa, however, is to create national and international communities of practice (groups of professionals who come together to share common concerns or seek to resolve common problems) equipped to build the inclusive R&I cultures urgently required.

EDICa was commissioned by UKRI as part of the appraisal of potential changes to the UKRI Standard Terms and Conditions of Training Grants ("the training grant T&Cs") and associated guidance, regarding groups of UKRI funded students with (directly or by association) certain protected characteristics. As well as policy to support its own students, UKRI will also share this report and convene conversations about the support that other funders and providers may provide to the students they fund

The goal of the commissioned project was to gain a deeper understanding of the challenges faced by certain groups of doctoral students with protected characteristics; the drivers and potential mitigation of these challenges, and the suitability of the training grant T&Cs and guidance to address these challenges.

The nine groups of doctoral students agreed on for the purposes of this project are listed below, although it was recognised that some doctoral students have experiences that cut across more than one category.

- Changed their mode of study
- Neurodivergent
- Disabled
- Have childcare responsibilities
- Carers
- Deaf signers whose preferred language is British Sign Language (BSL)
- Deaf people whose preferred language is spoken English

¹ ESRC, AHRC, BBSRC, EPSRC, and Innovate UK

- Withdrawn from PhD study
- Not taken up the offer of a PhD scholarship

The New Deal for Postgraduate Research (“the New Deal”) is a long-term piece of work to consider the support for doctoral students, both financially and practically. As part of its work, UKRI commissioned Advance HE to conduct an ‘Assessment of UKRI’s terms and conditions of training grants from an Equality, Diversity and Inclusion perspective’ (“the Assessment”). The Assessment looks specifically at the UKRI training grant T&Cs and guidance that apply to doctoral students funded through UKRI research councils’ training grants. Though primarily written as part of the agreement between the principal investigator on the training grant and UKRI, the training grant T&Cs and guidance set out what support UKRI expects the students it funds to receive.

The Assessment identifies areas of the training grant T&Cs and guidance that might affect the participation and experience of students in relation to the protected characteristics as defined by the Equality Act 2010: age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. UKRI is considering all the Assessment’s 80 recommendations. However, as part of that work, a subset of 26 recommendations (see Appendix 1) were identified where it was agreed that additional engagement with potential/current/past students and support staff would be beneficial.

As such, EDICa were commissioned to conduct an in-depth, qualitative study to understand the implications of the 26 recommendations for the nine groups of doctoral students as outlined above, as well as gleaning perspectives from university student services disability advisors and managers and representatives from Doctoral Training Programmes (DTPs) about the possible consequences of the recommendations.

6.2 Project aims and objectives

The aims of the project were to:

- Gain a deeper understanding of the incentives, behaviours, and choice drivers of people who identify with the nine groups of characteristics.
- Build an evidence base regarding the impact of UKRI’s current training grant T&Cs and guidance on these areas.
- Build an evidence base to help UKRI understand the impacts on students (or potential students) of any potential changes to the training grant T&Cs and guidance, both financial and non-financial.
- Understand whether the suggested changes in Advance HE’s Assessment are appropriate by discussing topics listed below with the people they would affect.

The key objective of the project is to inform UKRI’s approach to appraising the benefits and costs of the recommendations in Advance HE’s Assessment and any alternative options, with a view to UKRI incorporating any changes to the training grant T&Cs and guidance, where appropriate, in 2024.

6.3 Structure of the report

The rest of the report is structured as follows. First, the methodology is set out (Section 7), including details of the research approach, fieldwork details, and how FG and interview data was analysed. Second, an analysis of the findings is set out across five sections. The first findings section (Section 8) is a broad overview of positive impacts of the doctoral training grants in the current format. The following four findings sections relate to considering the impact of current T&Cs of doctoral training grants, with a view to evaluating the extent to

which the findings have the potential to support the 26 EDI-related recommendations from the Advance HE Assessment (see [Appendix 1](#)). These findings sections are based on the following four key issues: childcare and caring responsibilities (recommendations 1-7 – [Section 9](#)), disabled people (recommendations 8-14 – [Section 10](#)), mode of study and phased return to study (recommendations 15-24 – [Section 11](#)), and information needs (recommendations 25-26 – [Section 12](#)). Third, the final section ([Section 13](#)) represents a summary of the conclusions that can be drawn from assessing the impact of the 26 recommendations. This section also considers the consequences of the recommendations not being implemented.

7 Methodology

In this section of the report, we set out the methodology underpinning the research. Such details are necessary to allow an appraisal of the robustness of the study, but also to reveal necessary details for the study to be replicated. First, the broad research approach for the research is detailed, including aspects of design, methods, research ethics, and sampling strategy. Next, the fieldwork information is presented, i.e., timelines, recruitment, participant and dataset details, study limitations. The section ends with a description of how the qualitative datasets were analysed.

7.1 Research approach

Research design

A qualitative approach was adopted as the wider intention was to explore real-life situations ([Silverman, 2014](#)), especially the lived experiences of those with protected characteristics ([Richards and Sang, 2019](#)). Importantly, such an approach is very much compatible with notions of intersectionality ([Sang and Calvard, 2019](#)), as the research was expected to reveal lived experiences where disability and gender are inseparable.

Methods

Specifically, the data collection process involved a combination of focus groups (FGs) (see [Appendix 2](#)), backed up by, and in some instances for inclusion reasons, individual interviews (see [Table 7.1](#)). Such data gathering exercises were designed to garner diverse perspectives on the challenges and experiences faced by doctoral training students under the UKRI Standard Terms and Conditions of Training Grant (see [Appendix 1](#)). This involved conducting FGs and interviews specifically aimed at gaining insights from doctoral training students identifying as disabled, neurodivergent and deaf, individuals with caregiving responsibilities (for both children and adults); as well as those who changed their mode of study, left doctoral programmes, or chose not to pursue such studies. Additionally, the research sought input from wider stakeholders, including disability officers and managers, and those that oversee doctoral programmes, such as CDT/DTP leads.

FGs were requested at the behest of the funder but deemed the most suitable method for addressing key issues and achieving research objectives, as this approach provided a platform for collective insights and encouraged dialogue that went beyond prepared questions. However, the importance of incorporating interviews into the data collection process was also recognised. Interviews offered a flexible alternative, allowing for adjustments, such as accommodating participants who required communication in British Sign Language (BSL). Additionally, conducting interviews ensured the pragmatic handling of challenges, such as any difficulties in achieving full aims within FGs, including low attendance and engagement, leading to uneven distribution of relevant data across key areas.

Zoom was used to conduct the FGs. Zoom and Teams was used for the interviews. Choosing an online approach for data collection significantly enhanced the diversity of participant engagement as it allowed individuals to attend from anywhere. Additionally, Zoom's features such as captioning and BSL interpretation options, ensured the same accessibility for deaf and hard-of-hearing participants.

Name (pseudonym)	Stakeholder in doctoral studies	Gender	Interview date	Length of interview (minutes)
Florence	Deaf (BSL) doctoral student	Female	15 December 2023	44
Nathan	Deaf (BSL) doctoral student	Male	18 December 2023	43
Samantha	Deaf (BSL) doctoral student	Female	18 December 2023	70
Steven	Disability Manager/Advisor	Male	15 January 2024	42
Martin	Disability Manager/Advisor	Male	23 January 2024	58
Frances	Disability Manager/Advisor	Female	23 January 2024	51
Debra	Disability Manager/Advisor	Female	31 January 2024	50
Martha	Doctoral student (left study)	Female	25 January 2024	53
Peter	Doctoral student (left study)	Male	25 January 2024	58
Geraldine	Doctoral student (left study)	Female	25 January 2024	50
Yvonne	Not pursued doctoral studies	Female	23 January 2024	20
Marc	Not pursued doctoral studies	Male	23 January 2024	28
Joanne	Not pursued doctoral studies	Female	23 January 2024	23
			Total (minutes)	590

Table 7.1: Details of interviewees

Data were collected via Zoom which enabled verbal, signed and written responses from participants. FGs also became a space for participants to interact with their peers, responding to spoken/signed comments and text discussions with comments of agreement and personal experience. The dual approach provided a rich response to questions, enhancing the depth of data collected.

The content and questions for FGs and interviews (see [Appendix 8](#) and [Appendix 9](#)) were developed in alignment with 26 relevant recommendations from Advance HE's 'Assessment of its terms and conditions of training grants (T&Cs) from an Equality, Diversity and Inclusion perspective' report (see [Appendix 1](#)). The recommendations primarily focused on doctoral training students with childcare and caring responsibilities, as well as those who considered themselves disabled. There was also a focus on mode of study and phased return options for doctoral training students. These recommendations provided key themes of interest such as financial challenges, support systems, mode of study options and barriers to the full doctoral training experience. Such prior consideration provided a framework to work from and allowed us to formulate questions and sub-questions (if time allowed), tailored to each group, which would generate data to support the themes and recommendations but also provide additional guidance for UKRI to work with in developing the T&Cs. When questions had been drafted, they were shared with UKRI representatives and after some alterations were approved, allowing scheduling and recruitment to commence. In recognition of the financial hardship experienced by many doctoral students, respondents were provided with an honorarium for participation.

Research ethics

Given the focus of the research and that interview questioning was likely to involve some participants reflecting and commenting upon a range of sensitive issues, e.g., financial hardship, stress and mental health, experiences of discrimination, extra consideration regarding research ethics was necessary. Furthermore, gathering of primary and sensitive data highlighted the need for extra measures in terms of data protection, such as anticipating

how prospective participants were expected to have concerns about how their personal data may be managed, processed, and portrayed.

As such, beyond the standard measure of gaining ethical approval before such research begins, careful consideration was given to how participants were recruited to the study, how participants may experience the data collection as part of the research, but also consideration for how a FG or interview may allow prior and even current traumatic experiences to (re)surface. This means that a range of steps were required to assure participants at all stages of the research, including, if necessary, post-data collection (see next section).

Sampling strategy

Given the study was subject to relatively strict timelines, a pragmatic approach to sampling was inevitable. This meant the consideration of a combination of purposive and convenience sampling, i.e., units of prospective samples were pre-selected based on childcare and caring responsibilities, disability and those who had elected to change their mode of study. The convenience sampling approach is ideal as it allows, within certain parameters, to recruit those most available and willing to take part in the research (Saumure and Given, 2006). Set within convenience sampling, snowball sampling represents an appropriate and accompanying choice, involving those who respond to recruitment methods referring peers who meet the inclusion criteria. Combined, our sampling strategy represented an appropriate and effective means to recruit hard to reach participants in a short space of time.

7.2 Fieldwork details

Timelines

Participant recruitment began 13 November 2023, with the data collection period for FGs and initial interviews spanning 28 November to 18 December 2023. This timeframe allowed for necessary preparation and planning before data collection commenced, whilst ensuring participant availability. FGs were strategically scheduled, placing those anticipated to be the most challenging to recruit at the end of the time period to provide additional time for participant outreach. Potential participants were informed about the date and time of groups 2-4 weeks in advance through a recruitment-based survey (see [Appendix 3](#)) which allowed time for dissemination, recruitment, participant selection and planning.

Originally intended to be shorter, the timeline was extended to January in response to a desire for more comprehensive data within specific participant groups, i.e., to conduct interviews to reflect the comparatively poor take-up for FGs 9, 11 and 12 (see [Table 7.1](#)). Those interviews took place between 15-31 January 2024 (see [Appendix 2](#)).

Recruitment

Strategies to recruit to FGs/interviews involved a variety of approaches to ensure the study actively engaged those who were best able to provide insight on disability, caring and wider EDI issues. For example, a targeted social media campaign was launched on *LinkedIn*, *Instagram*, and *X (Twitter)*. This involved not only using relevant hashtags associated with doctoral training studies, disability advocacy, and parenting but also creating engaging content, including infographics and virtual flyers. To target demographics that were harder to reach, some content was tailored to specific groups, including BSL videos, which effectively advertised and conveyed study information in an accessible manner.

Additionally, outreach efforts extended to engaging with notable organisations and some influencers on social media, including 'The ADHD Foundation', 'Neurodiverse Brains in the Workplace' and 'Deaf Umbrella'. With tens of thousands of followers, these platforms were instrumental in amplifying the study through posts and shares. Collaborations extended to UK-wide university societies related to the specific groups the study sought to recruit. Their support significantly expanded the study's reach to a wider and more diverse range of students.

Working with UKRI and the Scottish Graduate School of Social Science (SGSSS) was central in reaching the R&I community and gathering interest. UKRI disseminated study information and the sign-up link to UKRI-funded students via email campaigns. The recruitment content was also featured in the SGSSS newsletter for several weeks leading up to the FGs. Both bodies continued to support the recruitment process by reposting content on their social media platforms.

In addition, research was conducted to gather contact information for networks and individuals who could assist with recruitment. This involved exploring network groups at universities across the UK that support carers, parents, and disabled individuals. The research extended to university disability teams, support services and doctoral colleges. Utilising mass email, recruitment content and sign-up information was sent to contacts, encouraging participation and further sharing.

Overall, 1000 plus prospective participants showed interest in the study, and attendance for FGs 1-6 in particular (see [Appendix 2](#)) was remarkably high and deviated from common experiences of organising such ways to collect data.

To confirm interest in participation, *SurveyLab* was used to establish participant interest, but also to gather key demographic information. The survey served as a "landing page" from social media feeds and email communications that would inform participants of criteria, study information and FG schedules, as well as, incorporating the ethical considerations and the informed consent process (see [Appendix 3](#)). The survey was structured to filter out those who were ineligible and unavailable to take part from the start. This ensured respondents' time was not wasted and prevented unnecessary data collection. Alternatively, individuals were given the option to express interest in interviews, although it was communicated that these were not guaranteed to occur.

Registering interest could not be completed without reviewing all the study's details and data collection procedure (see [Appendix 4](#)). This ensured participants were making an informed decision when consenting to taking part in the study, although very brief study information and importance of informed consent was covered once again at the start of each FG and interview. Designing the survey to include all the above meant invited participants had already familiarised themselves with the study's details, eliminating the need for documentation and provision of extensive verbal briefs before sessions, allowing more time to gather data and better time management in the sessions.

In addition to such detailed preparation, participants also received important information and protocol guides in advance of FGs and interviews to remind them of their rights and were given a debrief sheet afterwards discussing available support and options to withdraw from the study. Details of such approaches are detailed in [Appendix 5](#).

Piloting focus groups

After the questions and approach were piloted in the first few FGs, some minor adjustments in questioning and more general approaches to asking the questions were made based on

feedback and observed dynamics. This included copying and pasting questions in the chat function when asked and allowing 5-10 minutes after the group ended for participants to add any further comments they wished to make regarding the FG main topic. Additionally, a few questions were merged, where it became clear participants had more or less the same thing to offer on certain topics. When conducting interviews, the same questions and topics were followed closely but minor changes were made to reflect the fact that they were one-to-one as opposed to group based.

When reviewing the data collected alongside participant data, it was decided only those who actively contributed to their FG would be counted when representing data to ensure accuracy.

Participant and dataset details

Details of FG participants can be found in [Appendix 2](#), as well as the focus of each FG (i.e., see column one, which represents funder EDI priorities for the research, plus a broad basis for analysis of the eventual gathered data). Further, Appendix 2 provides detailed information regarding the doctoral participants. De-linked information on which institutions are represented across the whole of the study can be found by consulting [Appendix 6](#).

Each FG was arranged to last for 75 minutes, 15 minutes for the Zoom “room” to fill up and a chance for brief details regarding the FG and informed consent to be restated. Each session was recorded twice (via Zoom and a Dictaphone or on a desktop computer screen in the case of BSL) and all comments were archived immediately each time. Following each FG or interview, recordings were sent to a GDPR-compliant company for verbatim transcription (and in the case of BSL interviews to a BSL translation service), and all returned transcripts were fully anonymised and pseudonymised. Zoom comments, as well as interview transcripts, were also subject to such processes.

Overall, more than 200,000 words of qualitative data were generated (see [Table 7.2](#)). Further, a total of 127 took part in the research, divided between 114 FG participants and 13 interviewees.

Method	No. sessions or interviews: participants	Word count
Focus groups (spoken comments)	12: 114	99,163
Focus groups (written comments)	12: 114	31,335
Individual interviews	13: 13	77,665
Total	25: 127	208,163

Table 7.2: General details of focus groups and interviews

Study limitations

Although the survey’s popularity was encouraging, there were challenges in recruiting participants from certain groups. This meant recruitment efforts were adapted to target these hard-to-reach groups, including tailored social media content, and exploring alternative networks (such as forums) to engage those who had not been reached through the initial campaigns.

Even where groups were filled and invites accepted, it did not guarantee high levels of attendance, participant contribution or quality data (see [Appendix 2](#), and in particular FGs 11 and 12). Unfortunately, in some groups selected individuals did not attend. Notably, in a few cases the topic of their FG was their cause for cancellation e.g., childcare issues or worsening health of a relative they care for. Despite efforts to fill groups and gather a range of perspectives, the data collected in some sessions was limited by attendance or extent of knowledge and enthusiasm on the FG topic. As such, after reviewing the data, individual interviews were arranged to expand the insight collected (see [Table 7.1](#)).

7.3 Data analysis

Post anonymisation and pseudonymisation, the data were analysed using Template Analysis ([King, 1998](#)), a form of thematic analysis which allows analysis of qualitative data sets greater than 20 participants and has been successfully used by the research team to analyse both FGs and interview data (e.g., see [Richards and Sang, 2016](#)). The initial template for the analysis was drawn from the 26 recommended changes to the T&Cs for UKRI funded doctoral students. Additional codes were added as per the process set out below (see [Appendix 7](#) to see the full template).

The process of template analysis is as follows ([King, 2004](#); [Sang et al., 2007, p. 421](#)):

1. Define *a priori* themes and codes from the literature where appropriate.
2. The interviews or FGs should be transcribed, and the researcher should familiarise themselves with the data.
3. The researcher should conduct initial coding of the data using *a priori* themes. If no *a priori* theme or code is appropriate, the researcher should devise a new one.
4. The researcher can then produce the initial template through the grouping together of higher order codes and lower-level codes. This is usually achieved after a subset of transcripts have been coded.
5. The initial template is then applied to the data set as a whole. If the researcher finds that sections of text do not fit this template, then it can be modified accordingly.
6. The final template is used to interpret and write up the qualitative data.
7. During at least one of the coding stages quality checks should be undertaken, for example, another researcher could code one of the transcripts and the lead researcher can ensure that they maintain reflexivity during the coding and interpretation process.

