

Wising Up: Strategies for moving towards an inclusive model of service provision for higher education students with disabilities.

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ABSTRACT

It is widely recognized that students with disabilities and chronic medical conditions often require particular supports and accommodations to cope with the academic demands of their courses. It is less acknowledged, however, that these needs are much more related to the learning environment than to the disability itself. This paper focuses the central educational problem faced by students with disabilities and this is inflexible and inaccessible methods of delivering academic and training services. In Australian universities the dominant approach to assisting students with disabilities cope with the demands of their academic courses is and has always been the "support model" approach. Although it will always have an important contribution to make for some high support needs students, this paper contends that the support approach to service provision is inherently discriminatory, inefficient and inadequate. The whole impact of the support model is to engender a deficit perspective on disability that sees students with disabilities as a drain on institutional. In contrast the inclusive approach focuses on the learning environment itself and gives the opportunity for the removal of learning barriers at their source. This paper will discuss these issues and present change strategies that support a more inclusive approach to the delivery of educational and training services to students with disabilities.

INTRODUCTION

Background

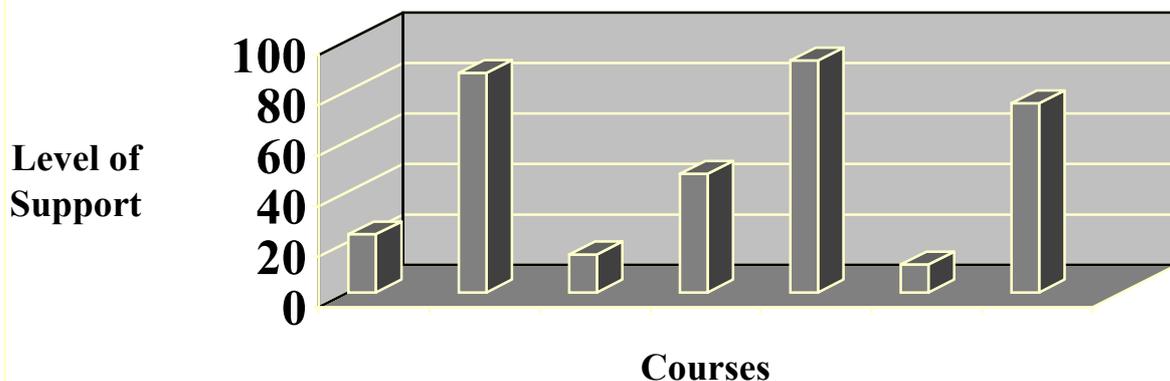
This paper presents a new philosophy and applied model of service provision to the delivery of disability services for higher education students with disabilities. By themselves most of the ideas contained in this presentation are not new but the guiding philosophy that connects them presents an new picture of what disability services should look like in the future. In short, I think that the time has come to move away from the support model of disability and to move toward a conception of disability services that is more about quality than accommodation, more about inclusivity than about support, and more about point of service delivery than about special services.

I ask these questions – Why should students accommodate themselves to inflexible modes of delivery and poor quality teaching? Why should disability officers support inadequate service delivery methods through special and isolated supports? Why should disability, in the first instance, be regarded as a problem that demands resourcing rather than an opportunity for innovation and quality improvement? In this paper I hope to look at some of these questions and to present some ideas for moving toward a more just and ultimately more effective way of representing and providing disability services in educational institutions.

It is widely recognized that students with disabilities and chronic medical conditions have particular needs to cope with the demands of their academic courses. It is less acknowledged, however, that these needs are more often related to the method of academic program delivery than to the disability itself.

Previous research has shown that the supports used by students with disabilities varies dramatically through the course of their studies. To illustrate this I have made up this graphical representation of the amount of support provided to a student with a permanent disability in various concurrent courses. You can see that the amount of support required varies greatly between courses and is independent of the level and type of disability itself.

Figure 1: Variation in support needs



So what, then, is causing this fluctuation in support need if it is not the disability? I maintain that the problem has nothing at all to do with the disability but rather with the philosophy of teaching and its application in the particular method of programme delivery on the learning experience of students with disabilities.

