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Three decades of misrecognition: defining people with disability in Australian higher education policy

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Abstract

In Australia, the Disability Discrimination Act and associated Educational Standards prevent educational institutions from treating people with disability less favourably than those without disability – directly or indirectly. However, people with disability are still subject to both economic and cultural disadvantage in Australian higher education policy. In this article we describe this as a ‘recognition–redistribution dilemma’, whereby this population must both deny and claim their subjectivity. This is in large part due to the lack of transparency around how disability is defined, coded and recorded. Drawing on three stages of development of Australian higher education equity policy across three decades of higher education disability policy, the article provides insights into how people with disability have been categorised, classified and counted in higher education and the implications this has for how they are supported.

Points of interest

- Australian higher education institutions ask students with disability to identify not only that they have disability, but the ‘category’ of disability and whether or not they need support.
- The disability categories used are not fit for purpose and it is not clear whether the data being collected have value, in terms of how they advance social understandings of disability.
- Disability support staff understand and advocate for the need to focus on functional support, not disability definitions, but the policy and reporting environment does not reflect this need.
- Higher education institutions should only collect information from people with disability if it is needed to support the person specifically, or if it can be used to improve support more widely for people with disability.

Introduction

In this article, we argue that in the context of higher education, people with disability are subjected to both cultural and economic injustices, which causes tension in how students are supported, both by high-level policy and institutional practice. A possible remedy for cultural injustice is to recognise and value that which makes people distinct. Conversely, economic justice is more usually achieved by redistributing resources to ameliorate – and thus efface – certain distinctions. Thus, addressing the dual need for redistribution and recognition requires at some level for these persons to ‘both claim and deny their specificity’ (Fraser 1995, 68). This has been referred to as the ‘recognition–redistribution dilemma’ (Danermark and Gellerstedt 2004; Fraser 1997, 2000). The recognition–redistribution dilemma highlights dual but non-communicating paradigms for the pursuit of social justice; namely, the ‘egalitarian redistribution of material resources’ and normative recognition of ‘cultural practices, traits and identities’ (Danermark and Gellerstedt 2004, 340).

This dilemma is neatly encapsulated in the two following quotes drawn from *A Fair Chance for All*, a federal government discussion paper exploring the ways to increase representation in higher education of groups of persons historically under-represented (Department of Employment Education and Training 1990). For some 30 years, *A Fair Chance for All* has set the tenor for Australian higher education equity policy in general (Harvey et al. 2016) and disability policy in particular (Brett 2016). The aim to change ‘the balance of the student population to reflect more closely the composition of society as a whole’ (Department of Employment Education and Training 1990, 2) is and remains admirable. However, the means to achieving this aim reveal the recognition–redistribution dilemma, as evidenced by the following two extracts:

There is a lack of data on participation in higher education by people with disabilities, but the evidence available suggests that they are severely under-represented.

(Department of Employment Education and Training 1990, v)

... an emphasis on the categories of disadvantage or the affixing of ‘labels’ will not be helpful, and it is not the Government’s intention that this should occur. (Department of Employment Education and Training 1990, v)

Thus, official policy simultaneously seeks to count (by identifying) the number of people with disability, so as to address socio-economic disadvantage (i.e. redistribution), but does not seek to count (by labelling) people with disability by virtue of their disability (i.e. recognition). Put another way: social justice is achieved when we address disadvantage – which requires us to define and delineate that disadvantage, yet implores us not to label people by the definition we have created.

Our intention in this article is to argue that Australian policy-makers and actors have failed to both work effectively within and work across distribution and recognition paradigms, and the status of people with disability in higher education and broader society remains largely marginalised. Further, efforts to recognise disability through the construction and evolution of performance indicators have served to diminish an appreciation of the challenges faced by people with disabilities in effective participation in higher education, consigning this group to lower relative status when compared with other designated equity groups and under-investment in policies that might support better recognition or more assertive forms of redistribution.