In practice, for this study each transcript was analysed by three members of the research team with coding validated by two further members of the team. The analysis focused on identifying the potential impacts of the proposed recommendations (or the impacts of not implementing the recommendations), while also providing details of the lived experiences of doctoral students and those who support them.

8 Findings: Positive impacts of doctoral training grants

The T&Cs of doctoral training grants as they currently stand were broadly viewed in positive terms across the FGs and interviews. Of widest note was the fact that for many of the participants, doctoral training would only have been accessible to them with the support of a grant. Importantly, the research revealed how extant doctoral training grants and their T&Cs related to mode of study, disability support, and maternity and paternity leave, played an important role in making doctoral studies accessible to groups defined by disability, childcare and caring responsibilities. The findings contain many examples of how doctoral training grants currently have a positive impact on EDI. Some key examples related to disability include: being able to study part-time due to a life-changing accident prior to starting studies, relatively generous sick leave arrangements (i.e., especially related to burnout), positive experiences of claiming Disability Support Allowances (DSAs), including extra support for making access to travel and conferences inclusive. Further key findings highlighted how the T&Cs of doctoral training grants helped facilitate a range of positive EDI-related impacts, i.e., creating good levels of balance between childcare and doctoral studies. For example, starting doctoral training studies part-time to fully evaluate what childcare arrangements might work best (including affordability) and allow a transition from a job and career left behind and new one starting, as well as access to maternity and paternity pay and leave. Wider gender- and disability-related impacts were also revealed, including the option to switch institution when faced with an overly bullying and masculine work culture, avoiding overt sex discrimination apparent in some countries, and good practice related to disability disclosure.

However, the research also revealed a range of limitations in relation to how the doctoral training grant T&Cs variously fell short of the impact required to realise UKRI's EDI-related aspirations. Indeed, the research revealed at least broad support for the 26 EDI-related recommendations from the Advance HE report (see [Appendix 1](#)). What is more, the research also provided a range of information indicating the potential for further impact regarding what else could be done with doctoral training grant T&Cs regarding childcare, caring, disability, mode of study, and information needs.

9 Findings: Childcare and caring responsibilities (recommendations 1-7)

As noted above, extant doctoral training grant T&Cs associated with childcare and caring responsibilities appeared to lead to situations that do not create sufficient impact so as to fully match the EDI-related aspirations of the funding councils. In this section, consideration is given to the first seven recommendations of the Assessment (see [Appendix 1](#)), examining the extent to which the data collected supports such recommendations, thus likely to lead to specific, positive impacts on EDI. Consideration is also given where the data points towards the support of making similarly natured recommendations that are also likely to have a positive impact on such aspects of EDI for doctoral students.

The section begins with discussion of the recommendations most commonly and widely supported by the findings (nos. 5 and 6), followed by one further recommendation which attracted wide discussion in the FGs (no. 4). The final part considers the support for the remaining recommendations covered by this section (nos. 1-3 and 7). Although less data regarding such recommendations was captured, the available data provides evidence that such recommendations are likely to have a positive impact on EDI.

Analysis revealed unequivocal support for understanding if full-time students find themselves in financial hardship because of their caring responsibilities and working with relevant government departments to seek a solution (**Recommendation 5²**), with impact from such an initiative taking the form of relief from the wider financial hardship faced by UKRI funded doctoral students. **Recommendation 5** reflects how especially doctoral students with caring responsibilities can find themselves in financial hardship, recognising some of that hardship can be relieved by closer working between UKRI and government departments. The analysis uncovered four areas of consideration. For instance, despite full-time study attracting a stipend of £18,622/year, such income is not recognised by government bodies in the same way as income from employment. As such, the unrecognised nature of the stipend leads to a common financial impact based on paying over the odds for already hard to afford childcare, with the result often leading to financial hardship and poor well-being for a distinct and protected group of doctoral students:

I've lost my 20% tax free thing on the childcare, that caused a massive meltdown last week... I feel lonely, I feel poor, and I feel tired. That's my truth (Jessica, doctoral student, FG 6).

Without such support doctoral students requiring childcare may take on extra work (some also changed their mode of study to part-time and took up a far more demanding employing role) to qualify for both tax relief and subsidised childcare – an almost forced option likely to negatively impact on well-being and energy levels, or having studies compromised by conflicting commitments:

... the fact the stipend DOESN'T count towards things like the free childcare hours and the 20% tax back on childcare fees is ridiculous. One of the reasons I took extra work was to then qualify for free childcare of my eldest and the tax back on childcare fees for my little one (Alexander, doctoral student, FG 6).

Indeed, just with an approximate calculation of what such extra work may entail points towards working several days earning the National Living Wage to be able to claim the

² The first time a recommendation is referred to in the Findings you can click on a hyperlink to Appendix 1, which details all 26 Advance HE recommendations. Click on “[back]” in Appendix 1 to return to the findings.

childcare tax relief, which in itself seems to be a large burden to carry on top of doctoral training and being a parent. As such, introducing a non-repayable childcare grant for doctoral students and working with the Department for Education to explore feasibility and eligibility criteria would support **Recommendation 6**. This recommendation is specifically aimed at those with childcare responsibilities, but it is apparent that those with caring responsibilities (for adults) would also benefit from some recognition of their stipend as employment-equivalent income, as caring and studying are similarly, yet differently, just as hard to manage as childcare:

The pressure money-wise is really hard. I think when you're a carer you're dealing with chronic stress all the time... (Grace, doctoral student, FG 7).

Importantly, doctoral students widely called upon UKRI during FGs to find a way for the UK government to recognise the stipend as equivalent to income from paid employment, to at least find a partial solution to the funding of childcare and financial hardship:

I think the biggest thing is... If UKRI could work with the government to get this tax-free childcare for us, or for the nursery, whatever it is, it's not costing UKRI a lot of money but it's saving us a lot of money for the year, I mean thousands (Sarah, doctoral student, FG 5).

Linked in with evidence supporting **Recommendation 5**, the findings provide backing for **Recommendation 6**. This recommendation was explored as an addition to the possibility of the stipend being recognised as an equivalent of employment-related income. Evidence to support such a move is probably best exemplified by a doctoral student who resigned from their programme of study due to the ongoing negative impact of prohibitive childcare costs:

... I have a small daughter, which is one of the reasons why I left, because I just didn't feel supported as a parent. I didn't feel like it was feasible. I was fully funded but given how much the stipend was and how much childcare costs in London, it just wasn't really feasible to continue on that path (Zoe, doctoral student, FG 11).

Further evidence emerged to support a likelihood of a positive impact on EDI by way of non-repayable childcare grants for older children, perhaps extending into early high school:

... But not being able to afford the childcare is definitely a problem, I think that's for everyone else as well. After schooltime care is something that is really expensive (Mariam, doctoral student, FG 5).

The FGs in particular provided evidence to support an extension to **Recommendation 6**, that of a non-repayable grant payable to carers, some who currently experience stress, often caused by uncertainty regarding the person they care for, as well as hardship related to penalties associated with being a carer. As noted below, being able to draw on a similar grant to that provided for childcare, could represent the difference between finishing and leaving doctoral training:

[The person I care for] is in his 70s and I now live with him... I think what worries me, is I'm so early on in my PhD, and he's showing signs of dementia. I think it's hard because I don't know how that's going to go. I don't know how that's going to deteriorate. I know one of the things is there's a deadline on handing it in, in four years (Valentina, doctoral student, FG 7).

Parental leave was prominent in the findings, which is the basis of the recommendation to consider if the equivalent of Unpaid Parental Leave would be feasible within a studentship

context (**Recommendation 4**). Such leave was considered in relation to leave for parents but leave of some equivalence was also contemplated in relation to carers. More than anything, introducing parental leave is likely to have a positive impact on family realities, such as ending or tempering emergencies recorded or managed as illness. This in turn is likely to impact positively on existing stigmas, instead protecting the reputation of the doctoral student, thus having important implications for EDI:

And if someone is [requiring leave related to childcare or caring], to actually go to them, “oh no, you can’t have the leave, you need to go to a doctor and get signed off,” it’s a bit like they’re kind of already going through it, you don’t want to have to make them jump through any more hoops (Joshua, DTP, FG 9).

It is also likely the impact of introducing such leave, but in this instance related to caring, will stop such time being masked as sick leave and importantly left unrecognised or unresolved, and reflect how doctoral students are more likely to require access to such leave compared to undergraduates:

I contacted the DTP to say that I would need an extension because I had taken time out (3-4 months in total) [to take care of a dying parent] but they could only give me one month’s bereavement leave and said that any more would have to be taken as sick leave (Robyn, doctoral student, FG 7).

However, in the spirit of not creating, or recreating, opportunities for financial hardship, consideration should be given to paid parental or carers leave.

In wider terms, the findings highlighted a range of support for **Recommendation 1** ensuring that health and safety is not used as a blanket policy to prevent children being present on research organisation premises, such as corroborating the negative impact of automatically excluding children from institutions, with such exclusion representing a small, but negative impact on EDI. That said, sometimes such rules are overlooked and can make a small and informal difference regarding EDI:

My supervisors are so good but still I feel so guilty skipping meetings just because I cannot afford to put my daughter to childcare. And they are even good with me bringing my daughter to meetings (ones which cannot be held online) but then the uni health and safety doesn’t allow that (Amelia, doctoral student, FG 5).

What might help, and is described below, is where institutions in receipt of doctoral training grants could be encouraged to move beyond blanket policies of excluding children from research organisation premises, and where safe to do so, encourage and potentially finance “pop-up” forms of childcare:

... they very kindly gave me the classroom next door and I set all the kids up in there with a laptop. But that was... totally ad hoc... wouldn’t it be wonderful if there was a place where you could just go and leave your kids for three hours because you don’t need the whole day... (Emma, doctoral student, FG 5).

With the recommendation to monitor the rate and period of pay for all types of parental pay to ensure it is in line with or exceeds that in employment (**Recommendation 2**), there is likely to be a positive impact on EDI. Indeed, the findings support a current sense of matching, if not exceeding, employment in the case of maternity leave:

Maternity leave from my funder is pretty generous: 6 months full stipend, 6 more months no pay (Leanne, doctoral student, FG 5)

However, not all participants judged what was on offer regarding maternity pay to be generous, comparing it to the basics available from employment:

I'm actually currently on maternity leave... I had six months full pay; three months half pay, which was similar to statutory maternity pay... (Ava, doctoral student, FG 5).

While participants were to an extent satisfied there was an attempt by UKRI to link doctoral training grant T&Cs regarding maternity leave to statutory employment provisions, those with interest in taking, or who had taken, paternity leave, showed awareness of UKRI's attempt to match terms regarding such leave in employment, but appeared far from satisfied with such provisions. Instead, the consensus was that matching the statutory provision was simply not enough, principally because it helped reinforce the view of the father's doctoral studies to be of more importance than the mother's. Such sentiments are expressed in the following quote indicating how fathers want things to be more equal in relation to the first stage of parenthood:

Just to reiterate what I'm only entitled to, I guess everyone here, to two weeks of paid paternity, which is a shame, in 2023, I guess... (Soren, doctoral student, FG 6).

When it came to considering whether UKRI should mirror statutory shared parental leave pay (**Recommendation 3**), this did not appear to be a commonly considered strategy, and it may simply be because it is unavailable. Indeed, one participant (below) called into question current claims surrounding shared parental leave, yet implying shared parental leave (whether across two doctoral students or a doctoral student and an employee) would be given consideration if available, thus representing a new area of EDI to emerge:

... when I was pregnant and sorting out maternity leave arrangements, that I discovered that PhD students are not eligible to take part in the shared parental pay/leave scheme, and that the ESRC funding guidance had for several years included incorrect information about this. We don't qualify because both parents sharing the leave need to meet the requirement of being an employee (Milly, doctoral student, FG 6).

It is worth pointing out if such a strategy is incorporated into doctoral training grant T&Cs, then it will require, in the case of situations where one parent is a doctoral student and another is an employee, UKRI working with government agencies that deal with shared parental leave. That said, linking back to **Recommendation 5**, EDI-related impact in such situations seems most likely if doctoral study and the associated doctoral training grant stipend is more broadly recognised as employment-equivalent income.

Regarding the recommendation that UKRI review the information and advice available to students in relation to the childcare support available to them (**Recommendation 7**), examples were given of doctoral students variously drawing on wider institutional hardship funds regarding childcare. Many other examples emerged of sharing childcare costs with an employed partner, often citing relief at knowing such costs can be accommodated in the wider family expenses, but that was not universally the case where doctoral students did not have a partner in employment or did not have a partner at all. There were also examples of such students being unaware of entitlement to maternity or paternity leave until such time presented itself. In the most general terms (see the end **Section 12** on information needs for more details), there was a range of problems in accessing the T&Cs associated with doctoral training grants. However, the findings did not indicate whether doctoral students went into such studies explicitly aware or not of no childcare provision as part of doctoral training grant T&Cs. It seems if, as per **Recommendation 6**, the introduction of a non-repayable childcare grant would make **Recommendation 7** redundant. However, if **Recommendation 6** does not lead to such payments, the findings point towards support for **Recommendation 7**, i.e.,

to make it extra clear to prospective doctoral students, with the such information communicated throughout doctoral studies, that UKRI will not fund childcare or provide other forms of caring-related funding. However, such a move is likely to have a detrimental effect on UKRI's strategy around EDI, i.e., making it clear there is no high-level funding or commitment on such matters is almost certainly likely to have a negative impact on applications, acceptances, and the retention rates of those with caring responsibilities. Such EDI challenges are likely to be made worse given there is currently no or limited tax relief for childcare, or when tax relief for childcare is available, the doctoral student would have to be in a certain type of relationship or face the prospect of extended study time and excessive stress.

10 Findings: Disabled, deaf, and neurodivergent doctoral students (recommendations 8-14)

The following section sets out the potential benefits of implementing recommendations to better support disabled, deaf and neurodivergent doctoral students. The findings draw attention to both financial support and wider support which should be made available to prospective and enrolled doctoral students. Many of the experiences were similar across disabled, deaf, and neurodivergent doctoral students, however, impairment specific impacts and needs are addressed below.

The data across the FGs and interviews supports the case to ensure that grant holders make reasonable adjustments as soon as they are made aware of a person's disability or could reasonably be expected to know that a person is disabled (**Recommendation 8**). This could be during the application process as well as on commencement of or during a stipend. It was also clear from respondents that information regarding support available (also see [Section 12](#)), including financial support via the DSAs and the funder was not easy for students to access, although access to information only partly represented the reason for problematic adjustments. Further, disabled respondents and disability managers in institutions reflected on the transition from a taught programme, where considerable support on accessing DSAs was available, onto a research programme where such support was no longer available, poorly understood, or was qualitatively different from that often put in place for taught students. Disability managers/advisors shared their experiences of supporting doctoral students to navigate both DSAs and support through the research councils, feeling that key barriers were academic supervisor knowledge and where bespoke technical equipment is needed:

I think some of the challenges are much more around particularly in the science-based subjects around academic staff supervisors and their understanding of disability and the implementation of the more bespoke things which isn't... I think a lot of our reasonable adjustments that we have in place currently are completely irrelevant for PGR students (Frances, Disability Manager/Advisor 3).

Recommendation 10 concerns UKRI encouragement of research organisations to provide all applicants with information about Disabled Students Allowances and the support available to disabled doctoral students. Broadly this recommendation is also therefore supported. Implementing these recommendations would prevent the challenges reported by participants. It is clear from the data that the current challenges and uncertainties accessing information and financial support for doctoral students is causing considerable distress and additional stress. Examples were provided by deaf (signing and non-signing) doctoral students about lack of clarity of what their funding could cover, and how they often had to research on their own what was best for them and pay extra out of pocket to get the accommodations or equipment that they really needed.

Furthermore, these stresses can be particularly challenging for neurodivergent doctoral students who may benefit from certainty and clear, concise information (again, see [Section 12](#)). Further, deaf doctoral students felt that the bureaucracy to apply for accommodations was 'exhausting' and inaccessible. This leads to consequences for EDI initiatives or expectations, as additional hidden labour for deaf and disabled students in trying to get the information, organising and paying for what they need and sometimes having to wait for considerable periods of time before being reimbursed. Such extra effort was not specified in detail, nor was time set aside during FGs for elaboration, but such accounts were expected by the researchers. One disabled respondent reflected on how if they had known how

difficult securing adjustments would be via either the funder or their institution, they would not have applied for doctoral training in the first place:

What I would say is, if I was applying today, I probably wouldn't feel confident to apply. I probably would feel that I wouldn't get the support that I need, and it just would be an impossible task. The fact that I'm already doing it is kind of spurring me on to keep going, but I didn't feel like there was any support or help applying as a disabled student. As I say, at the time, it didn't really feel like a barrier, but it would feel like a barrier now (Arlo, doctoral student, FG 4).

Other disabled respondents shared mixed experiences of supervisory support, with one respondent sharing that their supervisor's advice was to 'just quit' (Camilla, doctoral student, FG 4). The implementation of **Recommendation 10** would prevent inconsistency in institutional and supervisory support which can have negative effects on disabled researchers.

There was evidence of good practice in the data where institutions (fund holders) had coordinated the process of collating data to secure funds for adjustments, or provided personal tutors who undertook similar support (**Recommendation 8**). Doing so had ensured adjustments were secured by the doctoral students. Olivia (FG 2), a disabled doctoral student, reflected on how their DTP had provided a disability mentor who had been very helpful in ensuring the student was able to continue with their studies. Steven, Disability Manager/Advisor 1, working in a university, reflected on these experiences, drawing attention to their own ADHD as a facilitator of creating supportive spaces for neurodivergent doctoral students:

I work with a lot of students with ADHD, so I can relate to them, they can relate to me. They open up a lot more, I find, when I'm open about my condition as well. I think it just helps relax them. They feel a bit better; they've got somebody they know they can talk to that actually understands what they're going through.

Mentoring and disability support led by those with lived experience, if rolled out more widely across doctoral training investments, could facilitate access to adjustments resulting in an improved doctoral student retention rate, as well as feed in more widely to the doctoral training EDI aspirations of UKRI. The data presented a range of examples on such matters, but one specific example, shared by deaf signing doctoral students, is the 'Dr Deaf retreats' organised by deaf scholars for deaf research students at Master and PhD level, and how this is often an out-of-pocket expense not covered by their stipend or DSA (as it is not considered as an accommodation). Thus, the data supports expanding information in the terms and conditions on support beyond pay for people on sick leave (**Recommendation 13**). to update the T&Cs to ensure support beyond sick leave are clearly set out. It is essential however, that these can be implemented by grant holders as Corin (doctoral student, FG 3) further explains that their institution was not able to implement the required adjustments because of complex interacting fluctuating impairments. What appears to be the case is Corin is immunosuppressed and uses mobility aids for a physical impairment that comes and goes, with the result being an inconsistent working environment. Further, to explain or seek changes, which are not predictable, represents a further emotional drain for the doctoral student.

