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Disability Support in Australian Higher Education 1990–2009

A case study of the construction of disability in Australian higher education 1990–2009

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Melbourne School of Population and Global Health

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Abstract

This thesis is an in-depth study of disability in the Australian higher education sector, specifically the university component of that sector, from 1990 until 2009. In this period there has been a revolution in the fields of both disability and post-secondary education in Australia, leading to changes both in the expectations and availability of physical access and support services. In this thesis, I explore the development of the structures and practices of disability support within Australian higher education. To do this, I use key document analysis and interviews with Disability Liaison Officers working in universities in Victoria, Australia. I argue that in the period of study (1990-2009), although there was increased participation and support of people with disabilities in higher education, there were still significant exclusions. Further, the groups of people with disabilities who are still excluded from Australian higher education can be characterised as those who are also excluded from broader Australian society. While the thesis is focused on contemporary practice, I place contemporary practice within its social, policy and historical context; and within the focus on practice, I also explore some of the sociological and philosophical issues arising from disability and disability support. As a result of this work, I develop a model of disability supporting higher education, namely the prosthetic model, which may offer broader insights to the field.

Declaration

I, Anthony Ronald Williams, declare that the thesis comprises only my original work towards the Doctor of Philosophy except where indicated in the preface and due acknowledgement has been made in the text to all other material used. The thesis is below the maximum word limit exclusive of tables, bibliographies and appendices.

Anthony Williams

Preface

Due to my disabilities part of the production process involved close work with Disability Liaison Unit staff. This work was focused on my learning disabilities and in academic terms involved a mix of scribing, proofreading and English support. The staff involved had no academic knowledge of the subject matter of the thesis.

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List of Abbreviations

Table 1: List of Abbreviations

Universities' full names, common usage and abbreviations

Australian Catholic University	ACU	ACU
Deakin University	Deakin	Deakin
Latrobe University	Latrobe	LU
Monash University	Monash	MU
Royal Melbourne Institute of Technology	RMIT	RMIT
Swinburne University	Swinburne	Swinburne or SUT
The University of Ballarat ¹	Ballarat	UB
The University of Melbourne	Melbourne and within their internal documents 'the university'	U of M
Victoria University of Technology	Victoria University	VU

Other abbreviations

ABS	Australian Bureau of Statistics
ABSTUDY	Aboriginal and Torres Strait Islander Study Assistance Scheme
ACE	Adult and Community Education providers
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder

¹ Since the data collection of the study finished, Ballarat has merged with the Gippsland campus of Monash University to form Federation University.

ADHD	Attention Deficit Hyperactivity Disorder
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AUSTUDY	Chief federal government income support for those currently undertaking education (part of suite of income programs including ABSTUDY, Newstart and Youth Allowance)
AVCC	Australian Committee of Vice Chancellors, now known as Universities Australia
CAE	Colleges of Advanced Education
CAPA	Council of Australian Postgraduate Associations
CIS	Centre for Independent Studies
DCS	Department of Community Services
DDA	Disability Discrimination Act
Deaf	Refers to those who identify as culturally and linguistically deaf
DEET	Department of Employment Education and Training
DEEWR	Department of Education, Employment and Workplace Relations
DEST	Department of Education Science and Training
DETYA	Department of Employment, Training and Youth Affairs
DIICCSRTE	Department of Innovation, Industry, Climate Change, Science, Research and Tertiary Education
DLO	Disability Liaison Officer
DLU	Disability Liaison Unit
DPI	Disabled Peoples International
DSP	Disability Support Pension
ESOS	Education Services for Overseas Students Act. The provision of education and training services to overseas students in Australia is regulated by the DEST through the Education Services for Overseas Students Act and associated legislation.
EFTSU	Equivalent Full-Time Student Unit. Universities and governments use EFTSUs to measure 'student load,' or enrolment numbers. For example, two full-time students, plus one part-time at 0.5 student,

plus two students enrolled at only 0.25 (maybe just taking one subject) equals three EFTSUs. Unless otherwise specified, for Australian higher education statistics, the number ‘1 student’ refers to one EFTSU rather than any other interpretation.