In Australian universities the dominant approach to assisting students with disabilities cope with the demands of their academic courses has to this point been the “support model” approach. The “support model” is the provision of services and accommodations to individual students to overcome the particular problems they face in meeting the demands of their academic programmes. Although it will always have an important contribution to make for assisting some student, the support approach to service provision brings with it some major inherent disadvantages. These are:

- the reactive support approach is fundamentally at odds with the pro-active intent of state and federal legislation covering disability access and service provision;
- disability supports services are often reactive and consequently implemented too late or after key aspects of a program have already been delivered;
- the support model assumes that the problem is located "within" the student and subsequently does not look at the basic accessibility of the service being delivered;

- support models do not fundamentally address the need for a change in current teaching practices and can lead to a static perspective on issues of flexibility or accessibility;
- note-taking, transcription services, and technical supports are inherently inadequate methods for replicating information;
- supports must be re-established for every student in each course that they attempt;
- the support model does not address the needs of those who do not disclose or those who encounter problems directly at the point of delivery of the course.

The whole impact of the support model is to engender a deficit perspective on disability that sees students with disabilities as a drain on the resources of the university. In my view the support model reinforces and maintains inflexible, backward looking and ultimately unlawful methods of delivering educational services.

Let me give an example of this to make things a little more concrete. If we approach the delivery of physical access the same way we deliver training and education services we would end up with something like this.

Imagine that a prospective student who is a wheelchair user wants to see the disability officer to see what supports can be offered to her when she starts her course. She goes to the disability office and finds that it is on the second floor of a 10 story building. There is no lift in the building but this is OK because there is a stair climber under the stairwell and there is a phone conveniently situated beside the stairs for the student to call the disability officer. The student makes the call and the disability officer arranges for a security officer to come down from the parking office to operate the stair climber. After some time the security staff arrives and finds that the battery for the stair climber is dead because its not used that often for some reason. The student calls the disability officer who is very apologetic and says that this often happens but that they can meet in the café on the ground floor. The student is very understanding and is impressed with the other supports that the disability office provides. She mentions, however, that she's noticed that there are no lifts in any of the multi-story buildings. The disability officer says he knows this but there are stair climbers in every stairwell in every building and there is a telephone with a direct line to the disability officer right next to each stair climber. The Disability Officer replies that this is all part of the specialised individualised support system for disability access that was provided by the university.

The disability officer goes on to say that each stair climber was fully equipped with mobile phone, fax, TTY, and remote Internet access, visible and auditory alarms, and coffee making facilities. All operators of the machines were fully trained and all had attended four disability awareness courses. The student started to say something but thought better of it and instead said, "That's truly a wonderful support system you've got there for us wheelchair users and it's done in such a supportive and individualised way".

You all know that what I have just described is a farce. But this is exactly what we currently do in the most important area of service delivery that our institutions are involved in, namely the delivery of educational and vocational training services. This is exactly how we set up and deliver our costly, individualised supports for students with disabilities. We focus on individualised disability supports that adjust the

student with the disability to the demands of the educational system, to outmoded and institutional traditions, to the whims of the teaching philosophy of the educator. In my opinion any approach that does not permit direct access to the educational service at the point of delivery is fundamentally inequitable. And this includes most of the commonly provided program supports that are currently provided to students with disabilities such as note-taking, transcription services, personal readers, interpreters, tutoring, and individualised technological supports.

Again, I recognise that support services such as these for some students in some situations will be needed and will provide the best solution to the particular needs of the student. But for the majority of students this will not be the case. The best approach for the most students will be one that is inclusive and flexible and accessible at, or before, the point of delivery of the service whether that be in lecture, tutorial, laboratory or computer-based settings.

Flexible programme delivery is a very common term in this context and I would like to say a few words about this concept. I mean by flexible programme delivery (FPD), the mixture of educational philosophy, teaching strategies, delivery modes and administrative structures which allows maximum choice for differences in student learning needs, styles and circumstances. I do not mean by this term anything necessarily to do with on-line teaching, electronic classrooms, distance education, interactive computing, or high tech video streaming or multimedia, or any teaching process that isolates students with disabilities from the mainstream learning experience. Being physically present on campus as part of the university community is probably even more important for students with disabilities than the general student population. Disability and long-term illness is often a very isolating experience in itself and the last thing that students in these situations need is another layer of isolation on top of that. This means that the mechanisms of flexible delivery should be seen as an inclusive process that supplements rather than replaces on-campus or other mainstream teaching activities.