Mentoring supervision and access to Disability Support Allowance

Respondents (students and wider stakeholders) reflected on the challenging status, which arises mainly because they often hold both doctoral and staff status (e.g., casual episodes of teaching and demonstration-related employment), or there is sufficient ambiguity of how

doctoral students related to the wider student community and therefore end up “lumped” with staff. As such, in terms of seeking wider support, they often “fall between the cracks”. For example, respondents reflected on confusion as to whether their funder (UKRI), their university or the DSA should pay for the reasonable adjustments. There were participants who had been told that because they were funded by a specific research council, they were not eligible for DSA. James, a neurodivergent doctoral student (FG 2), ruminated on the challenges they faced coordinating funding for support across their institution and their funder:

Yes, just kind of connected to that, because in my funding council I’m not eligible for DSA anyway... the only issue that I’ve had with my funding body actually paying has been to do with recommended support from the university. When they have to, for example, pay for things that are on my support plan, has been a bit of a nightmare. Then, getting the university and the funding council to interact regarding support plans and things like that, it’s been a bit of a nightmare. Yes, so that has been probably one of the more difficult sides of it.

James’ experiences were reflected across the disabled doctoral student FGs, suggesting the logistics of organising accommodations were challenging, placing additional burden on the doctoral students themselves. The data also shows the importance of taking note of doctoral students’ research needs, for example, several participants worked away from their institution to conduct research and this was seen as an additional barrier to securing either institutional or funder support for adjustments:

I tend to work off-site most of the time but when I do need to go in, that taxi is there and is really useful. The struggle is that the university has to manage the getting of that and every single year when they have to reset that account up with the taxi firm, they manage to bollocks it up in some way. So, I’m always left with about a month or so where they’re trying to implement it and it’s not at all the fault of the DTP, it’s the... so, sometimes the money is there but the implementation of it is the problem (Sophia, doctoral student, FG 4).

Several respondents reflected on the challenges in securing adjustments when their impairment was difficult to diagnose (or there are extensive NHS waiting lists). Respondents commented on institutional requirements to evidence a diagnosis (not required under the Equality Act 2010) before any adjustments could be supported or secured. The implementation of **Recommendation 8** and **Recommendation 10** would require that institutions move away from reliance on medical diagnoses before even considering adjustments. Implementation of a further recommendation is that considering the information, advice, and guidance available on the UKRI website that might be used by prospective applicants and those in receipt of a UKRI studentship and seeking to provide more information on the support available to disabled PGRs (**Recommendation 9**) would also assist in improving the experiences of disabled doctoral students.

The situation was particularly blurred for international doctoral students who reported being unsure of who was responsible for securing and funding adjustments, such as equipment³. Disability managers/advisors also reflected on international students and the challenges they faced in being unfamiliar with sources of support such as the NHS and disability services

³ For clarity, for UKRI funded students both home and international students can apply to their research organisation which may then claim the costs from UKRI where they align to the UKRI Disabled Students Allowances Framework.

and accommodations. In contrast other respondents felt that support was easier to access via their funder or their institution, as James (doctoral student, FG 2) reports:

With my PhD, getting reasonable adjustments, like when I was doing my lit review during lockdown, getting an extension when it was due and things like that, were done really well, and was actually really easy to get through and get a hold of. DSA is its own whole shitshow.

Challenges faced by disabled doctoral students began before their studies, during the application process, particularly for those students who reported lack of family financial support resulting in the need to undertake paid work before or during study. Paolo (doctoral student, FG 2) reflected on the challenges experienced navigating the application process.

I don't even remember how many rounds of revision I did on that [studentship application], but what I do know is that at the time that I was doing the application, so that was a period of about three months, I would, on average... work for about 50-60 hours a week for a period of three months. It's brutal and you get... at that stage of the process, you get no assistance whatsoever for any kind of needs that you might have, whether that's from being neurodivergent or from something else.

Examples of good practice, thus likely to impact positively on EDI, were shared by one deaf BSL user who provided details of how their university has a clear system in place for booking interpreters so that doctoral students can attend training courses, workshops, research seminars and for their fieldwork. Collecting case studies like these would support UKRI in taking steps to raise awareness of the barriers that students from underrepresented groups experience and encourage research organisations to share their experiences of improving equality, diversity and inclusion within their recruitment processes (**Recommendation 14**).

Change of mode of study for disabled students

For some of the disabled doctoral student respondents, changing mode of study was helpful for managing their condition, particularly where a condition was fluctuating such as a mental health condition, or if surgery was required. However, respondents also expressed considerable caution over the change of mode of study from full-time to part-time. As detailed (and elsewhere in the report – in particular [Section 12](#)) for some doctoral students the challenges faced in shifting mode of study due to cost-of-living challenges (to take on additional work) can result in the exacerbation of underlying health conditions. Olivia (doctoral student, FG 2) shared their experience of attempting to navigate these processes and the detrimental impact this had on their health, particularly considering Covid related extensions:

I wanted to move to part-time, but they said I couldn't because I was already, I think, in the third year of my PhD, but because of Covid I wasn't in my third year...Then, they said I could transfer to part-time, but I would lose a significant chunk of money that had been awarded to everybody as a blanket Covid relief fund.

The data also suggests that for many doctoral students the move to part-time is made to prevent the need for long term sick leave due to financial concerns. Instead, sick leave continues to be required when part-time, but pressure to try not to take it remains:

If you suddenly have a terrible period in your life and you need to go part-time, you can't go back full-time, which is really difficult. We're students so we can't take part-time sick leave, which is really difficult... [to take, not have permission to do so] (Camila, doctoral student, FG 4).

UKRI's training grant conditions currently provide for students to be allowed 13 weeks sick leave pro rata, extended to 28 for COVID-19. If, because of exceptional circumstances, the sick leave time frame was to be made up to 28 weeks and fully funded, this may prevent students having to work through illness in order to make ends meet and thus possibly extend the time taken to complete their doctoral training. As such, scenarios as above provide support for providing sick leave pay for up to 28 weeks in all circumstances, not just Covid-19 (**Recommendation 11**), and also considering whether the 28-week period of leave without risk of suspension aligns with entitlements in employment, which feature in **Recommendation 12**.

The data also reveals that doctoral students may be reluctant to secure support if their impairment is an unseen condition due to feeling undeserving of disability allowances and accommodations, accordingly, adjustments which could reduce stress and negative impact on doctoral student health are not sought out. This specific EDI challenge could also be overcome with the implementation of **Recommendations 9, Recommendation 10 and Recommendation 14**, which would improve the information available to doctoral students provided by both UKRI and institutions to ensure all doctoral students are aware of the criteria for disability support. Mia (doctoral student, FG 3) felt the situation was particularly acute for international doctoral students with unseen impairments:

As an international student I can remember applying for a disability fund and I got a response that I'm not eligible. So, I'm wondering, is it because as the last speaker mentioned, my disability is not really overt; I'm an international student; I have no recourse to public funds? It's really not clear. So, from that experience, I was really quite reluctant to apply further, so I just looked for part-time jobs to kind of like augment all my other financial needs.

The data therefore supports raising awareness of the experiences of underrepresented groups, drawing particular attention to intersections of marginalisation such as migratory status and disability (**Recommendation 14**), which may exacerbate the challenges faced by doctoral students.

11 Findings: Mode of study and phased return to study (recommendations 15-24)

The following sections further and more specifically illustrate the difficulties and challenges doctoral student students encounter in relation to the need and experience of changing their mode of study and demonstrate the potential benefits of implementing recommendations to better support doctoral students facing the need to change this aspect of their study.

Support for part-time students

As set out above, part-time study is not necessarily the most appropriate adjustment for all doctoral students, not least because such a shift in mode of study variously penalises the student in terms of finances, but often also in terms of stalling career progression. Nevertheless, many doctoral students started or switched to part-time studies due to various reasons, such as managing health conditions, engaging in internships, making childcare arrangements that best suit often tight or impossible budgets, or other caring responsibilities, and the need for additional work to cover living costs and other personal circumstances. However, the financial and administrative challenges faced by these students emphasise the need to take steps to ensure that where part-time study is feasible, part-time students have access to the same funding support as full-time students (**Recommendation 15**).

Olivia (doctoral student, FG 2), who is neurodivergent, planned to switch to part-time study but was warned that she would lose significant Covid funding, a situation that significantly increased their stress and affected their mental health:

... they said... I could transfer to part-time, but I would lose a significant chunk of money that had been awarded to everybody as a blanket Covid relief fund. I ended up having to go back to full-time and I think that...pushed me over the edge. I had already been on the brink of a burnout and breakdown and finding out...fighting with them about going part-time and then saying, okay you can go part-time...but also, we're taking... probably five grand [away from you]. I snapped because...this actually makes my problem worse. Then, I ended up on sick leave for three months.

Olivia's experiences illustrate the implementation of **Recommendation 15**, ensuring part-time students have access to the same funding as full-time students, could have prevented the exacerbation of her health condition and potentially reduced the need for extended medical leave. It is also a point highlighting how sticking to the current policy turns out to be more costly than having parity between part- and full-time students.

Moreover, Ben (doctoral student, FG 1), shared their experience of not receiving internship income or a stipend for two months, coupled with the inefficiency of an emergency loan system failing to provide timely financial relief for part-time students, demonstrating the critical need for equitable funding mechanisms:

The main problem I had was that I was employed in this part-time internship...Basically, they didn't set up the contract in time, which meant I was then paid two months late. I had this period in-between where I wasn't receiving my stipend, and I also hadn't received the income for this. I guess, this was also made a little more complicated, in that the stipend, I think, is paid in advance and the internship was paid in retrospect of the month. I found that quite difficult during that period, because basically I had not income for two months...my university specifically has an emergency loan system, and I applied to that, and they said it will take two to three months for this money to arrive in your bank account. It didn't... obviously, that's not going to help my particular situation... looking back, I kind of wish in a

way that I didn't do this, because it was really stressful for me, that two-month period, where I basically had no money.

Ben's experience highlights how part-time students are at a disadvantage without access to the same level of funding support as full-time students, resulting in key impacts on EDI, such as significant stress and financial instability. Implementing **Recommendation 15** would help to prevent such scenarios by ensuring part-time students do not face exacerbated financial or health conditions due to inadequate support structures.

Furthermore, the data shows inequalities not only in funding support for part-time students but also in their overall treatment by the support system. This includes reduced access to physical resources, less integration into the academic community, inadequate administrative support, and insufficient adjustments for disabled, neurodivergent, and deaf students. This may be a considerable cause for concern if part-time study is being used as a policy intervention to support students with respect to protected characteristics which represent, collectively, support for **Recommendation 16**, undertaking research to identify where differences do occur between the treatment of part-time and full-time PGR students in relation to fees and other support and to consider whether differences are justifiable.

Some doctoral student students pointed out that upon switching to part-time status, they lost their desk space, a change that was not communicated effectively, particularly in terms of differences in support:

When I moved to part-time, so 0.5, I was kind of forced to work remotely because I no longer had a desk at my university. They [the university] basically had a rule that...you can only have a desk allocated to you if you're full-time...It wasn't really by choice...that was something I didn't know going into it, and to be honest it wasn't well-communicated either. I think I just came in one day and my desk had been given away (Lauren, doctoral student, FG 1).

Despite 'hot-desking' being a standard practice in organisations these days, this has implications for disabled doctoral students who may have specific software on their dedicated desktop computer to meet their adjustment needs, which is then no longer available on hot-desk computers.

The data also reveals where part-time doctoral students studied remotely, this led to reduced access to university life. This lack of access spans seminars, student counselling, and informal social interactions, significantly affecting their academic and social experiences and career development opportunities:

I switched to remote basically in the very early part of the pandemic, and I haven't been on a campus since, due to disability reasons, basically. Yes, you lose access to a lot of things. It's not just your desk...you can't go to many department seminars, you can't necessarily access even, like, student counselling if you're not based on campus anymore. You don't have all the watercooler conversation type things. It's obviously a really big shift. Yes, it's definitely in all areas of university life (Gabiella, doctoral student, FG 1).

Also, there was a lack of clarity and support from administrative staff to proceed with the transition from full-time to part-time study, making the process more stressful and uncertain, negatively impacting part-time students' mental health and academic progress:

...administratively it was a mess. Nobody had any answers, nothing was clear, it would take weeks to get a response...while I'm still trying to work on my thesis and work three jobs, it just wasn't conducive to my mental health at all (Olivia, doctoral student, FG 2).

Particularly, a deaf part-time student expressed experiencing an additional burden, having to devote the remaining part-time schedule to securing the same resources that full-time students access more readily:

...doing the PhD part-time as well means it's it is obviously very difficult to sort things out...those things do have an impact on me as a deaf student. You know my supervisors say sometimes they feel that I'm actually working full-time because I've got a part-time job organising my access and a part-time job during the PhD. And of course, that's not what I enrolled for (Samantha, doctoral student, deaf (BSL)).

As such, the data further supports **Recommendations 15** and **Recommendation 16** by demonstrating that the current funding and overall support systems are inadequately designed to meet the needs of part-time students, leading to financial distress, adverse impacts on mental health, and hindered academic progress. Ensuring equal access to funding and equitable treatment for part-time students, as outlined in **Recommendation 15** and **Recommendation 16**, would help address these disparities and create a more equitable and supportive environment for all students, regardless of their mode of study.

Recognising the need for flexibility

There is a widely recognised need among doctoral students and stakeholders for more flexible and nuanced arrangements for doctoral students in academic settings, particularly for disabled, neurodivergent, and deaf students, students with childcare responsibilities, and students with mental health issues. Indeed, as Keith (DTP, FG 9) notes:

One of the hopes we are trying to suggest or to make the funders realise is that mental disability where students with other caring responsibilities or pre-existing conditions will need more time and that time needs to be different from, say, sick leave or suspension, no-pay suspension because we're setting those for general population whereas we are taking in students with different backgrounds and so there needs to be a consideration where that special consideration ought to come in for the population that we're taking up.

The benefits of academic flexibility are particularly evident in the case of Phil (doctoral student, FG 2) who received support from the DTP to address their cancer diagnosis and a long-term, severely fluctuating health condition. This support facilitated a transition from full-time to part-time study, and eventually to a significantly reduced study time. This example underscores the importance of a responsive academic support system in accommodating students' health-related needs:

I'm out of time and so I've been put into special arrangements ...That was agreed by the DTP... They liaised with [the research council] about it as well. I wasn't involved in that side of things, but it's been well done, people have been supportive, and I don't feel stressed by it. My university is very keen to make sure that I'm not on the stressful end of that process. It's worked out okay and we'll get there.

The illustration shows the importance of having systems in place that allow for individual circumstances, ensuring that students are not disadvantaged due to their health conditions or other personal responsibilities. This aligns with the need to better identify where differences do occur between the treatment of part-time and full-time PGR students in

relation to fees and other support and to consider whether differences are justifiable (**Recommendation 17**).

In contrast, more doctoral students reported receiving significantly limited flexibility in the support from their universities, which led to feelings of exhaustion and stress due to navigating a system with inadequate support. Although some doctoral students were offered flexibility to accommodate their specific needs, they endured a lengthy negotiation process with their universities, during which they feared potential de-registration as doctoral training candidates due to their health issues. This underscores the urgent need for training grant T&Cs to incorporate flexibility, ensuring adequate support for students throughout their academic journey, irrespective of their personal challenges.

Therefore, the data supports **Recommendation 17**, which calls for the T&Cs to be adaptable to individuals' dynamic and personal circumstances. This ensures that doctoral students can effectively manage their research and academic work alongside other aspects of their lives.

Doctoral student support to offset absences

The FG data underpins the importance of expanding student support to cover periods of leave for reasons such as disability, gender reassignment, and childcare responsibilities, with an emphasis on financial support. While the training grant conditions allow a research organisation to extend a student's funding in certain conditions to be extended (e.g., parental leave, sickness absence covered by a medical certificate), doctoral students reported that they understood there to be a trade-off involved in taking time off that did not slot neatly into absences recognised by funder rules; doing so would result in their stipend being exhausted more quickly, necessitating an earlier completion of their studies than initially planned. Victoria (left doctoral study, FG 11) who has both childcare and (adult) caring responsibilities, discontinued their doctoral studies due to the inability to take leave in situations where extended financial support was unavailable.

I think the option, as it was put to me, is that you can take time off on the stipend, but you just lose time at the end. There will just be less time for you to be paid later...you are just speeding up the clock on yourself if you want to take time off and be paid for it...I would just have run out quicker than I did, I suppose.

By allowing a students' funded period to be extended to cover other protected characteristics, specifically disability, gender reassignment and pregnancy (**Recommendation 18**), UKRI would address the need to accommodate varied and unpredictable life circumstances, allowing students to manage their health and personal needs without penalising their academic progress or financial stability, and it could change decisions to terminate doctoral studies.

Neil (DTP, FG 9) shared an example of transgender students who left doctoral study due to financial difficulties and mental health issues. This highlights how extended support mechanisms, accommodating time off for medical and personal reasons related to gender reassignment, could provide the necessary support for transgender students to continue their studies:

...the student who left the PhD, the one I'm most sad about is a student who was transgender and transitioned just at the beginning of the PhD...he was happy to have transition, but mental health was difficult; everything was difficult. I think he would have needed a bit of time off. He couldn't go home because things were complicated with his parents. If we had been able to say, "look, you can have a bit of time off...take the time

and come back” things might have been different for him. But he left because he needed money to live.

In summary, the data supports the implementation of **Recommendation 18**, as it recognises the diverse needs of students, including those undergoing significant life changes, such as gender reassignment and those facing complex personal and health-related challenges. By extending support to cover a broader range of absences and ensuring financial security during these periods, UKRI would help alleviate some of the EDI-related barriers to completion that currently affect students, thereby potentially improving retention and success rates among certain doctoral students.

Changing mode of study twice per year

While the focus of much of our work was on groups of students that might require additional support, UKRI also asked us to explore wider reasons that students chose to change their mode of study. Currently the T&Cs prevent students from switching their mode of study more than once during their studentship but Advance HE had recommended allowing up to two changes a year, in line with modern flexible employment practices. The current situation for UKRI students appears to cause significant stress and challenges for many doctoral students. This is particularly true for those who need to undertake internships in their industry while studying. They are required to switch to part-time study to accommodate internships or part-time jobs in the industry; however, once the job ends, they are unable to return to full-time study and must continue as part-time students with a part-time stipend. For example, Frank (doctoral student, FG 1) found it difficult to continue studying part-time after their industry job ended:

I did an internship, because it's part of a programme, I had to get experience at work, and when I came back, I was offered a part-time position to help with a project at a public service. It was really difficult going part-time, we're only allowed one official change of mode of study... That was one big thing, because if you change part-time and then your position ends, you go back, even though officially [the research council] is trying to support people working at the same time, or getting other experiences, because a lot of people just won't stay in academia.