The specific context for the article is the Australian higher education system; however, we argue that the relevance is far wider. The recognition–redistribution dilemma that we explore has been examined internationally (e.g. Fraser 2000; Shakespeare 2013; Siebers 2008) and the environment in which it plays out – higher education – is not a uniquely Australian one. Australia’s higher education sector is, like those in many other countries, characterised by a dual focus on quality and equity, delivered through the mechanism of massification and underpinned by a strong social compact with the state.

To this end, we commence with a necessarily brief discussion of alternative models of disability in policy and practice, paying attention to medical, social and functional models. We then explore how disability is generally defined in higher education, particularly through the lens of the recognition–redistribution dilemma. These sections explore in greater detail how people with disability have been categorised by Australian higher education institutions and the state.

Research process

We take as our three key data points three stages of development of Australian higher education equity policy – the early 1990s, the late 2000s and the late 2010s – thus encompassing three

decades of higher education disability policy. The first date represents seminal interventions into development of equity policy and practice; namely, the 1990 discussion paper on higher education equity (including people with disability) *A Fair Chance for All*, the 1992 *Disability Discrimination Act* and the establishment of equity performance indicators for higher education in 1994, again including people with disability. The first comprehensive report into people with disability in Australian higher education was released during this time (Andrews and Smith 1992), and provides insights into how people with disability were categorised, classified and counted in higher education at that time.

The middle phase is chosen as a major pivot point in Australian higher education and equity policy. A review of Australian higher education was undertaken (Bradley et al. 2008), triggering a range of policy reforms that echoed the economic rationale of higher education reforms of the early 1990s and other phases in the history of Australian higher education. The rationale being that increasing participation in higher education would be a necessary catalyst for economic development. Equity was affirmed as both a key objective and a key enabler of expansion, with expansion by definition requiring greater involvement from groups traditionally excluded from higher education. This pivot point highlights key changes to the categorisation of disability that diminished its relative standing as an equity group.

The end date is chosen because it provides us with the most recent official data regarding people with disability in Australian higher education and allows for a range of contemporary policy documents to be examined for disability-related references. As with the 1992 Andrews report, it reveals how people with disability are categorised, classified, counted and excluded from contemporary statistics. Used as a counterpoint to the early 1990s and late 2000s data, we can gain insights into how institutional understandings of disability may or may not have changed over a quarter of a century. These insights inform our final discussion, where we propose a pragmatic change to the way in which data on disability are collected by higher education institutions.

Results

Alternative models of disability in policy and practice

For decades, the medical model of disability dominated policy and practice. This model, such as the version explicated by the World Health Organization, placed disability in a hierarchy of conditions, where disability ranked 'below' disease, disorder and impairment but 'above' handicap (Hutchison 1995; World Health Organization 1980). The medical model was useful for describing disorder and damage, loss of function, restrictions and disadvantage that limited or prevented fulfilment of expected social roles. It was, however, largely silent in regard to social structures, attitudes and resources that affected the lived experience of people with disability, and the ways in which social norms prevented people with disability from fulfilling their social roles, above and beyond the direct impact of the disability itself (Hutchison 1995). In response, the social model of disability was developed to draw greater attention to the role that society plays in placing additional barriers on people with disability.

Whilst the medical model sees disability mostly in terms of impairment at the individual level, the social model views it as a product of social organisation. The critical distinction, therefore, is the location of the 'problem' of disability; that is, in the individual versus in society (Zarb 1995). The social model has been effective in building a social agenda for people with disability and making the issue of disability a shared one between individual and society. It can, however, risk implying that impairment is not a problem, by suggesting that people are disabled by society not by their bodies (Shakespeare 2006). It is also important to draw a distinction between the use of 'social' as an

umbrella term and its more refined use in a range of critical studies of disability. These include the exploration of the relationship between people with disability and the professionals who care for them (Oliver 2013), disability and gender (Thomas 2006), and disability and race (Soldatic and Fiske 2009).