This alternative to the support model focuses on the inclusive nature of the service being provided at the moment of delivery of that service. If more flexible methods are adopted at the time when a student accesses the content of a course, many of the disadvantages that students now typically face will disappear. More flexible delivery methods by their very nature remove many of the barriers faced by students with disabilities and enable them to find options that suit their own needs.

In instances where high levels of support are required inclusive methods of delivering courses can be combined with traditional support services to ensure individual needs are catered for in the most effective and efficient manner. This inclusive model is much more in line with legislative requirements to deliver services that are accessible at the point of delivery. The inclusive model does not mean that traditional delivery methods need to be replaced by alternative methods such as electronically based delivery systems. Rather, it means that traditional didactic methods are supplemented and complemented by methods that allow alternative means of accessing course content and learning facilities.

All of these points were confirmed in a survey on attitudes towards flexible program delivery that I carried out at the University of Western Australia late last year.

The project collected information through structured questionnaires as well as more explorative open-ended interviews with students with disabilities and teaching staff.

The participants in the interviews were eight academic staff members and fourteen students. The students were all undergraduates and were represented a very wide range of disabilities types. The respondents to the structured questionnaires were 122 staff (49% response rate) and 117 students with disabilities (33% response rate).

There were several important findings from the student responses. The large majority of students, almost 90% nominated the traditional “chalk and talk” method of program delivery with no flexibility in information access as the most difficult to cope with. There were many disability and health problems that were exacerbated in attempting courses that were delivered inflexibly. These different areas are presented in the following table.

Problems encountered in courses with inflexible delivery methods
mental and physical fatigue
concentration problems
note-taking difficulties
poor and inadequate seating movement
increased levels of chronic pain
examination preparation disrupted
medication side effects impact on ability to cope in lectures
motivation to cope with the demands of the course
the need to physically present at all lectures
lack of opportunity for exercise and movement
problems with the disadvantages of disability supports

Table: Problems encountered with inflexible delivery methods

The most common suggestion from students for alleviating these problems were all associated with increasing the flexibility of the delivery of the course. These suggestions were:

- to make lectures notes more available
- to allow better access to course materials
- to allow for independent access to the course content in the student’s own time
- the provision of better quality notes
- to systematise supports services such audio-taping of lectures and note-taking
- to automate wherever possible the provision of support
- the provision of course content in more accessible formats

Students were asked which method of course delivery presented the least difficulties for them in terms of their disability or medical condition. Almost all students chose delivery types that combined the more traditional delivery methods with high flexibility and accessibility of the content of the course. The reasons given for preferring this method of course delivery were that it allows for greater concentration on understanding the material with less pressure to write notes, and it allows for pre-

reading and learning at one's own pace. Almost all students wanted to retain the traditional lecture and tutorial format because this allowed the opportunity for interaction, socialising and peer group learning.

The following are some of the more interesting findings from the staff interviews and questionnaire data.

- The great majority of lecturing staff did not consider the impact of their method of course delivery on students with disabilities.
- No lecturers had specifically changed their basic method of delivery to improve access for students with disabilities.
- All staff had encountered students with some form of disability and their response to the needs of these students was always to make an *individual* arrangement to accommodate them or to contact the disability and ask them to deal with it.
- When asked to consider closely how their course delivery methods would impact on students with various disabilities, it was clear that lecturers recognized the problems associated with “stand and deliver” presentation methods.
- In moving towards on-line delivery of courses lecturers generally had no idea of the negative implications this change might have on the learning experiences of students with disabilities.