This situation illustrates the need for greater flexibility to accommodate work experiences integral to the students' professional development and financial stability. Enabling students to make up to two requests to change their mode of study within a 12-month period, as is the equivalent in recent changes to employment law regarding flexible working requests, (**Recommendation 19**) could support students in balancing academic commitments with valuable external opportunities without penalising them for adapting to changing circumstances.

The restriction on changing the mode of study more than once during a studentship spotlights the broader issue of rigid academic structures that do not accommodate the changing needs and circumstances of students, who may need to temporarily adjust their commitments. A disability manager/advisor emphasised that these limitations prevent doctoral students from making choices that best fit their individual situations:

I feel that there are lots of students who really making poor choices out for financial reasons and also not wanting to commit to right now I can't drop full-time, but I could do full-time in the future but that's not going to be an option, so I'll just not take the part-time option now (Frances, Disability Manager/Advisor 3, interview).

Such situations support the implementation of **Recommendation 19** in providing students with the confidence to adjust their study mode according to their current situation, knowing they have the option to reconsider their decision within a reasonable timeframe.

Although doctoral students are typically permitted to switch their mode of study only once during their studentship, data indicates that some have managed to switch more than once due to the impact of the pandemic or varying institutional practices. Those who have changed their mode of study multiple times reported positive experiences, reinforcing the need for, and advantages of, having the flexibility to change study modes. Chris (doctoral student, FG 1) demonstrates the positive impact on EDI of having the option to change study modes, enabling them to accept a job offer and manage personal circumstances while still pursuing their doctoral training part-time, facilitating their academic progression and personal growth:

I've sort of changed mode twice, in a way, where initially when I got into my PhD, I also got a job offer, outside of academia, that I really felt like I couldn't pass on. Although I'd applied for full-time study, I ended up, instead of declining the offer to do the PhD altogether, I ended up starting off doing it part-time, so I could keep my... say yes to this job offer. That was actually really great, and if I hadn't had that flexibility, or if my funding council hadn't had that flexibility, I don't think I would have been able to start my PhD. Then, two years later, I just started now full-time my PhD... That was all really smooth, and I was very grateful for having had that opportunity.

This example highlights how increased flexibility in changing study modes can significantly benefit students by allowing them to adapt to both personal and professional developments without compromising their academic goals.

In summary, **Recommendation 19** for UKRI to allow up to two changes in study mode within a 12-month period, directly responds to the expressed need for flexibility due to professional opportunities, financial constraints, and personal circumstances. It acknowledges the dynamic nature of students' lives and aims to create a more supportive and adaptable framework that enables doctoral students to successfully manage their studies alongside other important aspects of their lives.

Highlighting a broader range of flexible study options

The data suggests that the range of flexible study options, including working compressed hours, were not choices offered by many universities for doctoral students, thus providing support for highlighting a broader range of flexible [study] options within its terms and conditions (**Recommendation 20**). Doctoral students stated that they were either not aware of the flexible study options (see also [Section 12](#)) or were told that their universities did not offer flexible study options. Leanne (doctoral student, FG 5) was not able to switch to working compressed hours, which was a suitable work-study balance that accommodates childcare responsibilities as they were told it was not an option:

I did try and go to do the PhD four days a week rather than five days a week, because that would have suited me better in terms of childcare, but I was told that I don't have that option. It's either full-time, which is 37 hours a week, or part-time, which was 18.75 hours a week. I would have chosen a different ratio if I was allowed, but I wasn't, so I've gone full-time. What's happening now is I'm doing some of the work at the weekend round the childcare responsibilities.

The data also shows that some doctoral students believed that it was not even an option provided by the funding body to change to part-time study for doctoral students, even if the

student has protected characteristics, e.g. disability. This indicates doctoral students were not well informed about the options they have, undermining the ability of students with personal commitments or health issues to tailor their academic work to their unique circumstances:

I have had to scale down the hours I work quite a lot because of my illness, to a degree that can't really be supported by periods of sick leave since my capacity seems permanently reduced. There isn't really a way to accommodate that as far as I can see, and it's not an option with my funding body to go part-time (Elijah, doctoral student, FG 3).

Moreover, the data shows a lack of institutional and supervisory awareness, or institutional and supervisory resistance, to recognising a broader range of flexible study options, indicating further support for the implementation of **Recommendation 20**. In these cases, doctoral students had to fight to change their study agreements as they were always rejected in negotiations with the universities in the first instance. For example, Harriet (doctoral student, FG 1) was refused a change to their study arrangements by supervisors who were resistant to non-traditional study modes, influenced by personal interests or the desire for academic prestige:

I felt a little bit of pressure from my supervisor against going part-time. Purely because I'm their first PhD student, and they kind of wanted to have a PhD student that they've seen through to completion and this was important for them, so that they could apply for more funding and have more PhD students and that sort of thing...Me going part-time would kind of delay that for them, in terms of a personal advantage. I felt like I had to fight for it. I had to fight to have my mode of study changed...It didn't really feel like that should be what I was doing. I felt like there should have been support and encouragement for that.

Particularly, some part-time doctoral students face derogatory perceptions of their commitment to their non-traditional, full-time study arrangements:

...there was a lot of misinformation around it and a lot of biases to what was suggested. I felt there was a real stigma with not doing the traditional route of you join a research group, you do this full-time, and you don't ever change from that (Lauren, doctoral student, FG 1).

Hence, doctoral students face significant pressure from institutions and supervisors to adhere to traditional, full-time study routes, discouraging deviations such as part-time or flexible study modes. Implementing **Recommendation 20** could contribute to increasing institutional and supervisory awareness and acceptance of a broader range of formal study options, reducing misunderstandings and the stigma attached to non-traditional study arrangements, empowering students to choose paths that best accommodate their diverse needs and commitments to both their studies and personal lives, as well as help UKRI meet its EDI goals. However, changing the rules is unlikely to be enough in itself, although UKRI changing its policy would represent an important first step. Indeed, the cultures surrounding doctoral student supervision are required to change if such changes are to work in practice.

Requirement of medical evidence for change of mode

It is important to reiterate that medical evidence is not a pre-requisite for recognition under the Equality Act 2010, although it is recognised that a request to change mode of study may not always be related to a medical condition that is likely to be covered by such legislation, e.g., some sort of accident leading to treatment lasting up to several months. That said, the data supports moves to recognise that students may wish to change their mode of study because

of a health reason whether or not it is recommended by a health professional. So, consideration is required as to whether evidence from a health professional is required for students with known conditions (**Recommendation 21**) by way of the experiences and perceptions of doctoral students and stakeholders regarding the difficulties in obtaining medical evidence and the resulting impediment to progression and health status.

Disabled doctoral students indicated the process of obtaining medical evidence and navigating procedures not only consumes valuable research time but also exacerbates the stress and challenges faced by students with health conditions. The difficulty in navigating healthcare systems while managing academic responsibilities underscores the need for more streamlined support that hinges less on extensive medical evidence.

...I think what's not really been recognised is that all of this takes quite a toll in terms of how much time you have to spend just doing the admin to get all of these things and getting medical evidence and all this kind of stuff. Yes, I kind of felt like in a strange way I was trying to give myself extra time or money by doing these applications and in doing so I was eating away at my research time in the process (Elijah, doctoral student, FG 3)

Particularly, doctoral students with mental health conditions have shared their experiences of the lengthy process of obtaining a diagnosis. Such delays in diagnosis mean recognising their needs and providing adequate support, including the option to study in a mode that suits them, was also delayed, hindering their academic progress.

What has been helpful is always the mental health support because that has been the second outcome of that struggling with the NHS, with navigating my condition, with several doctors sending me back and forth, and it was navigating my PhD at the same time led to a massive spiralling down (Maria, doctoral student, FG 3).

Wider stakeholders to doctoral studies were not only aware of the lengthy time required for diagnoses but also realised mental health conditions are not acknowledged as thoroughly as other impairments. This has led to the consistent neglect of the needs of doctoral students with mental health conditions. Keith, a DTP respondent, suggested granting more autonomy in deciding the support for these students, including options for their study mode. This supports the consideration in **Recommendation 21** that evidence from a health professional should not necessarily be required by institutions for students with known conditions.

We were hoping that the DSA would be able to take this up because the alternative is for the funder or the smaller section of the funder to consider on each student's case on mental health grounds for different extensions (Keith, DTP, FG 9).

Thus, implementing **Recommendation 21** addresses the significant challenges and obstacles students face in obtaining medical evidence. This could notably reduce administrative burdens, ease the process of changing study modes for students, and positively impact their academic progression.

Phased return extension

The data shows that doctoral students returning from leave face significant challenges, leading to repeated absences for some. This indicates the current system of phased return could be more flexible to accommodate different situations and needs and avoid a cycle of withdrawal and struggle:

I've had one student who unfortunately now has had to withdraw but they had, I can't remember whether it was one or two quite big blocks of time off where they had to then retrospectively take a break from studies due to complex mental health. Then, trying to support them to integrate back into their PhD studies. That was actually particularly difficult because of the student's mental health and their communication style made it quite difficult for them to be willing to communicate with people (Frances, Disability Manager/Advisor 3, interview).

Such insights indicate the necessity of extending the phased return period (**Recommendation 22**). Indeed, doctoral students who had been through phased return found the four-week phased return too abrupt, and believe they would have benefited from a longer, more gradual return to better accommodate recovery needs. The benefit of a more gradual return being a more sustainable return to studying, reducing at least the risk of further absences, and quite possibly enhancing the prospects of completing the research project. This suggests that the current four-week phased return may be insufficient for some students, especially those recovering from health issues:

I think I would have been happier if it had of extended a bit longer, because it was just the four weeks, literally two days, three days, four days and back to five, which felt a bit full-on because I had just returned from sick leave. It was very helpful to have that option (Rafaella, doctoral student, FG 1).

However, many students reported being unaware of the option for a phased return and believed their university was similarly uninformed about such a possibility:

Coming back to studying after you've taken time out, especially for a mental health condition, I don't think people understand. You don't get the option of a phased return to work like you do in jobs...Also, when I've worked professionally and I've had a phased return to work...None of that was available...This time, it makes me really hesitant to take time off, it makes me really hesitant to go part-time, because I just don't feel that coming back would be any easier. I can't work through the issues; I can't have a graded return to work and ramp myself back into it. It's like, if I go off sick, I go off sick, everything stops and then I have to jump back in again and go back to a hundred miles an hour again, and that's not really how it works (Toni, doctoral student, FG 2).

Doctoral students' unawareness of the phased return option resulted from the institution's lack of awareness, which was also reflected in the institutional misunderstanding that students could not receive their full stipend during a phased return. However, the T&Cs of the training grants stipulate that a phased return is allowed with a full stipend for up to four weeks. **Recommendation 22** is therefore supported.

Furthermore, the difficulties doctoral students face when returning to study after a period of leave support **Recommendation 23**. Such support comes via the following example:

...it was difficult to come back and get straight back into work [from extended carers' leave] ...from what I read, most people at some point feel quite isolated in their PhD...you just have to come back and crack on and get on with it really. There's not really anyone there to...support of transition back in or something...It's just catch up, get on with it (Grace, doctoral student, FG 7).

The data showing the importance of extending provision for a phased return for doctoral students returning after gender reassignment was mentioned in the section on student support to offset absences. As Neil (DTP director, FG 9) reported above, one transgender student left the doctoral programme because they were unable to continue their study while

coping with financial difficulties and dealing with mental health issues following gender reassignment. This emphasises the importance of extending the phased return provision so that doctoral students have sufficient time to overcome the various difficulties and continue their studies.

In short, the data supports the recommendation for UKRI to extend the phased return period beyond four weeks and to broaden phased return provisions to include students beyond those with ill health. This could significantly benefit students' health, well-being, and academic success, and therefore have an impact on EDI in doctoral studies.

Part-time study versus a phased return

UKRI's T&Cs of training grant guidance explicitly state that a phased return is not applicable when a student needs to move to part-time study. Hence, there is a need to provide examples of where UKRI would expect a student to move to part-time rather than using a phased return (**Recommendation 24**). Data highlights the importance of providing clear examples as guidance for the decision-making process regarding a student's transition to part-time study after a break or leave of absence. For example, it demonstrates situations where part-time study is a more suitable long-term option compared to a phased return to full-time study, with such cases often involving doctoral students with childcare or caring responsibilities, or who are disabled. Specifically, a phased return would not be an appropriate decision if the underlying reason for the absence in the first place has not been addressed between it being identified and the return to doctoral studies. Likewise, as noted widely in the findings, part-time study should not be viewed as an appropriate mode of study if such a change unfairly penalises on the basis of gender or disability.

The shared experiences of doctoral students with childcare responsibilities emphasise the significant and disproportionate financial hardship implications of shifting to part-time study, particularly in terms of preserving tax-free childcare funding and meeting the minimum income requirement for additional childcare support. In other words, allowing a student a month to arrange childcare will in all probability not resolve such a situation if the childcare is not available, partly available, or not affordable in the first place. Neither, moreover, would it help to advise on a phased return for a return after sickness absence if necessary medical support was similarly problematic. The findings suggest it is perhaps only where a good balance can be struck between the demands of studying and balancing, as in the following example, childcare and the costs associated with childcare:

Just to reiterate...about the loss of tax-free childcare funding as a doctoral student. If you do not do enough paid employment alongside the PhD (minimum is earning almost £9k per year), you lose a significant amount of funding (£2,000 per year tax free childcare, plus the 'free' 15/30 hours depending on the age of the child - which is worth thousands of pounds). This was one of the main reasons I have had to transfer from full-time to part-time, as I could not take the hit of this loss of this childcare funding (Milly, doctoral student, FG 6).

The data illustrates the complex interplay between financial sustainability, some of which remain ambiguous in terms of tax status, childcare obligations, and academic commitments faced by doctoral students with childcare responsibilities. More importantly, such evidence points to at least partial support for **Recommendation 24**, i.e., a need for UKRI to offer clear, specific guidance on part-time study options. By providing specific examples, UKRI would help students, advisors, and institutions understand under which conditions part-time study is advisable over a phased return. This guidance would aid in planning the most supportive and feasible pathway for students facing and navigating the challenging decision of how to balance their academic pursuits with personal and financial responsibilities,

ensuring their academic progress and well-being. Importantly, such guidance must also reflect what the outcome may mean in practice for doctoral students, because it is possible that by providing such examples this will in itself do little to nothing to resolve deeper issues surrounding such matters.

12 Findings: Information needs (recommendations 25-26)

In this final part of the findings the emphasis shifts to recommendations 25 and 26, with both reflecting the nature and potential shortcomings of information currently provided by UKRI regarding doctoral training grants and associated T&Cs. Importantly, information needs have been widely covered in terms of impact on EDI in the findings so far, albeit mostly in an indirect or implicit fashion. In this part, the intention is simply to specifically draw on explicit examples supportive of such recommendations.

In essence, there was further support for considering the information, advice, and guidance available to students about complaints (**Recommendation 25**) as exemplified via the following comment during the first FG:

The policies around [disability leave] is especially related to ESRC and UKRI are so unclear and not at all transparent. The complaints procedures are even less transparent (Frank, doctoral student, FG 1).

Discussion of complaints exposed a number of areas where students were not satisfied with the training provided but where complaints were not made. Examples of prospective complaints raised include:

- Failure to consider reasonable adjustments related to neurodivergent (Toni, doctoral student, FG 2) and non-signing deaf students (Amanda, doctoral student, FG 10)
- General disability discrimination (Frank, doctoral student, FG1).
- Decisions around what constituted a maximum quota of 30 per cent of international students (Peter, doctoral student - left studies, interview 9).

No one seems to thoroughly check why students leave prematurely (e.g., at least an exit interview for those leaving doctoral studies before completion) (Martha, doctoral student – left studies, interview 8)

What prevented doctoral students complaining, even about serious causes for concern, varied in terms of being perceived as counter-productive and fighting a powerful system that is resistant to change (Frances, doctoral student – left studies, interview 10), the extra work required to complain and consideration of that on top of their disability (Corin, doctoral student, FG 3), but also how the sense of wanting to complain dissipates, especially if involving a difficult financial situation, after initially approaching a supervisor (Morgan, DTP, FG 9) or a sense of discrimination after initially meeting a disability manager or advisor (Martin, Disability Manager/Advisor, interview 5). It is unclear from the evidence here whether better information alone could counter some of these perceptions, for instance, the New Deal for Postgraduate Research: Response to the Call for Input, set out other considerations that may lead to better alignment with the Office for the Independent Adjudicator of Higher Education's (OIA) good practice framework (OIA 2022).

The findings strongly and widely support the recommendation that UKRI consider developing a student-facing version of the terms and conditions (**Recommendation 26**). Fundamentally, the demand for such a recommendation is in terms of ease of access to such information based on disability, an issue brought up across all interviews with disability managers/advisors (interviews 4-7). One quote from such interviews highlights the complexity and onerous task for a disabled student when seeking information on how to go about requesting a suspension of studies:

... if somebody has reached a point where they need an interruption of studies, they feel, I just need a couple of months off from my studies, it's difficult, but how will that affect, can I get an extension, will I be funded, will I still have a stipend during that time, will I get time added on at the end, what are the conditions? It's often fairly opaque what those conditions are and what those allowances are (Debra, Disability Manager/Advisor, interview 7).

Such issues relate to parental leave with the following FG excerpt reflecting how already stressful times do not need further layers of uncertainty:

... it takes up so much of my time just emailing back and forth and just... there's no clear policy with the maternity and paternity stuff. I just... it's not there... (Segna, doctoral student, FG 5).

Such desire for information, but at the same time ending up with conflicting or unclear information extended to changing mode of study after a period of maternity leave:

... I transferred to part-time after my maternity leave, and I really... it wasn't necessarily what I... I wouldn't have necessarily wanted to go down to 0.5, which is what I'm on, although this is what I've been told is the only fraction allowed from my institution. Although, I noticed that ESRC funding guidance on this seems to suggest otherwise, but that's been completely unclear if I could be allowed to do a different fraction of 0.6/0.8, which financially would be a lot more manageable, but unfortunately, it's not... because of the childcare... (Milly, doctoral student, FG 6).