FCS	Department of Family and Community Services
HECS	Higher Education Contribution Scheme
HREOC	Human Rights and Equal Opportunity Commission
NDIS	National Disability Insurance Scheme
NHMRC	National Health and Medical Research Council
OECD	Organization for Economic Cooperation and Development
OPA	Office of the Public Advocate
PATHWAYS	The National Conference on Disability in Higher Education (normally biannual)
PGA	Postgraduate Associations
PSDIN	Post-secondary Disability Integration Network, Victorian network primarily for providers but has included other parties, has been in existence since at least 1989
PSE	Post-secondary Education
SDP	State Disability Plan
SDS	Society for Disability Studies
SES	Socioeconomic Status
STS	Science and Technology Studies
TAC	Transport Accident Commission (Victorian post-transport accident funder and rehabilitation provider)
TAFE	Technical and Further Education, also known as VET
UA	Universities Australia
UMPA	University of Melbourne Postgraduate Association (now known as GSA Graduate Student Association)
UN	United Nations
UPIAS	Union of Physically Impaired Against Segregation

VET	Vocational Education and Training, also known as TAFE
WHO	World Health Organization

Chapter 1: Why Disability? Why Higher Education?

The revolution in the field of disability and post-secondary education over the last 20 years has seen the participation of people with a disability in Australian higher education go from literally one in a thousand, to a situation in which, on average, every class has at least one student with a disability (Andrews, 1991; Department of Education, 2009). Parallel to this increase, there have been changes both in the expectations and availability of physical access and support services. This has included the establishment in post-secondary education (PSE) institutions of specialist support units, and the associated professional role of Disability Liaison Officer (DLO); the publication in 1990 of a national equity policy, *'Fair Chance For All'*; improvements in standards for physical access; and the Disability Discrimination Act (DDA) of 1992. The relationship between the increased support, legal instruments such as the DDA, and increased participation, is complex, and will be a recurring theme in this dissertation.

This thesis reports on an in-depth study that explores the development of the structures and practices of disability support within Australian higher education, specifically parts of the university component of that sector in the state of Victoria from 1990 until 2009, or between the 'Martin' and 'Bradley' inquiries and their resulting reports. As I describe in greater detail in Chapters 3 and 6, the Martin Report framed the equity policy for Australian higher education from 1990, while the Bradley Report framed the rewriting of higher education policy at the end of the first decade of the 2000s. While I focus on contemporary practice, I place this within its social, policy and historical context, and explore some of the sociological and philosophical issues arising from disability and disability support.

I am working in the broad tradition of the empirical social sciences, particularly sociology and anthropology. Within these traditions, the key academic discipline I use is critical disability studies, such as Barnes, Oliver, and Barton (2002); Barnes (2009); Fulcher (1989); Oliver (1996); Oliver (1990); Shakespeare (2005); Thomas (2004, 2007). The major influence of critical disability studies is the development of the social

model of disability. I provide an initial definition of the social model later in this chapter, and discuss this further in Chapter 2. I also draw much from science and technology studies. Much of the subject matter of this thesis could be described as traditionally philosophical - the nature of humanity (ontology) and how knowledge is created (epistemology). Following the practice of science and technology studies, the focus will be on practice and these issues will be explored through empirical methods, as illustrated in the work of Haraway (1997) and Latour (1983, 2013). Latour (1983, 2013) used ethnographic methods to examine the production of knowledge in scientific laboratories; Haraway (1997) used historical methods to examine the production of taken-for-granted categories such as race in the discipline of primatology. Another way of expressing my approach is a classic science and technology studies trope around artefacts having politics and the political processes that lead to the creation of apparently non-political objects. Therefore, I have explored the topic of this study in relation to the construction of a particular social technology -- that of disability support (Haraway 1981, 1997, 2003, 2008; Latour and Weibel 2005; Latour 1987, 1988, 1993, 2004, 2005). For this study, the epistemology is based within an overall constructivist approach, and accordingly, I employ a case study design to investigate disability within Australian higher education in Victoria.

Why Disability? Why Higher Education?

Disability as a topic of scholarly exploration has multiple dimensions. It can be seen as a philosophical issue – in asking what counts as human/normal (Annas and Grodin, 1992; Asch, 2002; Barnes, 2003; Bowker and Star, 1999; Bowker, 2005; Brueggemann and Lupo, 2005; Caplan, 2003). Within philosophy, it can be seen as fitting into sub-disciplines as diverse as metaphysics, political philosophy and ethics (Kristiansen, Vehmas & Shakespeare, 2009). Disability can also be seen as reflecting the broader nature of society (Barnes and Mercer, 2003; Brueggemann and Lupo, 2005; Coleborne and MacKinnon, 2003; Fulcher, 1989; Oliver, 1990), and it can be seen in terms of social oppression, for example, the gross over-representation of people with intellectual and/or psychiatric disabilities in the prison system. Finally, disability can be seen literally as a matter of life and death, with disability being the key aspect of decisions

made about reproduction and even the right to live (Annas and Grodin, 1992; Asch 2002; Brauer, 2008).