The functional approach has elsewhere been referred to the interactional approach (Smart 2009). A key strength of this approach is that, by focusing on the accommodations or adaptations that need to be made – or sometimes do not need to be made – the emphasis shifts from the individual to the adaptation, understanding that the lack of the latter is the primary cause of disability. Relatedly – and specifically in regard to higher education – Williams (2016) has proposed a ‘prosthetic’ model of disability, which makes pedagogy the locus and, like the functional model, focuses on the need to make reasonable accommodations so that the individual can participate. There is a danger, however, in working through the adaptations needed to support the individual: the individual is reduced to their value in human capital terms (Hahn 1993; Smart 2009).

From the late 1980s onwards, a socio-economic model of engagement with higher education has surfaced. In an increasingly technological and globalised environment, higher education was seen as a key player in ensuring that sufficiently skilled workers could be produced, to realise both personal and social prosperity. The costs associated with widening access and participation were therefore justified on the basis that they would provide ‘substantial economic and social returns to all partners – individuals, families, employers and the society as a whole’ (Organisation for Economic Cooperation and Development 1996, 14).

In liberal welfare states, the dominant policy approach by the state is to adopt the dual ‘weapon’ of investment in education and training, coupled with anti-discrimination legislation (Harris, Owen, and Gould 2012). There is evidence that this approach has, to some degree and in some respects, been successful. In Australia, the proportional rate of enrolment of disability has been steadily rising (Department of Education and Training 2017). Both the number and the proportion of students disclosing disability at enrolment in Australian universities have increased every year since data were first reported in 1994 (Brett 2016), which suggests that, to some extent, there is an increasing social acceptance of disability.

Defining disability in higher education: redistribution or recognition?

Much public policy relating to equity and social justice is founded upon notions of distributive justice; that is, the idea of a neutral state who deals equally with each individual, regardless of background or circumstance (Rawls 1971). Or rather, since the reality is that no society is truly equal in a distributive sense, equity policy considers the validity and need for redistribution. For example, in the case of Australian higher education, the avowed aim for the last quarter of a century has been to change the balance of the student population to reflect more closely the composition of society as a whole. This aim was explicated in the government’s discussion paper for equity in higher education, *A Fair Chance for All* (Department of Employment Education and Training 1990, 2).

When representative justice is framed in proportional terms, then social justice is only addressed when the social composition of institutions changes to a significant degree (Marginson 2011; Trow 1970). The state becomes the key change agent, intervening in the ‘natural order’ to impart justice. In turn, this requires policy-makers to describe this social composition in demographic terms; an essentially statistical and reductive process.

This was evidenced by the government’s practical response to the discussion paper, when the Department of Employment, Education and Training commissioned a project team to develop

performance indicators specific to equity groups in higher education. One of the targeted equity groups was people with disability. The project team's first task was to devise precise operational definitions for the equity groups, in the absence of such a precise definition in *A Fair Chance for All* (Martin 1994). Whilst acknowledging that this was a fraught exercise, the project team concluded that without precise definitions it would not be possible for institutional performance to be consistently measured and benchmarked. The project team found that most institutions asked some questions of students related to physical disability, to determine support services required. However:

Nearly all institutions which have undertaken surveys on disabilities report that a large number of students declare themselves as having a disability if they wear spectacles or have a short term medical condition. Hence the questions need to differentiate between a minor impairment which is correctable by medical treatment and more severe disability which is permanent and requires special assistance. (Martin 1994, 86)

Following further consultation, the project team agreed that in higher education, people with disability should be defined, broadly, as anyone having 'a disability, impairment or long term medical condition which may affect [their] studies' (Martin 1994, 87). The person could also specify whether the disability was related to hearing, learning, mobility, vision, medical or other. The person could also indicate whether they believed they may need to access support services on the basis of their disability or long-term health condition. These definitions were integrated as voluntary questions within a student declaration of enrolment questionnaire producing three potential units of analysis: self-reported disability, impairment or long-term health condition; the category of disability; and likely need for services.