Overall, the findings seem to suggest a substantial, yet multi-faceted overhaul of how UKRI presents key information to current and prospective doctoral students, especially directly related to EDI aspects of the T&Cs. More importantly, UKRI should also provide such information in a range of formats, especially compliant with the needs of disabled, neurodivergent, and deaf (BSL and non-BSL) doctoral students.

13 Conclusions

The doctoral training awards are transformational for many people who would otherwise not be able to pursue doctoral studies. However, for many current doctoral training students, the system of support in its current form is entrenching wider inequalities, particularly relating to caring responsibilities, disability and the benefits that may be achieved through change of mode of study. In this conclusions section we present an overview of the changes the 26 recommendations could make to the lives of doctoral training students, and the wider R&I ecosystem. A detailed analysis of each recommendation is provided in [Appendix 10](#)).

The 26 recommendations from Advance HE are supported with clear implications for what could happen if the recommendations are not implemented. The doctoral training students involved in these FGs, and interviews confirmed various reasons for experiencing financial hardship and/or other challenges because of their protected characteristic status and/or their mode of study. Disability advisors confirmed that they must work within the constraints of the systems in place, although doctoral training student participants also highlighted that disability advisors were not always cognisant of what accommodations were available, permissible or needed. Improved information on what support is available and how and when this can be accessed would improve the experiences of doctoral training students. However, it is also important to note that systemic change is required if the hardships reported by doctoral training students are to be avoided.

13.1 Impact on doctoral training students

The adoption of the 26 recommendations has the potential to transform the experiences of current and future doctoral training students, by ensuring that disability and caring are not barriers to pursuing doctoral study. Implementing the recommendations set out by Advance HE will help to ensure a diverse pipeline of future globally leading researchers across the R&I ecosystem. If the recommendations are not adopted the stubborn gendered and ableist inequalities in research will persist, making it very difficult for UKRI and other key stakeholders to realise their EDI ambitions. While we focus here on the impact the changes would have for doctoral students, we also note that these changes would also improve the working conditions of staff across the R&I ecosystem.

13.2 Impact on carers

Currently it is clear that the provision for those with childcare responsibilities, while generous in terms of maternity leave, falls short of providing the holistic support that doctoral training students require to balance study with family life. The implementation of recommendations 1-7 would ensure that doctoral training students are able to combine their doctoral study without restrictions to institutional facilities, adequate and appropriately resourced parental leave, and access to funds for childcare. Doing so may indeed reduce the demand to change modes of study to part-time but may also reduce attrition from doctoral programmes and extensions to periods of study. The reduction of the stress on doctoral training students who are parents would also be beneficial not only to their health and well-being but also that of the other parent. It is important to note the inequalities in parental leave between maternity and paternity leave, with the poorer provision of the latter potentially contributing to the unequal divisions of labour. However, more work is needed to understand how non-parental forms of caring, such as caring for a disabled adult, can be better supported. The data suggests that if the recommendations are not implemented, gendered inequalities in the R&I community may be (re)produced.

13.3 Impact on disabled people

The FG and interview respondents shared challenging and confronting experiences of navigating doctoral training as a disabled, neurodivergent, or deaf person. The implementation of recommendations 8-14 would ensure greater inclusion of disabled, neurodivergent, and deaf doctoral training students in the R&I ecosystem.

The recommendations, if implemented would ensure that accommodations are easily accessed, well understood by key stakeholders, provided from the point of application and readily available across the period of training. Making these changes would enable disabled doctoral students to retain a focus on their research and training, limiting the stress and energy depletion of navigating a system of adjustments which is at best confusing and at worst a barrier to a research career. Failure to simplify access to, and the provision of, adjustments will entrench ableist, audist and neurotypical cultures across the R&I ecosystem.

While the recommendations would offer a more accessible doctoral training system to disabled, neurodivergent and deaf researchers, it is important to acknowledge the persistent ableist norms in universities (the site where most participants receive their training), which create cultures of exclusivity for disabled researchers. Therefore, there is a need for systemic change whereby wider stakeholders, including supervisors, are aware of the legal responsibilities they must anticipate and create accessible and fair working environments for students. Doctoral training students feel they occupy a liminal position in universities where they struggle to access the levels of support available to taught students (whose adjustments are often unsuitable to doctoral training) and staff for whom universities have limited disability support provision. This would suggest there is a need for greater clarity in the position occupied by doctoral students. It is also important to reflect on the need for adjustments to be accessible while doctoral training students are working away from their institution, for example, on international field sites or within businesses or during field work. As such, students struggle to access accommodations increasing levels of stress, potentially exacerbating underlying health conditions and placing undue pressure on the research itself. Recommendations 8-14 would go some way to addressing this problem, but further work rooted in a whole systems approach is required to create concrete change to make doctoral training a realistic option for many disabled, neurodivergent, and deaf people.

13.4 Changing mode of study and EDI

There is a significant overlap between caring responsibilities, disability and change of mode of study. Recommendations 15-24 specifically refer to the changes from full-time to part-time study and vice versa. The implementation of these recommendations would create a fully resourced flexible approach to mode of study, reducing attrition from doctoral study. Many of the FG respondents reflected on the need to secure part-time work to fund a move to part-time doctoral study, which exacerbated burnout and underlying health conditions, often leading to extended absences. Ensuring that a move to part-time study was appropriately resourced would help some doctoral students to manage their health conditions or caring responsibilities without the risk of further harm to their well-being. If the recommendations to support change of mode of study are not adopted, the data presented here suggests that doctoral study may become unaffordable and inaccessible, particularly for those without wider familial support. It is essential that research organisations do not use part time study as a form of accommodation in lieu of other reasonable adjustments. Further research organisations must ensure that part time and full-time students receive equitable treatment.

13.5 Impact on UKRI's EDI goals

UKRI is committed to removing barriers to inclusion across the R&I ecosystem. The training grants are a key lever for accelerating equity by opening doctoral study to those who may have been historically excluded or marginalised. The implementation of the recommendations, along with a holistic approach, will help to centre EDI across the R&I ecosystem. Not only will this create equity by removing barriers to participation and excellence, but it will also ensure that the R&I community reflects the societies it serves.

Importantly, while this report focuses on doctoral students, many of these changes would affect positive change for staff working across the R&I ecosystem. Many of the challenges reported by disabled, neurodivergent and deaf doctoral training students has also been reported by staff in universities ([Sang et al., 2022](#); [O'Brien, 2023](#)). It is vital that changes to the training grants are met with changes in the provision of support for staff to prevent disabled people 'falling off the cliff edge' they report in the transition from doctoral student to staff in UK universities ([Sang et al., 2022](#)). The implementation of the recommendations would create the foundations for significant practical changes to remove barriers to participation in R&I careers by those with caring responsibilities and disabled, neurodivergent, and deaf people.

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15 Appendices

Appendix 1: Equality, diversity and inclusion-related recommendations from Advance HE's assessment of terms and conditions of doctoral training grants

Category of recommendations	No.	Recommendation
<i>People with childcare and caring responsibilities</i>	1	UKRI should ensure that health and safety is not used as a blanket policy to prevent children being present on research organisation premises [back⁴] .
	2	UKRI to continue to monitor the rate and period of pay for all types of parental pay to ensure it is in line with or exceeds that in employment [back] .
	3	In relation to shared parental leave pay, UKRI to consider if it can mirror statutory shared parental leave pay. At present [May 2023], shared parental leave is paid at £156.66 a week [back] .
	4	UKRI to consider if the equivalent of Unpaid Parental Leave would be feasible within a studentship context. If students have flexibility on when they can take leave, which is up to 8 weeks (Training Grand Condition 8.3 on Annual leave) it may not be necessary, as 8 weeks leave is more than is available in employment. However, not all students will get 8 weeks as it is a maximum and if they are required to take their leave at particular times of year, it may not be sufficiently flexible to enable a parent to look after their child's welfare [back] .
	5	UKRI to seek to understand if full-time students find themselves in financial hardship because of their caring responsibilities. If appropriate, UKRI to work with relevant government departments to seek a solution [back] .
	6	UKRI to consider introducing a non-repayable childcare grant for doctoral students and to work with the Department for Education to explore feasibility and eligibility criteria. The grant should not be based on the age of the child alone. For instance, when a child is school age, a student may still need to pay for wrap around care and care during the school holidays. As breaks from a studentship are only recommended for 12 months, 'unless exceptional circumstances prevail' students are likely to need to access childcare around the time of their child's 1st birthday, if not before, particularly if they are an international student on a Tier 4 visa [back] .
	7	UKRI to review the information and advice available to students in receipt of a research stipend, in relation to the childcare support available to them. At present students could embark on a studentship without being aware that they may not be eligible for childcare funding [back] .
<i>Disabled people</i>	8	UKRI to ensure that grant holders make reasonable adjustments as soon as they are made awareness of a person's disability or could reasonably be expected to know that a person is disabled. This could be during the application process as well as on commencement of a stipend and during a stipend [back] .
	9	UKRI to consider the information, advice, and guidance available on its website that might be used by prospective applicants and those in receipt of a UKRI studentship and seek to provide more information on the support available to disabled PGRs. See Disabled Student Commission guidance DSC Considerations for disabled applicants postgraduate_1615478159.pdf [back] .
	10	UKRI to encourage research organisations to provide all applicants with information about DSAs [Disabled Students Allowances – UKRI runs its own scheme for UKRI funded students, broadly equivalent to a scheme for non-funded students run by DFE] and the support available to disabled doctoral students [back] .

⁴ Return back to findings

	11	UKRI to review the period of sick leave and sick leave pay and consider if it is possible to pay up to 28 weeks in all circumstances, not just Covid-19 [back] .
	12	The 28-week period of leave without risk of suspension aligns with entitlements in employment. At present a period of 28 weeks of sick leave without risk of suspension is likely to constitute a reasonable adjustment for disabled students. UKRI to review the period following which suspension occurs and to ensure that research organisations explore reasonable adjustments before suspension occurs [back] .
	13	Within the terms and conditions, there is no mention of the support beyond pay for people on sick leave. This can be expanded to set the expectation that students should be able to access research organisation facilities and support while on sick leave, indeed support could result in a shorter period of sick leave being taken, particularly with regards mental health. UKRI can also outline the need to provide support on return from long term absence, including whether there is a need for the student to seek support from student wellbeing and disability services and the need to check that reasonable adjustments are in place and appropriate for students who take time out due to a new or existing disability. For further information see Returning to work after absence: Absence from work – Acas [back] .
	14	In its work to promote equality, diversity, and inclusion, UKRI could take steps raise awareness of the barriers that students from underrepresented groups experience and encourage research organisations to share their experiences of improving equality, diversity and inclusion within their recruitment processes [back] .
<i>Mode of study and phased return to study</i>	15	UKRI to take steps to ensure that where part-time study is feasible, in relation to the research area and objectives of research funding, part-time students have access to the same funding support as full-time student [back] .
	16	UKRI to consider undertaking research to identify where differences do occur between the treatment of part-time and full-time PGR students in relation to fees and other support and to consider whether differences are justifiable [back] .
	17	UKRI to expand the terms and conditions to recognise that people may need flexibility for a range of reasons e.g. caring responsibilities; they have a fluctuating health condition and want to change their commitments or a change in employment status etc. [back] .
	18	The guidance makes clear that student support must be extended to offset a period of maternity leave, ordinary paternity leave, adoption leave, unpaid parental leave, extended jury services and absences covered by a medical certificate. UKRI to consider extending this provision to cover other protected characteristics, specifically disability, gender reassignment and pregnancy [back] .
	19	UKRI to consider if reflecting employment law changes, to enable students to make up to two requests [to change their mode of study] within a 12-month period, will be feasible [back] .
	20	UKRI to highlight a broader range of flexible [study] options within its terms and conditions [back] .
	21	UKRI to recognise that students may wish to change their mode of study because of a health reason whether or not it is recommended by a health professional and to consider whether evidence from a health professional is required for students with known conditions [back] .
	22	UKRI to consider why the period of phased return is 4 weeks. The ACAS guidance Returning to work after absence: Absence from work - ACAS covers phased returns and it highlights that the phased return arrangements can be reviewed after 4 weeks. Indeed, some students may need to have a phased return over a longer period. In employment staff often use annual leave accrued while on sick leave to support their phased return and UKRI could explore whether this is feasible in a studentship context [back] .
	23	UKRI to consider extending provision for a phased return to students in relation to pregnancy and maternity and absence following gender reassignment. For example, a phased return could support a student who is breast-feeding in adjusting to being away from their child for extended periods [back] .
	24	UKRI to consider providing examples of where it would expect a student to move to part-time rather than using a phased return [back] .
<i>Information needs</i>	25	Consider the information, advice, and guidance available to students about complaints in the information, advice and guidance provided to doctoral applicants and students by UKRI [back] .
	26	UKRI to consider developing a student-facing version of the terms and conditions [back] .

Appendix 2: Details of focus groups and participants

No.	Topic	Date	Participants	Follow up interviews (no.)	Age of participants (range in years/no.)	Gender (no.) ⁵	UK-Ireland to international ratio
1	Mode of study	28 November 2023	12		20-34 (11) 55-64 (1)	F (7)/M (5)	10:2
2	Neurodivergence	23 November 2023	15		20-34 (11) 35-44 (4)	F (7)/M (7)/NB (1)	9:6
3	Disability	29 November 2023	13		20-34 (7) 35-44 (3) 45-54 (1) 55-64 (2)	F (6)/M (5)/NB (1)/PNTS (1)	8:5
4	Disability	29 November 2023	13		20-34 (11) 35-44 (2)	F (9)/M (4)	8:5
5	Childcare	30 November 2023	14		20-34 (4) 35-44 (7) 45-54 (3)	F (10)/M (4)	10:4
6	Childcare	30 November 2023	15		20-34 (3)	F (10)/M (5)	10:5
7	Carers	5 December 2023	8		35-44 (8)	F (5)/M (2)/GQ (1)	6:2
8	Disability managers/advisors	4 December 2023	6	4	No data collected	No data collected	N/A
9	Directors/managers of doctoral programmes	6 December 2023	8		No data collected	No data collected	N/A
10	Deaf (non-BSL)	6 December 2023	4	3 (BSL)	20-34 (3) 45-54 (1)	F (4)	4:0
11	Left doctoral study	12 December 2023	3	3	20-34 (2) 65-74 (1)	F (1)	2:1
12	Not pursued doctoral studies	12 December 2023	3	3	20-34 (1) 35-44 (1) 45-54 (1)	M (2)	2:1
Subtotal			114	13			
Total participants			127				

⁵ 1 F = Female, M = Male, NB = Non-binary, PNTS = Prefer not to say, GQ = Genderqueer

Appendix 3: Study information and informed consent

Study details

You are invited to participate in a qualitative study looking to understand the experiences of PGR students and PGR stakeholders.

Before deciding to take part, it is important that you understand the motives of this research and what it will involve.

Please ask us if there is anything that is not clear or if you would like more information.

The School of Social Sciences Ethics Committee at Heriot-Watt University has approved this study.

If you have any questions now or before and after participation, please contact us via edicaucus@hw.ac.uk.

How will Focus Group information be used?

If you agree to take part in a focus group (or interview if applicable), you will be asked to give your consent to the study.

We will be in touch shortly to confirm participation details.

If you are selected to participate in a focus group (or interview if applicable), our discussion will contribute to understanding the broader objectives of this study, which include identifying the impact of current arrangements on PGR students and informing PGR provisions to better support PGR students, as part of UKRI's work on a New Deal for postgraduate research.

This aims to ensure that postgraduate research in the UK remains open and attractive to a wide range of people, is sustainable and can deliver highly skilled researchers.

The study's main outputs will therefore reflect these aims and may also include other forms of dissemination, such as journal articles, academic and practitioner presentations, social media posts, and blog articles.

What does taking part in this study involve?

Each focus group will last approximately 75 minutes, with the first 15 minutes based on welcoming and briefing you, plus up to 60 minutes of confidential discussion.

The discussion will be recorded, which will be stored safely and handled in accordance with strict ethical guidance from Heriot-Watt University. Heriot-Watt University's Research Ethics Policy can be found here: <https://www.hw.ac.uk/documents/research-ethics-policy.pdf>

The recording will be transcribed verbatim, removing all directly and indirectly identifying information.

If you have expressed interest in any of the focus groups (or interviews) and require reasonable adjustments, we will request these when reaching out to selected participants with further information.

BSL Interpretation will be provided in the Focus Group (and any interviews) for Deaf Students.

Participants' rights and withdrawal

Taking part in this study is entirely voluntary; it's up to you to decide whether or not to take part.

If you decide to take part, you are still free to withdraw from the study up to five working days after the data is collected without giving a reason.

To allow us to have the best chance of withdrawing your contribution, please email edicaucus@hw.ac.uk.

Please note that after data has been collected at the focus group, all information relating to individuals and organisations will be pseudonymised, and you will not be recognisable in the analysis.

After pseudonymisation has occurred it will not be technically possible to remove contributed data.

A copy of the Heriot-Watt University Privacy Notice for Research Participants can be found here: <https://www.hw.ac.uk/uk/services/information-governance/protect/gdpr-what-it-means-for-researchers.htm>

Honorarium

For those selected, taking part in the study involves a £50 honorarium, to thank participants for giving up their valuable time and insight.

Accepting the honorarium does not negate your right to withdraw from this study at any time - within 5 working days after the focus group (or interview) has taken place.

Confidentiality

All data obtained during the study will be pseudonymised to remove details identifying individuals and kept safe on Heriot-Watt University IT systems.