At an individual level, disability can be seen as a determinant of identity or for some, as a normal state of the human condition (Corker and French, 1999; Shakespeare and Watson, 2002). At a demographic level, the definition of disability is contested and as a result, the distribution and prevalence of disability is also contested, as I explore in Chapter 3. The Australian Bureau of Statistics (ABS) estimates the incidence of disability in Australia to be around 20 per cent of the population (Australian Bureau of Statistics, 2004, 2008). However, if estimates of the prevalence of mental health conditions are included the population prevalence grows to around 30 per cent (Australian Institute of Health and Welfare, 2003). Further, if the category of learning disabilities are included, the population prevalence will increase even further (Connor and Ferri, 2010). At a federal government level, there is a perceived crisis in disability support pensions, with a stated annual growth rate of five per cent. The resultant demands for 'welfare reform' place disability at the centre of a number of important debates (Australian Institute of Health and Welfare, 2002; Saunders, 2002, 2005). The recurring debates in Australia around a National Disability Insurance Scheme (NDIS), for instance, is based both on perceived crises in disability support and on a desire for nation building (Department of Families & Housing, 2013; Productivity Commission, 2011).

Participation in higher education can be conceived of as being an enabler to social mobility, but it is also highly responsive to social class. That is, achievement in higher education is perceived as a good in its own right, but higher education is also a prerequisite for entry to many high status and paying professions, including medicine and law. Yet, access to higher education is strongly influenced by one's current socio-economic status. In this study, I explore how this class related aspect of higher education has changed for people with disabilities over the last 20 years.

Background

As already noted above, the period for this study (1990-2009) is bound by two major inquiries and their resulting reports into Australian higher education; these are known colloquially as the Martin Report (Federal Department of Employment Education and Training, 1990) and the Bradley Review (Bradley et al., 2008). The Martin Report addressed the low participation of people from 'equity groups' within Australian higher education, and included people with disabilities as one of those groups. The Martin Report outlined a set of numerical measures to define success in the report, *A fair chance for all*. The Bradley Review took a broader view of social inclusion in higher education, and in doing so, claimed disability policy in higher education was a success (Bradley, Noonan, Nugent & Scales, 2008).

Consistent with this conclusion, disability statistics from 2001 onwards, published by the Department of Education, Science and Training (DEST, see in particular Chapter 3), suggest that the participation of students with disability is the great success story in PSE equity policy (Federal Department of Employment Education and Training, 2005), with significant improvements across the sector and targets met. This study is framed by these statistics in conjunction with deep personal and professional involvements in the subject matter; I have been both a student with disability and a provider of disability support. I use three separate but interrelated methods: the examination of existing statistics, document analysis, and interviews.

There are strong counter-narratives to those of success. For example, Disability Liaison Officers (DLOs) generally consider this narrative to be counter-intuitive. To illustrate this, public discussion at the Pathways Conferences from 2004 to 2012, involving disability practitioners, reveal great scepticism about the Department of Employment, Education and Training (DEET)/DEST data and the conclusions of success; the experiences of those in disability practice conflict with these official accounts ('Pathways 7 Volume 1,' 2004, 'Pathways 7 Volume 2,' 2004). Student advocates and disability support practitioners have suggested that the provision of specialised disability support does not eliminate disability as an issue of struggle in the university setting; rather, it shifts the site of the struggle from mainstream accepted university

practice to issues of individual specific disability adjustment (RMIT Student Union 2003). I will suggest in this thesis that what has happened is a focus on university practices but an exclusion of structural and pedagogical philosophical issues. These accounts may be understood as two different and discordant narrative frames, with one based on federal government statistics, and another on the experience of support practitioners; as I will argue, they both appear to be valid. One of the tasks in this thesis, therefore, is to account for policy and practices around disability in higher education in terms of both the stresses and the successes.

Thesis argument

I argue that, even with a number of caveats that over the last 20 years there have been major improvements in the support of, and participation by, students with disabilities in Australian higher education. In the contexts of both higher education and disability policy the improvements are remarkable. The links between these events are complex. Parallel to changes in disability support and participation, there have been significant structural changes to the sector. Again, the relationship of causation between these changes and changes in disability is complex, as I explore below.