At the time of the development of these indicator questions, there was resistance, within the sector, to their inclusion within the equity indicator framework. A motion to include disability within the General and Equity Performance Indicator Framework on a temporary basis was passed by a close vote of representatives of the Department of Employment Education and Training and the Higher Education Council (Martin 2016). The indicator remains unchanged to this day.

The broad definition has served as the primary measurement used for performance reporting and disability data are routinely reported in the Australian higher education data collection. However, the first research reports – in fact, any public reporting – to interrogate the relative performance by disability category or need for services were not published until recently (Brett 2016; Kilpatrick et al. 2015). The absence of meaningful data or meaningful analysis of the data that have been available means there have been challenges in aligning policy incentives towards the support of students with disabilities in Australian higher education to any redistributive or normative ends. The recognition–redistribution dilemma, overlaid with the construction of the disability indicator, suggest that a poorly framed indicator gives partial recognition towards normative social justice goals, diminishes an appreciation of individual experience and provides little to no impetus for redistributive goals.

Legally, Australian higher education institutions are required to comply with the *Disability Discrimination Act* (1992). In the early drafting of the Act, its primary focus was to prohibit discrimination in employment on the ground of disability, although its scope was broadened to include other areas of life including education by the time it was first enacted (Tyler 1993). Within the Act, the definition of disability is deliberately broad and includes a wide range of body structures and functions; including disability that no longer exists, or might exist in the future, and disability that might be imputed. This broad definition makes it unlawful (subject to specific caveats) for

institutions to treat people with disability less favourably than those without disability – directly or indirectly. Across time, the legal obligations of higher education providers have become more complex with amendments introduced in 2005 making it unlawful to develop or accredit curriculum that would exclude people with disabilities.

Basser and Jones (2002) suggest that the broad definition of disability serves two key purposes. First, it is not necessary for an institution to engage in complicated or overly ‘medicalised’ discussions about the relationship between impairment and disability. Second, relatedly, it lessens the likelihood of the individual being reduced to or defined primarily by their disability. Within the confines of legalese, therefore, the Act does attempt to incorporate its own version of social model of disability. Specifically, it establishes a means by which people with disability can seek redress for unjust treatment; it requires the state to play an active role in dealing with systematic discrimination; and it involves the wider community in taking responsibility for including people with disabilities in its activities. Notwithstanding legitimate critique of the subjective nature of the concept of ‘reasonable’ (e.g. Dickson 2007), the Act and Standards combined can be viewed as a pragmatic attempt to enact and operationalise a social model of disability support.

There is, however, an embedded medicalisation of disability closely entwined with the Disability Discrimination Act. In order to obtain an adjustment on the basis of disability, one must provide evidence of such, typically provided by an independent health professional. The adjustments provided in response are typically targeted at the individual, but are less likely to result in systemic changes to socially constructed barriers to participation. Policies and procedures, major infrastructure, financing and other macro responses – consistent with a redistributive approach – are not generally the outcome of a reasonable adjustment.

Thus, whilst the primary piece of disability legislation attempts to enact systemic protections to enable more equitable participation of people with disability, the specific, operational processes for achieving inclusion involve individual transactions on the basis of medical information. Measurement of institutional performance in relation to disability, however, relates to recognition – counting the numbers, proportion and general education outcomes of students broadly defined by those self-disclosing disability.

Disability in higher education: classifying, categorising and calculating in the early 1990s

A central challenge in progressing disability-related goals of increasing participation articulated in A Fair Chance for All (Department of Employment Education and Training 1990) was the absence of standardised data on disability in higher education. This gap was partially addressed by the 1992 report prepared for the Department of Employment, Education and Training entitled Additional Costs of Education and Training for People with Disabilities. Its purpose was to quantify the ‘number, characteristics and support requirements of people with disabilities in postsecondary education and training, and on the additional costs for these students in undertaking their educational studies’ (Andrews and Smith 1992, iii). Methodologically, the project involved in-depth interviews with 71 people with disability to gain a qualitative insight into the nature and level of support needed. From these interviews, a survey was developed to obtain quantitative data from the institutions. The survey required data for a minimum of 17 items to be collected, grouped into the following categories:

1. Demography
2. Education and training programme
3. Functional limitations

4. Support needs which are being met
5. Support needs which are not being met

The selection of interviewees for the project was informed, also, by a functional model of disability, since it used a grading of the level of support required (high–medium–low), rather than disability type, to select participants (Andrews and Smith 1992, 4). The researchers also used information from the people with disability interviewed to inform their understanding of what types of support students required. However, their analysis was also influenced by institutional staff observations, which was at times hostile:

The difficulty created when students with slight or very minor ‘disabilities’ register as disabled during enrolment, but there is little likelihood of them ever seeking, needing or qualifying for support. Many of these students identify in an ‘insurance’ sense on the off chance that they may require or wish to seek additional time during final exams or some other form of consideration. (Andrews and Smith 1992, 103)

This statement was explicated, but not addressed in the report, indicating that what remained out of scope for the project was a need to combat discrimination against people with disability, which in very real terms is a form of support, or accommodation, required.

A major outcome of the quantitative survey was the construction of a matrix comprised of columns describing functional limitations and rows describing disability. Thus, a more medicalised understanding of disability was reintroduced into the report. It is noteworthy that the survey design meant that it was only possible to record a maximum of three functional limitations per student. However, the report did not explicate the extent to which this compromised the findings. The survey results also show evidence of how physical disability was understood and supported better than other forms of disability; most notably, limitations based on learning, health or medical reasons. Also noteworthy is the relative absence of data in the ‘other’ category – only around 4% of the population. Given that the institutional officers were responsible for filling in the survey, this may reveal a desire to, again, understand and relate to people with disability by virtue of their disability, not their need for support. When categories for people are created, there is a tendency to categorise everyone. Nonetheless, the explicit classification of functional limitations and support needs, and the prioritising of the student voice through the interviews, are all evidence of a desire to position institutional support for disability along functional lines, underpinned by, to a degree, a social understanding of disability. This is in contrast to how disability is currently reported, as detailed in the following section.

The Andrews report was prepared at a similar time to the development of an Equity and General Performance Indicator framework (Martin 1994). The Martin report set the path by which disability participation in higher education was measured for the next quarter of a century – specifically, self-disclosure of disability on enrolment declaration forms. Students are asked ‘Do you have a disability, impairment or long-term medical condition which may affect your studies?’ (Martin 1994, 168). Students are then asked to describe which category of disability they experience:

- Hearing
- Learning
- Mobility
- Vision
- Medical
- Other

At the time that this definition and the categories were formed, several concerns were expressed during the project's consultation. These concerns reveal two critical insights into how people with disability remain misunderstood, and misrepresented in higher education. The first ascribes to the belief that disability can only be identified by an appropriately qualified (i.e. medical) expert. One institutional respondent to the consultation phase stated:

The question [asking people with disability to self-identify] is vague. People with disabilities could be defined in a reliable way *only by reference to medical standards* [authors' emphasis], however *if only severe disabilities are being given attention, self-identification could suffice.* (Martin 1994, 170; authors' emphases)

The second, related, concern is that the definition adopted by the Project Team was wrong: for some being too tightly defined and for others not tightly defined enough, especially by adopting an 'other' category. Juxtaposed with the categorisation of disability in the Andrews report, the Martin indicators represent a third of the potential categories also in use at the time.

Disability in higher education: classifying, categorising and calculating the 2000s

The Australian government commissioned a major and comprehensive review of Australian higher education in 2008 (Bradley et al. 2008). The Bradley review catalysed a major expansion of Australian higher education achieved through the recommendation of moving away from government-controlled and managed student places to Australian universities enrolling as many qualified students as they deemed appropriate. The anticipated expansion of higher education was by definition to draw upon those who were not participating in higher education.