Your contact details will be kept strictly confidential and will only be accessed by the researchers. Heriot-Watt University's Data Protection Policy can be found here: <https://www.hw.ac.uk/documents/heriot-watt-university-data-protection-policy.pdf>

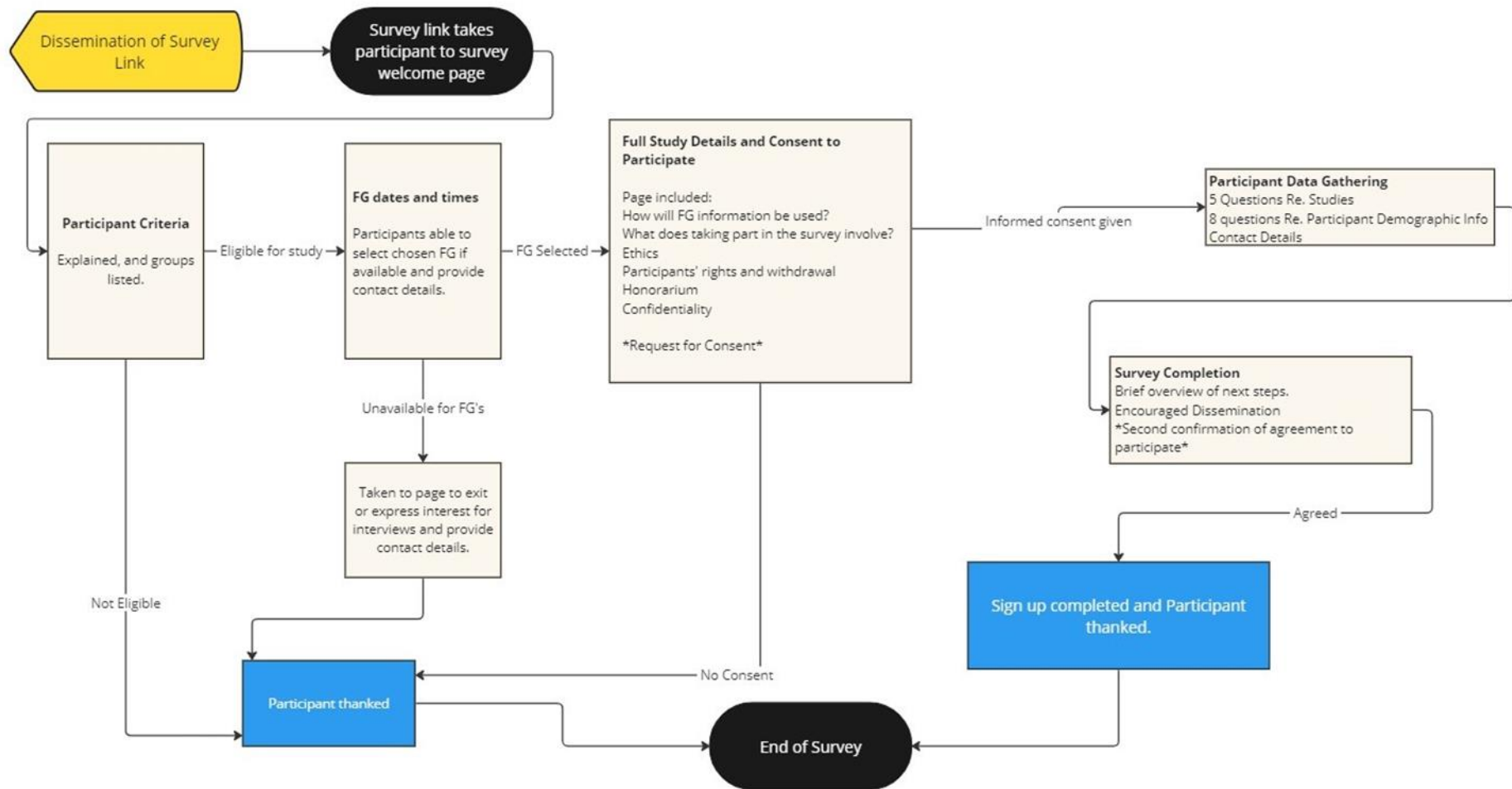
Consent to take part in the study

If after reading the above statement (and querying anything via email) you are happy to be considered to take part in our study, please select 'Yes' to consent to participation (we will go through consent again briefly before focus groups and interviews), followed by selecting:

Yes, I consent to taking part in the study

No, I do not want to take part in the study

Appendix 4: Details of the recruitment to, and informed consent for, focus groups and interviews



Appendix 5: Doctoral training student debrief document

Debriefing information for the online focus groups involving PGR students and key stakeholders to PGR study

The focus groups cover a range of important matters directly related to doctoral studies, but also wider matters unrelated to doctoral studies, but could still influence the outcomes of such studies. Below you will find a range of information you may find useful because of taking part in this research project. Generally, however, doctoral students should in most instances be able to raise concerns they may have with their studies with, for example, supervisory team members, a director of doctoral studies/training programmes, professional services staff employed to support doctoral studies (e.g., disability officer), the funding council/body (if applicable), student union representatives. The list below is not intended to be exhaustive, and should you be aware of any further and relevant sources of information and support, please consider emailing them to: edicaucus@hw.ac.uk

Disabled doctoral students

The following represents organisations and information if you are disabled and studying for a doctoral or higher education-level qualification:

Disability Rights UK: <https://www.disabilityrightsuk.org>

Chronically Academic: <https://www.disabilityrightsuk.org>

Deaf doctoral students

The following represents organisations and information if you are deaf and studying for a doctoral or higher education-level qualification:

Deaf Action: <https://deafaction.org/>

British Deaf Association (BDA): <http://bda.org.uk>

Deaf UK & Ireland Academics: <https://deafuki.wordpress.com/>

Neurodivergent disabled students

The following represents organisations and information if you are neurodivergent and studying for a doctoral or higher education-level qualification:

Dyslexia Action: <http://www.dyslexiaaction.org.uk/>

The British Dyslexia Association: <http://www.bdadyslexia.org.uk/>

Dyspraxia Foundation: <https://dyspraxiafoundation.org.uk/>

The British Dyslexia Association: <http://www.bdadyslexia.org.uk/>

ADDiSS: <http://www.addiss.co.uk/>

National Autistic Society: <http://www.autism.org.uk/>

Asperger's Syndrome Foundation: <http://www.aspergerfoundation.org.uk/>

Students with childcare and caring responsibilities

The following represents organisations and information if you have childcare and caring responsibilities and studying for a doctoral or higher education-level qualification:

Carer trusts: <https://carers.org/>

Carer network: <https://www.carers-network.org.uk/>

Appendix 6: Universities represented in the study

Doctoral training students and host institutions (not incl. non-pursued)	University employees and their host institutions, e.g., directors/managers of doctoral programmes, disability advisors/managers
<ol style="list-style-type: none"> 1. Aberystwyth University 2. Anglia Ruskin University 3. Bangor University 4. Cardiff University 5. Cranfield University 6. Durham University 7. Heriot-Watt University 8. Imperial College London 9. Keele University 10. King's College London 11. Lancaster University 12. Liverpool School of Tropical Medicine 13. London School of Hygiene and Tropical Medicine 14. Newcastle University 15. Queen Mary University of London 16. Queens University Belfast 17. Sheffield Hallam University 18. SOAS University of London 19. Swansea University 20. The Open University 21. University College London 22. University of Aberdeen 23. University of Bath 24. University of Birmingham 25. University of Brighton 26. University of Bristol 27. University of Cambridge 28. University of Dundee 29. University of East Anglia 30. University of Edinburgh 31. University of Exeter 32. University of Glasgow 33. University of Leeds 34. University of Liverpool 35. University of Manchester 36. University of Nottingham 37. University of Oxford 38. University of Reading 39. University of Sheffield 40. University of Southampton 41. University of St Andrews 42. University of Surrey 43. University of the Arts London 44. University of the West of England 45. University of the West of Scotland 46. University of Warwick 	<ol style="list-style-type: none"> 1. Liverpool John Moores University 2. Northumbria University 3. Queen Mary University of London 4. The Open University 5. University of Bristol 6. University of Southampton 7. University of St Andrews 8. University of Sussex 9. London School of Hygiene and Tropical Medicine 10. Oxford Brookes University 11. Newcastle University 12. University of Cambridge 13. University of East Anglia 14. University of Edinburgh 15. University of Exeter 16. University of Southampton

Appendix 7: Coding template for data analysis

No.	Caring responsibilities	Suggested sub codes	Examples
1	Children on research organisation premises	Health and safety, fieldwork sites,	Access to childcare/ lack of "pop up childcare," accessing research sites e.g., archives, laboratories, external sites e.g., festivals, oceanic sites
2, 3, 4	Parental pay and leave	Maternity leave, paternity leave, shared parental leave, maternity pay, paternity pay, unpaid leave, temporary suspension of studies	Suspending studies, switching mode of study, students taking sick leave instead of parental leave
5	Financial hardship	Unpaid rent/mortgage, missed meals, impact on mental and physical health/stress	Taking second jobs, loans from family/bank etc., hardship funds, leaving studies, access to familial/community support (students who have moved may not have access to family support. Care leavers similar and those estranged from family). Consider single parents, lone carers. Mode of study, i.e., (receive half of training grant)
6	Childcare grant (could this be extended to, e.g., respite grant, or more specialised caring grant?)	Examples of financial hardship Examples of perceived hardship	See above Leave studies Not-pursue studies
7	Availability and understanding of UKRI provided carers' support	Students/supervisor/institutional awareness and understanding of UKRI provision Lack of carer's leave	Are key stakeholders aware of such a provision? Is the information readily accessible? Consider here focus beyond childcare towards care for partner, parent etc. Students take sick leave instead of carer's leave
Disabled people			
8	Institutional responsibility to implement reasonable adjustments	Reasonable adjustments, disability office, students' awareness of institution responsibility Impairment differences (applies across all subsequent codes)	Examples of reasonable adjustments, discussion of institution procedure and challenges to secure them, supervisor understanding/awareness, impact on research itself (e.g., changing topics, reduced access to data), access to interpreters. Understanding of impairments and impairment effects. Use of social model of disability

9	UKRI information on support for disabled students	Students' awareness of information	Is this available in an accessible format?
10	Institutional information provision on DSA & wider support	Student disability services, supervisor awareness and understanding.	Existence of disability support, student awareness of such support, supervisor understanding/awareness. Access to state benefits e.g., PIP
11	UKRI paid sick leave	Uptake of paid sick leave, adjustments to working patterns, supervisor attitudes to sick leave	Students' awareness of such sick pay, temporary suspension of studies, switching mode of study, institutional practice, may link to financial hardship. DTP awareness, no distinction for disability or family emergency leave
12	Review suspension period beyond 28 weeks for disabled students		Students leaving studies/switching mode due to disability leave beyond 28 weeks
13	UKRI T&Cs on sick leave & support	Access to supervisor, research site, offices etc. during leave. Phased return to study	Phased return, keeping in touch days, contact with wider research team. Return to study interview/meeting, access to disability support. DTP involvement.
14	Raising awareness of disabling barriers	Institutional awareness of barriers/institutional barriers. Information shared by DTP/CDT	
Mode of study/phased return			
15	PT student access to full range of research support		Where students may have perceived a discrepancy between their experience and those of full-time students. Recommendations on how to remedy this
16	Differential treatment of PT students	Examples of differential treatment – institutional, DTP/CDT, supervisor	Consider here also different access to things such as council tax reductions, childcare allowances
17	T&C need to recognise flexibility		Students leaving, not-pursuing, or suspending studies due to lack of flexibility, Consider the conflict between flexibility and the stipend received, may link to financial hardship, Flexibility for international students
18	Student support to offset absences/changes of mode of study	Understanding of current guidance (student, supervisor, institutional, CDT/DTP)	May link back to financial hardship, suspension of studies, delayed data collection etc.

19	Change of mode of study 2 x year	Change of mode (link back with disability) frequency Institutional & supervisor understanding/awareness	Link this with suspension/withdrawal of studies, impact on the research itself, struggle to complete study within the funding period, binary choice, i.e., FT or 0.5 PT
20	T&Cs to reflect more examples of change of mode		Will draw on other codes
21	Requirement of medical evidence for change of mode	Access to diagnosis/healthcare professional, institutional requirements, supervisory awareness, and attitudes	Stigma, shame. Note conditions may take some time to be diagnosed. Lack of understanding from healthcare (e.g., gynae health, CFS). Intersection with other protected characteristics. Withdrawal of study due to lack of evidence. Impact on the research itself. MH and ND harder to demonstrate
22	Period of phased return – why 4 weeks?	(see codes for 8-14). Supervisory understanding/awareness, institutional barriers	Rushed return (may lead to longer or repeated absence), may also link to health and safety (consider the variety of research sites people access), lack of awareness of phased return, limited evidence of use/consideration
23	Extend phased return beyond ill health	Examples of phased return e.g., being too short	Consider parental leave here, gender reassignment. Reflect on impact on the research itself. Are there examples of students withdrawing or changing mode of study due to 4 week phased return?
24	UKRI expectation of move to PT rather than phased return		Consider examples where PT study may have been more appropriate e.g., where the research itself may benefit, long term condition requiring regular hospital visits
Information			
25	Accessibility of complaints information in UKRI guidance	Examples of complaints taken to DTP/institution/supervisor Student awareness/understanding of complaints procedure	Did students make complaints? If not, why – consider fear of ramifications on career, lack of access to procedures, lack of awareness of complaints procedure, examples of hidden grumbles/grievances with funding council
26	Student facing T&Cs	Students' understanding of T&Cs,	Do students read the T&Cs? Do they understand them? Are they in accessible formats e.g., plain English, BSL, conflicting interpretations when mediated through advisors, e.g., DTPs and disability advisors

Appendix 8: Focus group questions

Focus group 1: Mode of study

- What led to you changing your mode of study; this could include switching between full-time and part-time, studying outside of standard hours, studying from home, etc.?
- What have been your experiences of changing your mode of study?
- What options regarding mode of study are available to you? Have you been given the option to change how much you study? And have you been given the option to studying outside of standard hours, studying from home?
- Under current UKRI terms and conditions, students can change their mode of study once per studentship. What have been your experiences of this and what impact has this had on your ability to complete your studies? Prompts, if required:
- Would being able to change mode of study more than once per studentship have a significant impact, and if so, how?
- For those who have changed from full-time to part-time, how do your experiences of support and resources compare?

Prompts/questions if have time/if direction of discussion:

- What have been your experiences of using phased returns to study? If you have used this, are there any areas regarding phased return where you feel you could have been better supported?
- Would being able to have a phased return over four weeks or more have a significant impact for you, and if so, how?
- Are there any alternatives to officially changing mode of study that might, in certain circumstances, support you or other students better?
- What have been the impacts of changing your mode of study or not being able to change it? Prompts, if necessary:
- What impact did the change have on the finance aspect of studies?
 - your ability to complete your project or write your thesis and submit it within the funding period?
 - your participation in wider training opportunities, such as taught courses or placements?
 - your physical or mental health?
 - any paid work you undertake outside of your degree?
 - in any other way?
- Are there downsides to changing mode of study?
- What changes would you like to see in the support provided to doctoral students who consider or require changing their mode of study to make the changing process easier/smoothed? What effect would that have on doctoral students studying for their doctorate?

Focus groups 2, 3 and 10: Neurodivergent, disabled, Deaf

- What have been your experiences of managing finances while studying? Prompts, if required:
- Did you need or receive any additional financial support? For instance, from the university or government? If so, how did having or not having this support impact your situation?
- How would you describe your experiences of accessing any changes you need to remove disadvantages you face due to ND/disability/deaf (*tailor to group*) e.g. reasonable adjustments?
- What have been your experiences of requiring or receiving additional time away from your studies?
- What sort of leave were you able to take/expect to take?
- How did this approach impact your study?
- What have been your experiences of facing the need to change or changing your mode of study; this could include switching between full-time and part-time, studying outside of standard hours, studying from home, etc. How did these adjustments affect your studies and personal life/mental health? What has had the largest impact?
- What are the most impactful changes would you like to see in the support provided to disabled/neurodivergent/Deaf doctoral students to make studying easier/smoother? What effect would that have on disabled/neurodivergent/Deaf doctoral students studying for their doctorate?

Focus groups 5 and 6: Childcare

- Has caring for children had an impact on your study? Prompts, if required:
 - On your ability to complete your project or write up and submit within your funded period?
 - On taking up wider training opportunities, such as taught opportunities or placements?
 - On your physical or mental health?
 - On any paid work you undertake outside of your degree?
 - In any other ways?
 - Where have the largest impacts been observed?
- What have been your experiences of managing finances while studying? Prompts, if required:
 - Did you need or receive any additional financial support? For instance, from the university or government, or free/subsidised childcare? If so, how did having or not having this support impact your situation?

Prompts/questions if have time/if direction of discussion.

- What have been your experiences of receiving childcare support as a doctoral student?
- What have been your experiences of requiring or receiving additional time away from your studies?
- What have been your experiences of facing the need to change or changing your mode of study; this could include switching between full-time and part-time, studying outside of standard hours, studying from home, compressed hours, etc. How did these adjustments affect your studies and personal life/mental health?

- For those who became parents during their studies, how would you describe your experiences with accessing maternity, paternity, shared parental, or other leave? How did these experiences affect your studies, personal life, and mental health?
- What have been your experiences of returning to study after any of maternity, paternity, or parental leave? Prompts, if required:
 - Were there any challenges or positives?
 - Would a phased return to study have led to a different experience after returning from maternity leave?
- What have been your experiences of facing the need to take additional leave after your children grew up?
- What changes would you like to see in the support provided to doctoral students with children to make studying easier/smoothier while managing childcare responsibilities? What effect would that have on students with children studying for their doctorate?

Focus groups 7: Carers

- Has caring for an adult had an impact on your study? Prompts, if required:
 - *On your ability to complete your project or write up and submit within your funded period?*
 - *On taking up wider training opportunities, such as taught opportunities or placements?*
 - *On your physical or mental health?*
 - *On any paid work you undertake outside of your degree?*
 - *In any other ways?*
 - *Where have the largest impacts been observed?*
 - What have been your experiences of managing finances while studying? (ask regarding devolved nation differences)
 - *Did you need or receive any additional financial support? For instance, from the university or government? If so, how did having or not having this support impact your situation?*
 - *How might making Carers Allowance available to part-time student's impact studies?*

Prompts/questions if have time/if direction of discussion.

- What have been your experiences of requiring or receiving additional time away from your studies? How did this impact your experience?
- What have been your experiences of facing the need to change or changing your mode of study; this could include switching between full-time and part-time, studying outside of standard hours, studying from home, etc. How did these adjustments affect your studies and personal life/mental health?
- How would you describe your experiences with leave? How did these experiences affect your studies, personal life, and mental health?
- What have been your experiences of returning to study after leave?
 - Were there any challenges or positives?
- What study-related challenges have you faced in relation to your caring responsibilities? Prompts: What have been the impacts of caring responsibilities on
 - Your ability to complete your project or write up and submit within your funded period?
 - Your participation in wider training opportunities, such as taught opportunities or placements?

- Your physical or mental health?
- Any paid work you undertake outside of your degree?
- In any other ways?
- What changes would you like to see in the support provided to doctoral students with caring responsibilities to make studying easier/smoothier while managing caring responsibilities? What effect would that have on students with caring responsibilities studying for their doctorate?