The interviewees were asked about the general benefits for all students that would follow from increased flexibility in delivery. Several disadvantages of more flexible delivery alternatives were also mentioned. These comments are presented in the following table

Advantages to all students	Frequency
greater flexibility will probably lead to more independent learning	More commonly mentioned
it will improve discussion	
increase the range of learning opportunities available to all students	
students regularly comment that they like having content available on the Internet	
the changes that would help students with disabilities will help all students	
would assist students with episodic disabilities or other problems which involve catch up	Less commonly mentioned
Disadvantages to all students	Frequency
too much material available outside of lectures, may see a drop in attendance	More commonly mentioned
the availability of notes needs monitoring	
I don't see any disadvantage for students in my courses	
may lead to less emphasis on collective learning opportunities	Less commonly mentioned
loss of learning opportunity for some students who decide not to come to lectures	
does not encourage students to work through the course reading/materials independently	

Table 4: Advantages and disadvantages of flexible program delivery for all students

Benefits and disadvantages for course co-ordinators

The course co-ordinators felt that there were advantages but also some considerable drawbacks to delivering their courses by more flexible means. Table 5 presents these comments.

Benefits of flexible delivery	Frequency
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will help me meet my teaching objectives	More commonly mentioned
improve the quality of my teaching	
provide a better learning experience for students	
decrease need for individual support	
free up time to allow for more latitude in content coverage	
"warm inner glow that I might be meeting the needs of students with disabilities"	Less commonly mentioned
Disadvantages of flexible delivery	Frequency
time consuming and costly to set up	More commonly mentioned
increase workload in maintaining the system	
lack of control of access to course content	
loss of control of teaching context of materials	
students will stop coming to lectures	
lead to less collective or peer learning opportunities	Less commonly mentioned

Table 5: Advantage and disadvantages of FPD to course co-ordinators

CONCLUSIONS

Several conclusions can be drawn from the these preliminary survey and interview results, but what I was most interested in was how to use the findings to better promote and encourage the move to flexible delivery methods that actually removed the bulk of barriers that were encountered by students with disabilities in the educational or training setting.

Here are some strategies that I am currently employing to move towards this objective:

- Identify all policy statement, action plan or disability service plan sections which can be used to encourage the development of FPD.
- Gather all the teaching and learning and equity policies which relate to the issue of FPD and the needs of students with disabilities.
- Put all these elements into a booklet called "Institutional Statement on Disability and Flexible Programme Delivery" and distribute this document for discussion.
- Find out who are the key individuals in the areas of communications and information technology, multimedia services, and teaching and learning and make them aware of the issues and include them in all relevant disability meetings.
- Identify teaching and learning and other funding sources to support teaching initiatives.
- Contact supportive departments and work with them to develop FPD options.
- When developing or reviewing policies and action plans always include FPD as a central focus of service delivery and not as a peripheral mechanism of support.

These strategies lead directly back to the guiding philosophies that dictate the nature of disability support programs and the prioritisation and utilisation of scant disability resources. The following table sets out the key advantages of the inclusive philosophy and contrasts these with the often unintended implications of the current support model perspective.

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Working principles of the Inclusive Model of Disability Services	Working principles (often unintended) of the Support Model of Disability Services
access to the educational or training service at the point of delivery for students with disabilities irrespective of disclosure	access to the service only on disclosure and usually after problem arises
focus on quality for all students	focus on helping a particular group
identifies and addresses problems in social, informational, physical and attitudinal environments	identifies problems and addresses them in individual students with disabilities
engenders pro-active and systemic solutions	engenders reactive and isolating solutions
supports permanent solutions	encourages solutions that must be re-established for each student for each new course or training programme
promotes disability services as an expert resource for assisting institutional staff in such areas as teaching and learning	promotes disability services as supporting students who are deficient in some way
promotes FPD as a low tech efficient and effective way of dealing with disability in the context of general student needs	promotes high tech and resource intensive solutions to the problems faced by a relatively small group of students.
encourages liaison with key decision makers that can influence and change institutional practices	supports low-level foraging for the few crumbs that fall from the master's table

In conclusion, I maintain that adopting an inclusive approach to delivering disability services in tertiary institutions, and particularly those concerned with educational and training services, will be a necessary step towards the goal of making higher education and advanced training accessible to people with disabilities. While the support model remains the dominant approach in these institutions, then that very simple goal will continue to remain an elusive dream.