The review undertook analysis of participation of equity groups, including students with disability (Bradley et al. 2008, 28). The disability participation rate in 2007 was 4.1% against a population reference value of 8.0%, giving a participation ratio of 0.51. The 8.0% population value excluded persons with a profound and severe core activity limitation. This can be contrasted with a participation rate for disability of 3.2% against a population reference value of 4.0% in 2002 described in analysis of equity group participation from 1992 to 2002 (James et al. 2004, 29).

This comparison highlights in stark detail the recognition–redistribution dilemma. First, the indicator for students with disabilities is a self-disclosure indicator without any graduation for severity. There is no equivalent indicator in broader society for which an equivalent population-based comparator could be made. Second, the population reference value shifts in seemingly arbitrary ways, and in 2008 explicitly excludes non-trivial numbers of members of society with profound and severe disabilities, many of whom attend university.

The Survey of Disability Ageing and Carers (SDAC) is the most comprehensive data on disability available in Australia. The 2003 edition of the survey would have been the most recent survey data available to the Bradley review in 2008. Whilst acknowledging differences between self-reports of disability at enrolment and estimates based on a detailed survey from a statistically sound population sample, the SDAC data (Table 1) represent a number of conundrums for their interpretation relevant to the recognition–redistribution dilemma.

First, the number of disclosures of disability, impairment and long-term health conditions is markedly lower than those estimated in the SDAC – 25,000 against 244,500, or a more conservative 75,800 if one restricts the comparison only to those estimated to have disability by excluding students with a long-term medical condition without disability. The SDAC data also highlight over 11,000 students with severe disability who were excluded from the Bradley population reference

value, with no reason given in the report for their exclusion. Finally, those with disability represented over 8.2% of the higher education population, over the population reference value utilised in the Bradley report.

The consequence of these anomalies was that the participation of disability was under-stated in the Bradley review (lower participation rate than actual) and problematisation of participation relative to population was over-stated (lower participation ratio than actual), and whilst changes to policy were recommended there was no substantive change to disability-related policy. We wish to emphasise that we in no way believe that this outcome was a deliberate or intentional effort to marginalise disability through the policy review process.

Disability in higher education: classifying, categorising and calculating the late 2010s

The identification of people with disability in Australian higher education remains on the basis of enrolment self-identification using the Martin indicators. Consequently, although people with disability are now given agency in terms of identification, they can only exercise this agency using a definition and categories imposed upon them by the system using conventions that predate positive conceptual developments around disability. Nonetheless, changes in patterns of disability disclosure are illuminating for the recognition–distribution dilemma, particularly in patterns in use of ‘medical’ and ‘other’ criteria of disability.

Using the Andrews report as a 1992 benchmark and comparing disability data not systematically captured by the government, one can observe a marked increase in the numbers of students with disability that is higher than growth in the overall student population. There is also a marked shift across categories of disability, and a marked increase in multiple categories of disability. The student population grew by 173% from around 560,000 to 970,000:

- Students in the hearing category grew by 677% to around 4500 students.
- Students in the learning category grew by 686% to over 10,000 students.
- Students in the mobility category grew by 436% to around 5600 students.
- Students in the vision category grew by 1079% to around 8000 students.
- Students in the medical category grew by 3505% to around 29,000 students.
- Students in the other category grew by 1991% to around 31,000 students, although this aggregates categories of manual dexterity, communication, personal care and other from the 1992 benchmark data.

More students are being counted, but increasingly counted in amorphous categories of ‘medical’ and ‘other’. When defined through the eyes of a disability officer in 1992, less than 5% of all people with disability ‘escape’ definition, and 12% have a medical condition. Conversely, when people with disability are given agency to define their own disability, we see a rise in the students using the ‘other’ category (45% of students) and the broad catch-all of medical condition (41.8%) to describe their disability (noting that students can choose multiple categories). One can speculate as to whether this represents: a conscious rejection of the Martin disability indicator categories; an honest representation that their impairment or other condition is not encapsulated by categories of hearing, learning, vision and mobility; or fear of specifying their circumstances accurately due to stigma. The validity of these explanations is difficult to quantify methodologically.