Focus groups 8: Disability advisors/managers

- What are the challenges you face as key stakeholders in supporting disabled students? Do these challenges differ regarding supporting UKRI funded students compared to supporting other students, and if so, how? Are there particular barriers you've come across (e.g. from UKRI terms and conditions or elsewhere)
- What is the impact of current levels of support on disabled students? E.g. the time they have to focus on their studies, their ability to submit their project within their funded period etc.
- How would you describe the current support level for disabled doctoral students on their studies? (prompts: communications, changes to mode of study, financial support)
- What could be done to improve retention of disabled students? (prompts: communications, changes to mode of study, financial support)
- How would you describe the support in place for your role? Are there any changes that could improve your ability to carry out your role?
- What else can you tell us about what might better support disabled doctoral students?

Focus group 9: Directors of doctoral programmes

- What are the challenges you face as key stakeholders in supporting students? Do these challenges differ regarding supporting UKRI funded students compared to supporting other students, and if so, how? Are there particular barriers you've come across (e.g. from UKRI terms and conditions or elsewhere)
- What is the impact of current levels of support on students? E.g. the time they have to focus on their studies, their ability to submit their project within their funded period etc.
- How would you describe the current support level for doctoral students on their studies, especially related to those needing childcare, have caring responsibilities, disabled? (prompts: communications, changes to mode of study, financial support)
- What could be done to improve retention, especially related to those needing childcare, have caring responsibilities, disabled? (prompts: communications, changes to mode of study, financial support)
- (Depending on roles) - How would you describe the support in place for your role? Are there any changes that could improve your ability to carry out your role, e.g. for disability officers at research organisations?
- What else can you tell us about what might better support doctoral studies?

Focus groups 11: Leavers

- What were your reasons for leaving studies?
 - Which of these reasons was the most important in your decision to leave doctoral studies?

- What path did you pursue after leaving your doctoral study? What aspects of that path were particularly attractive to you?
- What support do you think was missing but especially important to you and would have changed your decision to leave if it had been available? How would this support have helped you to continue your studies? Prompts:
 - What changes in the provisions of financial support, communications with institution/funder, mode of study, options for leave, support in relation to childcare or caring responsibilities would have an impact on your study decision?
- What other changes that we have not discussed do you think could have influenced your decision?

Focus group 12: Non-pursuers

- At what stage did you choose not to study – did anyone subsequently take up doctoral study elsewhere/not UK?
- What were the reasons for your decision not to do a doctorate?
- Which of these reasons was the most important in your decision not to do a doctorate?
- What path did you pursue after leaving your doctoral study? What aspects of that path were particularly attractive to you?
- What support do you think was missing but important to you and would have changed your decision not to pursue a doctorate if it had been available? How would this support help you to continue your studies?
- What changes in the provisions of financial support, communications with institution/funder, mode of study, options for leave, support in relation to childcare or caring responsibilities would have an impact on your study decision?
- What other changes that we have not discussed do you think could have influenced your decision?

Appendix 9: Interview questions (disability managers/advisors, leavers, and non-pursuers of doctoral programmes)

Interviews with disability managers

- Tell me a little about yourself first of all (age, family, gender, disability, and how you came into the role in question, is it rewarding?). What experience do you have in relation to doctoral students, are there any common things associated with supporting such students.
- What are the challenges you face as key stakeholders in supporting disabled students? Do these challenges differ regarding supporting UKRI funded students compared to supporting other students, and if so, how? Are there particular barriers you've come across (e.g. from UKRI terms and conditions or elsewhere)
- What is the impact of current levels of support on disabled students? E.g. the time they have to focus on their studies, their ability to submit their project within their funded period etc.
- How would you describe the current support level for disabled doctoral students on their studies? (prompts: communications, changes to mode of study, financial support)
- What could be done to improve retention of disabled students? (prompts: communications, changes to mode of study, financial support)
- How would you describe the support in place for your role? Are there any changes that could improve your ability to carry out your role?
- What else can you tell us about what might better support disabled doctoral students? What recommendations would you make to the funding councils that reflect your reason to leave your studies?

Interviews with non-pursuers

- Tell me a little about yourself first of all (age, family, gender, disability), whereabouts in the country you are and where/what you have studied up till now?
- So, regarding doctoral studies what were you looking to study, where and why,
- What have you done instead and why? (We will discuss why you didn't take up doctoral studies next so more why you are doing X right now.)
- At what stage did you choose not to study – if applicable, did they take up doctoral study elsewhere/not UK?
- What were the reasons for your decision not to do a doctorate and why? Which of these reasons was the most important in your decision not to do a doctorate?
- What support do you think was missing but important to you and would have changed your decision not to pursue a doctorate if it had been available? How would this support help you to continue your studies? What changes in the provisions of financial support, communications with institution/funder, mode of study, options for leave, support in relation to childcare or caring responsibilities would have an impact on your study decision?
- What other changes that we have not discussed do you think could have influenced your decision? What recommendations would you make to the funding councils that reflect your reason to not pursue studies?

Interviews with leavers

- Tell me a little about yourself first of all (age, family, gender, disability). What were you studying, where and why, and what they have done since and why?
- What were your reasons for leaving studies?
- Which of these reasons was the most important in your decision to leave doctoral studies and why?
- What path did you pursue after leaving your doctoral study? What aspects of that path were particularly attractive to you?
- What support do you think was missing but especially important to you and would have changed your decision to leave if it had been available? How would this support have helped you to continue your studies? Prompts:
- What changes in the provisions of financial support, communications with institution/funder, mode of study, options for leave, support in relation to childcare or caring responsibilities would have an impact on your study decision?
- What other changes that we have not discussed do you think could have influenced your decision? What recommendations would you make to the funding councils that reflect your reason to leave your studies?

Appendix 10: A detailed analysis of each recommendation

1 Support for people with childcare and caring responsibilities recommendations

Recommendation 1: UKRI should ensure that health and safety is not used as a blanket policy to prevent children being present on research organisation premises.

The findings from various perspectives provide strong support for Recommendation 1. In certain circumstances, allowing children to be present on research organisation premises could play a small yet significant role in promoting Equality, Diversity, and Inclusion (EDI) within academic environments by facilitating students without access to childcare to participate in supervisory meetings and other training opportunities. By implementing these suggestions, institutions can not only support PGR students in balancing their academic and caregiving responsibilities but also contribute to a more inclusive and supportive environment for all. This approach aligns with the broader goals of promoting EDI within research organisations and fostering a culture of understanding and flexibility. Implementing this change would also benefit staff across the research and innovation ecosystem, ensuring those with caring responsibilities are able to pursue careers in R&I. It is also important that consideration is given to how caring for disabled adults may be better supported.

Recommendation 2: UKRI to continue to monitor the rate and period of pay for all types of parental pay to ensure it is in line with or exceeds that in employment.

The current provisions can, in some circumstances prohibit doctoral training students from continuing study or possibly having children (we did not find explicit examples in the data, but the data strongly pointed to decisions surrounding having children was in some instances influenced by experiences of doctoral studies). Insufficient paternity leave can affect the ability of fathers to take an active role in caregiving responsibilities, perpetuating traditional gender roles and potentially disadvantaging caregivers.

Recommendation 3: In relation to shared parental leave pay, UKRI to consider if it can mirror statutory shared parental leave pay. At present [May 2023], shared parental leave is paid at £156.66 a week.

Recommendation 3 suggests that UKRI should consider mirroring statutory shared parental leave pay, aligning with provisions available in employment. However, the research findings indicate that this strategy is not commonly considered or implemented, primarily because it may simply be unavailable under current policies. The data reveals that the mirroring of statutory shared parental leave pay, as seen in employment, is not a widely recognised or implemented strategy within the context of DTGs. PGR students, despite their desire to consider shared parental leave options, face limitations due to eligibility criteria that are tied to employment status. This restricts their ability to take advantage of shared parental pay, potentially impacting their work-life balance and equality in caregiving responsibilities.

- UKRI should review and clarify the eligibility criteria for shared parental leave pay under DTGs. Ensuring accurate and accessible information about who qualifies for these benefits is crucial for PGR students to make informed decisions.
- Consideration should be given to aligning DTG provisions for shared parental leave pay with statutory schemes available in employment. This would provide PGR students with comparable benefits and support for shared caregiving responsibilities.

- Advocacy efforts can be made to lobby for policy changes that allow PGR students to access shared parental leave pay, even if they are not traditional employees. This would promote equality in caregiving responsibilities and support a more inclusive academic environment.

Recommendation 4: UKRI to consider if the equivalent of Unpaid Parental Leave would be feasible within a studentship context. If students have flexibility on when they can take leave, which is up to 8 weeks (Training Grant Condition 8.3 on Annual leave) it may not be necessary, as 8 weeks leave is more than is available in employment. However, not all students will get 8 weeks as it is a maximum and if they are required to take their leave at particular times of year, it may not be sufficiently flexible to enable a parent to look after their child's welfare.

The data from this research strongly advocates for UKRI to consider the feasibility of implementing an equivalent of Unpaid Parental Leave within the context of PGR studentships, as suggested in Recommendation 4. The absence of such provisions often leads to family-related circumstances being categorised as illness, potentially stigmatizing affected PGR students and impacting EDI efforts.

Participants emphasised the necessity of parental leave, not just for parents but also for those with other caring responsibilities. Introducing unpaid parental leave would serve to acknowledge the diverse challenges faced by PGR students, preventing such time off from being disguised as sick leave. This recognition is crucial in creating an inclusive and supportive academic environment, where family responsibilities are not stigmatised.

The implementation of unpaid parental leave would also address the issue of unrecognised and unresolved time off, particularly for caring responsibilities, which PGR students are more likely to require compared to undergraduate students. Participants highlighted instances where PGR students had to use bereavement leave or sick leave for extended periods of caregiving, indicating the need for a formalised unpaid leave policy.

However, it is essential to balance this with the consideration of financial hardship. While unpaid parental leave would prevent family emergencies from being misrepresented as illness, care must be taken to ensure that PGR students are not unduly burdened financially. Therefore, careful consideration should be given to the implementation of unpaid parental or carers leave within the studentship context.

Recommendation 5: UKRI to seek to understand if full-time students find themselves in financial hardship because of their caring responsibilities. If appropriate, UKRI to work with relevant government departments to seek a solution.

Recommendation 5 is well-supported by the findings that would strongly advocate for UKRI to seek a deeper understanding, as suggested in Recommendation 5, of the financial hardship faced by full-time PGR students with caring responsibilities. This initiative could significantly alleviate the financial burdens experienced by UKRI-funded PGR students, highlighting the need for collaboration between UKRI and government departments.

The analysis of the data uncovered several critical areas where financial hardship intersects with caring responsibilities. Despite receiving a stipend of £18,622 per year for full-time study, this income is not recognised in the same way as employment income by government bodies. This lack of recognition has a profound impact, particularly on childcare costs,

forcing PGR students to pay more than they can afford. The consequences are not just financial; they also lead to poor well-being. As such, it is clear how government policy needs to recognise that certain groups need additional support to help with costs related to caring and disability.

Many PGR students, faced with unaffordable childcare costs, resort to taking on extra work or changing their study mode to part-time while also working demanding jobs. This forced choice often results in further stress, exhaustion, and compromises in their academic studies.

By understanding the financial challenges faced by full-time PGR students with caring responsibilities, UKRI can pave the way for much-needed support. Closer collaboration with government departments could lead to policies that recognise the stipend as a valid income source, enabling PGR students to access the same financial benefits as those in employment.

Recommendation 6: UKRI to consider introducing a non-repayable childcare grant for doctoral students and to work with the Department for Education to explore feasibility and eligibility criteria. The grant should not be based on the age of the child alone. For instance, when a child is school age, a student may still need to pay for wrap around care and care during the school holidays. As breaks from a studentship are only recommended for 12 months, 'unless exceptional circumstances prevail' students are likely to need to access childcare around the time of their child's 1st birthday, if not before, particularly if they are an international student on a Tier 4 visa.

The research findings strongly advocate for UKRI to consider Recommendation 6, which suggests introducing a non-repayable childcare grant for doctoral students. This grant would not only benefit those with childcare responsibilities but also extend support to those with caring responsibilities, recognising the significant challenges they face while pursuing their studies. The PGR students expressed a clear need for the UK government to recognise the stipend as equivalent to income from paid employment. This recognition would provide a partial solution to the financial hardships associated with childcare. The findings also highlighted instances where PGR students were forced to resign from their studies due to prohibitive childcare costs, indicating a significant barrier to participation. Moreover, the data supported the notion that a non-repayable childcare grant, not solely based on the age of the child, could have a positive impact on EDI. This grant could extend to supporting after-school care for older children, addressing a gap in current support systems. Such support is important because the worry, responsibility and cost, plus the stress of arranging informal childcare, especially if the doctoral student has no local family support network, is likely to impact doctoral studies, thus be a detriment to EDI initiatives. Furthermore, an extension of Recommendation 6 to include support for carers of disabled individuals or elderly relatives would address a broader spectrum of needs within the PGR student community.

Thus, a non-repayable childcare grant has the potential to significantly alleviate financial burdens associated with childcare and caring responsibilities, providing crucial support to doctoral students, and contributing to a more equitable and inclusive research environment. Working in conjunction with Recommendation 5, which emphasises recognising stipends as employment-equivalent income, these initiatives could lead to substantial improvements in the well-being and academic success of PGR students across the UK.

Recommendation 7: UKRI to review the information and advice available to students in receipt of a research stipend, in relation to the childcare support available to them. At present students could embark on a studentship without being aware that they may not be eligible for childcare funding.

Recommendation 7, which suggests UKRI review the information and advice available to students receiving a research stipend regarding childcare support, warrants careful consideration based on the study's findings. While there were instances where PGR students sought assistance from hardship funds provided by host institutions for childcare support, this was not a universal solution. Many relied on sharing childcare costs with partners, but this was not always feasible for all students. This was often the case if a student did not have a partner, their partner was disabled and less or not able to work, or the partner also had a low income or regularly experienced job insecurity.

The study highlighted various challenges faced by PGR students in accessing the terms and conditions associated with DTGs. However, it did not explicitly indicate whether prospective PGR students were fully informed about the absence of childcare provision in DTG terms and conditions. If the introduction of a non-repayable childcare grant, as proposed in Recommendation 6, becomes a reality, it could potentially render Recommendation 7 redundant, although having extra clarity on the information and advice available about childcare support would still be welcome anyway.

However, if Recommendation 6 does not lead to the implementation of non-payable childcare grants, there is a clear need for UKRI to review the information available to prospective PGR students regarding childcare support. The findings suggest that many students may not be aware of the lack of childcare funding for them or their partners, leading to potential financial challenges and stress. Recommendation 7 should be considered in light of the potential implementation of Recommendation 6. If the non-repayable childcare grant is not realised, then improving the clarity and transparency of information regarding childcare support is crucial. This will empower prospective PGR students to make informed decisions and access available resources, ultimately contributing to a more equitable and supportive environment for all students.

2 Support for disabled student recommendations

Recommendation 8: UKRI to ensure that grant holders make reasonable adjustments as soon as they are made awareness of a person's disability or could reasonably be expected to know that a person is disabled. This could be during the application process as well as on commencement of a stipend and during a stipend.

The findings from this study strongly support the implementation of Recommendation 8, which focuses on ensuring that grant holders make reasonable adjustments for disabled doctoral training students as early as possible in the process. The data across focus groups and interviews highlighted the challenges disabled students face in accessing necessary support, including financial assistance through the DSAs and from the funding body.

One significant barrier identified was the lack of accessible information regarding available support services and financial aid. This was particularly evident in the transition from taught programs, where support mechanisms like the DSA were more readily available, to research programs where such assistance was less accessible. Disability managers within institutions shared their experiences in supporting doctoral training students to navigate the complexities

of accessing support, citing challenges such as academic supervisors' lack of understanding of disability and the need for bespoke technical equipment.

However, the data also highlighted examples of good practice where institutions and fund holders had coordinated efforts to secure funds for adjustments, leading to positive outcomes for disabled doctoral training students, or provided support/ mentoring from others with lived experiences.

Recommendation 9: UKRI to consider the information, advice, and guidance available on its website that might be used by prospective applicants and those in receipt of a UKRI studentship and seek to provide more information on the support available to disabled PGRs.

The findings from this study strongly support the implementation of Recommendation 9, urging UKRI to consider the information, advice, and guidance available on its website, particularly concerning support for disabled doctoral training students. Throughout the focus groups and interviews, participants highlighted the challenges they faced in securing adjustments when information was not clear, particularly when their impairments were difficult to diagnose or involved extensive NHS waiting lists. There was a notable requirement in some institutions for evidence of a formal diagnosis, a practice not mandated under the Equality Act 2010. This reliance on medical diagnoses presents a barrier to timely and effective support for disabled doctoral training students.

Additionally, the study highlighted the challenges faced by international doctoral training students in navigating the support system. Many international students were unfamiliar with the sources of support such as the NHS and disability services, creating additional barriers to accessing the necessary accommodations. Implementing Recommendation 9 to provide clear and comprehensive information on the UKRI website would alleviate some of these challenges. However, it should be noted that research organisations must also do more in terms of providing localised versions of such information, or better fund and resource services where doctoral students can readily seek advice on such matters.

The challenges faced by disabled doctoral training students often begin before their studies, during the application process. Participants, especially those lacking family financial support, described the immense workload and stress of preparing applications while balancing paid work.

Recommendation 10: UKRI to encourage research organisations to provide all applicants with information about DSAs [Disabled Students Allowances – UKRI runs its own scheme for UKRI funded students, broadly equivalent to a scheme for non-funded students run by DFE] and the support available to disabled doctoral students.

Based on the findings from the research, it is evident that Recommendation 10, which suggests that UKRI should encourage research organisations to provide all applicants with information about DSAs, is crucially important. The data illustrates the difficulties and challenges faced by disabled doctoral training students in accessing information and financial support, including DSAs. Many respondents, both disabled doctoral training students and disability managers, highlighted the lack of clarity and ease in accessing DSA and other forms of support. Disability managers particularly emphasised the struggles faced by doctoral training students transitioning from taught programs, where DSA support was more readily available, to research programs where such support seemed less accessible.

The implementation of Recommendation 10 is essential to address these challenges. It would provide disabled doctoral training students with the necessary information about the financial support available to them, alleviating the distress and additional stress caused by uncertainty. The bureaucratic process to apply for accommodations was described as exhausting and inaccessible.

Additionally, disabled respondents reported mixed experiences with supervisory support, with some feeling unsupported or even advised to quit by their supervisors. Implementing Recommendation 10 would help mitigate these inconsistencies in institutional and supervisory support, ensuring a more equitable and supportive environment for disabled researchers.

Recommendation 11: UKRI to review the period of sick leave and sick leave pay and consider if it is possible to pay up to 28 weeks in all circumstances, not just Covid-19.