Table 1: Comparison of Higher Education Data Collection and Survey of Disability Ageing and Carers (SDAC) data on persons with disabilities

Data Source	Category	Number of Persons	Proportion	Number of Persons	Proportion
		2003 (thousands)	2003 %	2018 (thousands)	2018 %
Higher Education Data Collection	Has a disability	24.6	3.7%	68.5	6.4%
Survey of Disability Ageing and Carers	Has a disability	75.7	8.2%	93.2	6.5%
	Has disability and profoundly limited in core activities	0.0	0.0%	**2.4	0.2%
	Has disability and severely limited in core activities	*11.1	1.2%	13.7	1.0%
	Has disability and moderately limited in core activities	12.3	1.3%	*6.9	0.5%
	Has disability and mildly limited in core activities	17.9	1.9%	25.9	1.8%
	Has disability and not limited in core activities but restricted in schooling or employment	*10.0	1.1%	21.8	1.5%
	Has disability and not limited in core activities, or restricted in schooling or employment	24.5	2.6%	20.7	1.5%
	Has a long term health condition without disability	168.8	18.2%	209.9	14.7%

Note: * Estimate has a relative standard error of 25% to 50% and should be used with caution, ** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

The shift in patterns of disclosure may also represent genuine changes to the participation of students with disability, and social and cultural definitions of disability utilised across the decades. Table 1 also includes comparative Department of Education 2018 data and SDAC data. The higher education data collection still under-reports disability, but not by the same magnitude. The proportion of students with disability is now similar between the data sets. The proportion of students with disabilities in 2018 in the SDAC is, however, lower than that reported in 2003, suggesting disability participation has at least plateaued or its measurement has become more accurate. Without more detailed analysis of the students disclosing disability at enrolment, and the propensity of students with health conditions but without disability to disclose, it is difficult to predict a trend of increasing disclosure year on year continuing.

Discussion

In proposing action to ameliorate the negative effects of the recognition–redistribution dilemma we endorse two contentions made by Nancy Fraser (1997). The first is that justice requires both redistribution and recognition. The second is that analytical distinctions between the two concepts are much clearer in theory than in practice. To these we add a third: that policy in action requires practical solutions. In this article, we have endeavoured to illuminate how policies and processes put in place to support people with disability in higher education have had both intended and unintended outcomes. In order to address disadvantage, one must define and delineate it. Targeted public policy benefits from a degree of preciseness. In the case of higher education, the definition of disability appears to be an attempt to achieve two outcomes, yet it is suitable for only one of these. The first, and the one to which the people with disability definition is suited, is to call attention to under-representation, which is the critical first step towards enacting policies of redistribution. The second outcome is to deliver appropriate support to people with disability; support that is not delivered on a one-size-fits-all basis. This is important for policies of recognition, especially insofar as they illuminate the external, structural and social factors that compound an individual's disability. However, this is where the current definition – or rather its sub-categories (e.g. mobility, vision, medical, etc.) – is inappropriate. In higher education, people with disability do not form a homogeneous group of students, and different types of disability are recognised by, and invoke different responses from, others (Liasidou 2014). The response by the system has been to 'nuance' disability by creating these sub-categories and fixating on the relationship between the 'type' of disability and the frequency and magnitude of support requested by the individual.

Rather, we need mechanisms to make sure that the environment is being designed to accommodate students with disabilities. This environment is:

- built – for example, the construction of buildings in line with accessibility standards embedded in relevant building codes;
- technological – including both the provision of specialised information technology and software to support the various learning needs of all students and the inclusion of mainstream technological solutions that students bring as their own solution; and
- social – creating learning environments that stop people with disability from being isolated or excluded, both in the classroom and university life more generally.