Based on the findings from the research Recommendation 11, that UKRI to review sick leave policies, are well supported. The data indicates that in the current regime many PGR students are forced to consider part-time study to prevent the need for long-term sick leave due to financial concerns. This highlights the challenges faced by students who may be struggling with health issues but are unable to take adequate sick leave due to financial implications.

The current limitations on sick leave, both in terms of duration and financial support, can force students to continue working through illness, potentially exacerbating their conditions, and extending the time needed to complete their studies. Extending the sick leave period beyond 28 weeks and ensuring it is fully funded could alleviate these pressures and allow students to prioritize their health without financial penalty.

Recommendation 12: The 28-week period of leave without risk of suspension aligns with entitlements in employment. At present a period of 28 weeks of sick leave without risk of suspension is likely to constitute a reasonable adjustment for disabled students. UKRI to review the period following which suspension occurs and to ensure that research organisations explore reasonable adjustments before suspension occurs.

Recommendation 12, which suggests reviewing suspension periods and exploring reasonable adjustments before suspension occurs, represents an important step towards aligning such practice with employment, and a practice that was validated by the study. The data shows that some students face suspension without adequate consideration of their circumstances or the possibility of reasonable adjustments. This lack of flexibility can further burden students who are already dealing with health challenges.

By reviewing the period of sick leave and sick leave pay, as called for in Recommendation 11, UKRI can provide better support for PGR students during times of illness or personal crisis. This would not only promote the well-being of students but also contribute to a more inclusive and supportive research environment. Similarly, Recommendation 12, if implemented, would ensure that research organisations consider reasonable adjustments before resorting to suspension, preventing unnecessary disruptions to students' academic progress and well-being.

Recommendation 13: Within the terms and conditions, there is no mention of the support beyond pay for people on sick leave. This can be expanded to set the expectation that

students should be able to access research organisation facilities and support while on sick leave, indeed support could result in a shorter period of sick leave being taken, particularly with regards mental health. UKRI can also outline the need to provide support on return from long term absence, including whether there is a need for the student to seek support from student wellbeing and disability services and the need to check that reasonable adjustments are in place and appropriate for students who take time out due to a new or existing disability. For further information see Returning to work after absence: Absence from work – Acas

Based on the findings from the research, Recommendation 13, which suggests that UKRI should consider support beyond pay for people on sick leave, is strongly supported. The data reveals the complexities and challenges faced by doctoral training students when accessing support while on sick leave, particularly in the context of mental health. Many respondents emphasised the need for clear terms and conditions regarding support beyond sick leave, as the current system often leaves doctoral training students navigating a confusing landscape of responsibilities between their university, UKRI, and the DSA.

The data reflects the challenging status that doctoral training students hold as both university students and UKRI-funded individuals, where access to support may fall through the cracks. There were instances where respondents were unsure whether UKRI, their university, or DSA should fund reasonable adjustments, leading to confusion and delays in accessing essential support.

Furthermore, the data illustrates the importance of considering doctoral training students' research needs when implementing support measures. Many participants worked away from their institution for research purposes, which added an additional layer of complexity in securing institutional or funder support for adjustments.

The experiences shared by respondents underscore the critical need for UKRI to update the terms and conditions to ensure that support beyond sick leave is clearly outlined and accessible. This includes setting the expectation that doctoral training students should be able to access research organisation facilities and support while on sick leave, which could result in shorter periods of sick leave.

Recommendation 14: In its work to promote equality, diversity, and inclusion, UKRI could take steps raise awareness of the barriers that students from underrepresented groups experience and encourage research organisations to share their experiences of improving equality, diversity and inclusion within their recruitment processes.

Based on the findings from the research, Recommendation 14, which suggests that UKRI should take steps to raise awareness of the barriers that students from underrepresented groups experience, is strongly supported. The data reveals that doctoral training students, especially those from underrepresented groups, may face unique challenges and barriers that hinder their access to necessary support and accommodations.

One significant barrier highlighted in the data is the reluctance of doctoral training students with unseen impairments to seek support due to feeling undeserving of disability allowances and accommodations. This reluctance stems from a lack of awareness and understanding of the criteria for disability support. By implementing Recommendation 14, which could include good practice case studies, would improve the information available to doctoral training students provided by both UKRI and institutions, awareness can be raised regarding the

criteria for disability support. This would empower doctoral training students to seek the necessary accommodations and adjustments, ultimately reducing stress and negative impacts on their health.

3 Support for mode of study and phased return to study recommendations

Recommendation 15: UKRI to take steps to ensure that where part-time study is feasible, in relation to the research area and objectives of research funding, part-time students have access to the same funding support as full-time students.

Based on the findings from the research, Recommendation 15, which suggests that UKRI should ensure that part-time students have access to the same funding support as full-time students, is strongly supported. The data reveals the significant challenges faced by part-time PGR students, particularly concerning financial instability and its impact on mental health and well-being.

Many part-time PGR students cited reasons such as managing health conditions, undertaking internships, caring responsibilities, or the need to work additional jobs to cover living costs as factors influencing their choice to study part-time. However, the financial and administrative hurdles they encounter underscore the critical need for implementing Recommendation 15.

Implementing Recommendation 15 would ensure that part-time students do not face exacerbated financial or health conditions due to inadequate support structures. It would prevent scenarios where students are forced to choose between financial stability and their academic pursuits, ultimately fostering a more inclusive and supportive environment for all PGR students.

Furthermore, for disabled students and those with long-term health conditions, Recommendation 15 would provide crucial support. It would prevent situations where the financial need to study full-time can lead to extended medical leave due to the exacerbation of health conditions.

Recommendation 16: UKRI to consider undertaking research to identify where differences do occur between the treatment of part-time and full-time PGR students in relation to fees and other support and to consider whether differences are justifiable.

Based on the comprehensive data gathered, it is evident that inequalities exist in the treatment of part-time and full-time PGR students. These discrepancies extend beyond just funding support, encompassing access to physical resources, integration into the academic community, administrative support, and adjustments for disabled, neurodivergent, and deaf students. These findings strongly support Recommendation 16, which suggests undertaking research to identify differences in treatment between part-time and full-time PGR students to determine if such differences are justifiable.

The data reveals instances where part-time PGR students faced significant challenges upon switching to part-time status. For example, disabled students losing a dedicated desk space

that was set up with a computer that had necessary software to meet accommodation needs, which was then no longer available through the typical hot-desking system that is made available to part-time students. Additionally, the transition to remote study for many part-time students resulted in reduced access to university life, including seminars, student counselling, and informal social interactions. This isolation can have a profound impact on academic progress and mental well-being.

Administratively, part-time students often faced challenges and delays in obtaining necessary information or support, exacerbating their stress and uncertainty about their academic journey, which created an additional burden for them in trying to ensure they could secure the necessary resources/ accommodations.

Recommendation 17: UKRI to expand the terms and conditions to recognise that people may need flexibility for a range of reasons e.g. caring responsibilities; they have a fluctuating health condition and want to change their commitments or a change in employment status etc.

The data collected highlights a clear need for greater flexibility in academic settings, particularly for doctoral training students facing diverse challenges such as caring responsibilities, fluctuating health conditions, changes in employment status, and other personal circumstances. These findings strongly support Recommendation 17, which suggests expanding the terms and conditions to recognise and accommodate these needs for flexibility.

Many PGR students, particularly those with health challenges or caring responsibilities, find themselves in situations where they must transition to part-time studies to prevent the need for long-term sick leave. Expanding the sick leave timeframe beyond the current limit of 28 weeks, as suggested in Recommendations 11 and 12, could prevent students from feeling compelled to work through illness and potentially extending their time to complete their PhDs. Furthermore, providing flexibility in moving between modes of study, as outlined in Recommendation 17, would be particularly beneficial for doctoral training students with fluctuating health conditions.

The data also reveals instances where PGR students faced significant challenges and limited flexible support from their universities, leading to feelings of exhaustion and stress. Many students reported lengthy negotiation processes with their universities to secure necessary accommodations, fearing potential dismissal as PhD candidates due to their health issues.

Recommendation 18: The guidance makes clear that student support must be extended to offset a period of maternity leave, ordinary paternity leave, adoption leave, unpaid parental leave, extended jury services and absences covered by a medical certificate. UKRI to consider extending this provision to cover other protected characteristics, specifically disability, gender reassignment and pregnancy.

The data emphasises the critical need to extend student support provisions to cover periods of leave related to protected characteristics such as disability, gender reassignment, and childcare responsibilities. Implementing Recommendation 18 would address the pressing need to accommodate the diverse and unpredictable life circumstances of PGR students, enabling them to manage their health and personal needs without sacrificing their academic progress or financial stability.

The data also includes poignant examples of students who have left their PGR study due to financial difficulties and mental health challenges following key life events that are not necessarily due to illness (e.g., gender reassignment). Extended support mechanisms, including time off for medical and personal reasons, could have provided crucial assistance for the student to continue their studies.

Recommendation 19: UKRI to consider if reflecting employment law changes, to enable students to make up to two requests [to change their mode of study] within a 12-month period, will be feasible.

The data underscores the significant challenges and stress caused by the current limitation on changing the mode of study more than once during a studentship. This restriction has impacted students who need to manage changing caring responsibilities, undertake internships, take part-time jobs in their industry, or manage a long or serious health condition, while studying.

This situation illuminates the pressing need for greater flexibility in accommodating work experiences integral to professional development and financial stability. Recommendation 19 proposes allowing up to two changes in mode of study within a year, providing students with the flexibility to balance academic commitments with external opportunities without facing limitations that hinder their choices and progression.

Furthermore, the data reveals broader issues with rigid academic structures that do not cater to the evolving needs and circumstances of students. This highlights the importance of Recommendation 19 in providing students with the confidence to adjust their study mode according to their current circumstances, knowing they have the option to reconsider within a reasonable timeframe.

While PGR students are typically allowed to switch their mode of study only once during their studentship, some data indicates that multiple changes have occurred due to the impact of the pandemic or varying institutional practices. Those who have experienced multiple changes reported positive outcomes, showcasing the benefits of increased flexibility.

Additionally, some PGR students believed that their funding body did not offer the option to switch to part-time study, even when faced with personal circumstances like a disability. This lack of awareness or availability of options undermines students' abilities to tailor their academic work to their unique situations.

Recommendation 20: UKRI to highlight a broader range of flexible [study] options within its terms and conditions.

The data collected from PGR students sheds light on the limited availability and awareness of flexible study options, such as working compressed hours, within many universities. Many PGR students expressed frustration at the lack of choices offered, with some not even aware that such options existed.

Moreover, the data highlights institutional and supervisory resistance or unawareness of a broader range of flexible study options. PGR students often faced rejection when attempting to negotiate changes to their study agreements, with supervisors sometimes resisting non-traditional study modes due to personal interests or academic prestige concerns. Some PGR students also noted the stigma associated with deviating from the traditional full-time study

route, indicating a need for increased institutional and supervisory acceptance of diverse study options. This supports the necessity of Recommendation 20, which proposes highlighting a broader range of flexible study options within UKRI's terms and conditions.

Recommendation 21: UKRI to recognise that students may wish to change their mode of study because of a health reason whether or not it is recommended by a health professional and to consider whether evidence from a health professional is required for students with known conditions.

With the legislative framework on equalities covering the basics on this recommendation, the data also backs up, for a wide range of reasons, why flexibility should be given when it comes to providing medical evidence related to a request to change mode of study. Institutions funded by UKRI cannot escape the context in which they operate, so it seems quite unfair to burden an already burdened set of doctoral students with the harsh realities of often slow, underfunded, and bureaucratic health systems. There are, indeed, advantages for the institutions as well, simply in terms of reducing the administration around such requests. There is scope as in other instances for UKRI to work with government departments on such matters, but the chance of success seems low compared to situations involving greater recognition of students' needs when considering eligibility for certain state benefits. A potential solution here may be in terms of relaxing the credentials required to provide medical evidence, with for example, the option to recognise in house counselling services as verifiers of common mental health conditions, such as depression and anxiety.

Recommendation 22: UKRI to consider why the period of phased return is 4 weeks. The ACAS guidance Returning to work after absence: Absence from work - ACAS covers phased returns and it highlights that the phased return arrangements can be reviewed after 4 weeks. Indeed, some students may need to have a phased return over a longer period. In employment staff often use annual leave accrued while on sick leave to support their phased return and UKRI could explore whether this is feasible in a studentship context.

The data reveals significant challenges faced by students returning from leave, often leading to repeated absences and struggles to reintegrate into their studies. This highlights the need for a more flexible system to accommodate different situations and needs, preventing a cycle of withdrawal and difficulty upon return.

This underlines the necessity of extending the phased return period, as recommended in Recommendation 22. PGR students who experienced the four-week phased return found it abrupt and would have benefitted from a longer, more gradual process to accommodate their recovery needs.

Also, many students reported being unaware of the option for a phased return, indicating a broader issue of institutional awareness and communication gaps. This lack of awareness extended to the institution itself, with some students believing that the university was uninformed about the possibility of a phased return.

The data further revealed a misunderstanding among institutions regarding students receiving their full stipend during a phased return. Some students were under the impression that a phased return would mean a reduction in their stipend, which is contrary to the terms and conditions of the training grants.

Recommendation 23: UKRI to consider extending provision for a phased return to students in relation to pregnancy and maternity and absence following gender reassignment. For example, a phased return could support a student who is breast-feeding in adjusting to being away from their child for extended periods.

The data paints a clear picture of the challenges and difficulties faced when returning to study after a leave of absence. This confirms the importance of Recommendation 23, which suggests extending the provision for a phased return to PGR students returning from absences due to caring responsibilities and following gender reassignment.

PGR students often find it challenging to seamlessly reintegrate into their studies after a break. Extending the provision for a phased return to PGR students following absences would provide crucial support during these transitional periods. It would allow students the necessary time and flexibility to adjust, overcome challenges, and continue their academic pursuits without feeling rushed or overwhelmed.

Recommendation 24: UKRI to consider providing examples of where it would expect a student to move to part-time rather than using a phased return.

The data gathered from PGR students with childcare responsibilities sheds light on the intricate relationship between financial sustainability, childcare obligations, and academic commitments. This highlights the importance of Recommendation 24, which calls for UKRI to provide examples of situations where it would expect a student to move to part-time study rather than opting for a phased return.

UKRI's current terms and conditions of DTG guidance explicitly state that a phased return is not applicable when a student needs to transition to part-time study. Therefore, providing clear examples of when part-time study is more suitable than a phased return becomes crucial guidance for decision-making in such situations. The data highlights the need for this clarity, especially for PGR students facing the complex balancing act of academic pursuits and childcare responsibilities.

For many PGR students, the decision to shift to part-time study is driven by the significant financial implications, particularly in terms of preserving tax-free childcare funding and meeting minimum income requirements for additional childcare support. The data clearly shows that part-time study is often a more viable and sustainable option for PGR students with childcare responsibilities, allowing them to effectively manage their financial and childcare needs without compromising their academic progress. By providing specific examples and guidance on when part-time study is advisable, UKRI would empower students, advisors, and institutions to make informed decisions about study mode transitions.

4 Support for information needs recommendations

Recommendation 25: Consider the information, advice, and guidance available to students about complaints in the information, advice and guidance provided to doctoral applicants and students by UKRI.

The findings regarding the information, advice, and guidance available to doctoral applicants and students by UKRI highlight the importance of Recommendation 25, which suggests reconsidering the complaint-related resources provided to UKRI-funded PGR students. The

data reveals significant challenges and barriers that PGR students face when contemplating making a complaint about their studentship, indicating the need for clearer and more transparent policies. However, it should also be noted that many of the complaints from doctoral students can and should be dealt with by the research organisation they are attached to, with only very specific or serious issues to be raised directly with UKRI. Clarifying where to complain is clearly something for UKRI to consider, even if this is just to direct students to their own institutional policy and procedures.

The data also indicates that the issues behind potential complaints are often complex and multifaceted. Many PGR students cited barriers that deterred them from making complaints. These included failure to consider reasonable adjustments for neurodivergent and deaf students, instances of perceived disability discrimination, no apparent attempt to thoroughly check why students leave before completing their studies (i.e., no apparent commitment to exit interviews), and unclear decisions on quotas for international students.

Furthermore, the data suggests that PGR students often feel that making a complaint is counterproductive or that the system is resistant to change. The additional burden of considering a complaint on top of existing disabilities, financial hardships, or discrimination experiences can dissuade students from pursuing formal complaints. In some cases, initial approaches to supervisors or disability managers result in a sense of futility or the dissipation of the desire to complain.

Given these complex and discouraging factors, it is reasonable to suggest that merely introducing detailed information and guidance related to complaints (as per Recommendation 25) may not automatically lead to a positive attitude towards raising a formal complaint when things go wrong. While improving transparency and clarity in complaint procedures is crucial for a wider cultural shift, deeper systemic issues and perceptions of futility in the complaints process need to be addressed.

Recommendation 26: to consider developing a student-facing version of the terms and conditions.

The data strongly advocates for Recommendation 26, which calls for the development of a student-facing version of the terms and conditions by UKRI. The need for such a student-friendly resource is accentuated by the numerous challenges and uncertainties faced by PGR students when navigating the existing terms and conditions, particularly concerning disability, parental leave, and changing modes of study.

A central theme in the data is the difficulty disabled students encounter when trying to understand the processes and implications of requesting a suspension of studies. As highlighted in interviews with disability managers and advisors, the current terms and conditions lack clarity, leaving disabled students uncertain about how a request for a study interruption might impact their funding, stipend, extensions, and overall academic journey. This complexity can create additional stress for students already facing challenges related to their disabilities.

The demand for a student-facing version of the terms and conditions is also evident in discussions around parental leave. PGR students expressed frustration with the lack of clear policies and guidelines regarding maternity and paternity leave. The absence of easily accessible information adds unnecessary burdens during an already stressful period.

Moreover, the data reveals discrepancies and conflicting information regarding changing study modes after maternity leave.

In essence, the findings suggest a significant overhaul of how UKRI presents critical information to current and prospective PGR students, especially regarding EDI aspects of the terms and conditions. It is not just about making the information available but presenting it in a way that is easily understandable and accessible to all students.

5 Summary

In conclusion, the research findings highlight the pressing need for more equitable funding, flexible study options, extended support provisions, and clearer guidance for PGR students. Implementing these recommendations would create a more supportive and inclusive environment, ultimately improving the well-being and success rates of PGR students facing the need to change their mode of study.

Implementing these recommendations would significantly improve the experiences of disabled, deaf, and neurodivergent doctoral training students, ensuring they receive the necessary support from the beginning of their studies. This would create more inclusive and accessible environments within research institutions, ultimately contributing to greater diversity and equity in the PGR community.