The commonality between the built, technological and social environments is that they need to be universal. That is, the solution is not found by adapting existing structures so that people with disability can exist in a liminal space, but by designing the systems as a whole to be inclusive. One can question the utility of data collection that is rarely interrogated, and increasingly captures

‘other’ or ‘medical’ – information that provides little by way of guidance to the built, technological or social needs of students.

Acknowledging the necessity for certain labelling for redistributive reasons, we propose that it is time to re-engage with a primary principle of disability data collection, namely that data should be collected only where it is likely to result in a positive outcome for either the individual or society. With this in mind, what is required is a valid indicator that captures information about the degree to which disability is represented in higher education and is consistent with other instruments used to capture information about disability in society. The indicator should focus on what support the student needs, not what ‘type’ of disability they have, which perpetuates an inadequate and abstracted view of people with disability (Oliver 1992). Thus, whereas students are currently asked:

1. Do you have a disability?
2. What types of disability do you have?
3. Do you need institutional support?

they might perhaps be asked:

1. Do you have a disability?
2. Are you likely to need institutional support to succeed?
3. What types of institutional support are you likely to need?

The third question would only be justified if it was meaningful. Meaningful both in the sense that meaningful categories of support were designed to capture the information in a systematic way and that stakeholders acted on this information in a meaningful way. Otherwise, the imposition on the student would not be justified. However, if this could be done, then institutions could more accurately provide to the government data that could be used to shape future policy to support inclusive learning environments for people with disability.

Not collecting information about the type of disability does not imply that distinctions such as these are not important. Disability networks, support organisations and services are frequently grouped around communities such as people who are D/deaf, Blind or vision impaired, autistic, have anxiety disorders and so forth. Deeper still, the making of identities related to disability is multi-faceted and inter-relational. For example, research has shown that some students with autism make efforts to distance themselves from the ‘autistic’ label (Baines 2012); or the hearing disabled identity is open to negotiation by being sometimes invisible (i.e. not physically marked) yet at other times visible (e.g. wearing hearing aids) (Hindhede 2012). Further, identity can be constructed outside the disability itself, such as the emergence of Women with Disabilities Australia (Meekosha 2002). Even further, third-party identities are often renegotiated, such as those of parents of children with disability (Skinner et al. 1999). However, we argue, collecting this information within the current higher education reporting environment does not appear to serve any of these or other constructive purposes. Rather, the way in which data continue to be collected evidences an outdated understanding of what disability is and how society needs to define it.

Conclusion

For many people with disability, the process of identification is both fraught and dynamic. In their paper discussing this issue, Chandler (2010, 1) states ‘this process of identification hurts’, thus signalling that the act of identification comes at significant cost for some. Later, on the same page, they state ‘my current orientation to identification is ...’. This reminds us that, for many, having a disability is not a fixed state and can be subject to temporal, functional and even emotional

considerations. However, our educational institutions are modernist, social constructs and designed to better function with compartmentalised definitions, static identities and universal disclosure. Our conclusion is that the current processes of definition disability in Australian higher education represents the anti-Goldilocks of disclosure; being neither restrained (to minimise invasions of privacy) nor accurate (to maximise social and individual benefit). Reducing this tension does not require a transformative approach to our understandings of disability and impairment. Rather, what is required is a reiteration of and return to the fundamental principles of disclosure. First, disclosure is redundant if it provides no relevant information. Second, disclosure is unwarranted if a benefit for doing so cannot be explicated. Third, disclosure is unwarranted if such benefit, being explicated, is not actioned. Finally, over-simplified or outdated categorisations of disability do more harm than good and should be discontinued. To this end, greater focus needs to be placed upon the functional aspects of disability, in the sense of how it is both understood and recorded. It is important that students with disability are encouraged to continue to self-identify so that higher education institutions and policy-makers cannot ignore them. It is equally important that society gains a greater understanding of how to design more inclusive environments, by collecting more precise information about the built, technological and social needs of these students. What is not necessary – at least in the context of higher education data collection – is the request to provide imprecise detail that emphasises their disability without any resulting benefit to the individual.

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