The leading caveat to the improvements noted over the last 20 years, is that despite increased participation and support of people with disabilities in Australian higher education, there remains significant exclusions. As will be explored through the thesis those people with disabilities who are still excluded from Australian higher education can be characterised as those who are also excluded from broader Australian society, as a whole for example, those requiring 24 hour care or those in the criminal justice system tend also to be those excluded from higher education.

Research question and study objectives

The overall research question that guided this study was: How did the changes in participation and support of students with disabilities in Australian higher education occur? To address this I focus on a case study design of Victorian universities in the period between 1990 and 2009, between the Martin and Bradley reviews. The key

elements of my study are disability in a contemporary society (Australia), and higher education in a time of major change, and the relationships between them.

In this thesis, there are five objectives:

1. to describe disability policy and practice within Australian higher education over the last 20 years and the resulting changes;
2. to provide an explanation for these changes;
3. to evaluate the effects of those changes;
4. to use the example of Australian higher education to improve the understanding of both disability and disability policy; and,
5. to examine the social construction of disability, in particular settings, as it took place.

Narrative Aims and Objectives

An alternative means of describing the project of the thesis is as a set of narrative aims and objectives. The most notable is to tell a ‘good story’ about disability in PSE in contemporary Australia by relating accounts of certification, classification and bureaucracy. Part of telling these ‘stories’ is to allow their narrators (for example, practitioners) to be heard. Further, as a result of telling these stories, I begin to define what makes a ‘good story’ about disability and Australian society. In addition, I make explicit a number of the stories that shape disability in Australian higher education, which makes it possible to examine and critique these narratives. In the thesis, I juxtapose narratives that seek to understand large-scale statistical work, based on the work of Elliott (2005), and the storytelling elements in documents and interviews (Chase, 2005; Clarke, 2008; Clough, 2002; Riessman, 2008; Salmon and Riessman, 2008). While the statistical narrative (Bradley et al. 2008; DEEWR - Federal Department of Education 2008a) does not explicitly follow the form of narrative approach, it is nonetheless a narrative based around statistical performance measures.

Researcher Background

For this research, I have benefited greatly from my decades-long immersion in various positions in disability and higher education policy and practice. I have been both a provider and a user of disability support, and I have held various positions within the policy cycle: at various times a critic of policy, an advocate for policy, and a writer of policy. Over the time of the study I held university and national representative roles in postgraduate and disability positions and held paid disability support roles. As part of my representative roles I have been a member of numerous university committees with a focus on research, ethics and equity areas. In these representative roles I primarily undertook research and advocacy work. All these positions have been fluid and often shifted within any given day, for example moving between advocacy work such as supporting a student and policy work. This immersion added depth to my research, and was the source of much of the reflexivity for the thesis. The details of my involvements and their impact on this study will be explored in more detail in Chapter 4.

Defining Disability

A major theme of this thesis is the multiple uses and definitions of disability within an overall social approach. This understanding of how disability is defined arises from an ethnographic literature of disability in different social and cultural contexts (Fulcher, 1989; Goffman, 1962; Kohnman, 2003, 2004; Petryna, 2002; Phillips, 2011).

While the following definitions will be developed throughout the body of the thesis, for clarity's sake, I briefly describe here three models of disability and disability support that I use: the social model of disability; the procedural model; and the prosthetic model. The social model of disability is the theoretical understanding of disability underlying this study. Within the social model, disability is described as a social construction based on perceived biological difference, and is seen as a mode of oppression arising from human actions rather than a biological state. The social model has at its heart the understanding that disadvantage is not a simple outcome of impairment, but a social process around impairment. The social model will be more

fully explored in the first half of Chapter 2 (Barnes et al., 2002; Finkelstein et al., 1975; Oliver, 1990; Shakespeare, 2005; Thomas, 2007).

The procedural model of disability which I further develop in this thesis is a sub set of the social model. It holds that within bureaucratic contexts, the term 'disability' is applied as a label following a medico-bureaucratic process; the application of this label allows access to certain 'goods'. The use of the term 'disability' within a bureaucratic context is contingent on these processes rather than any other definition of disability. (Fulcher, 1989) The meaning of the term 'disability' within the higher education setting changed during the period for this study. It shifted from something that justified the exclusion of the vast majority of people with disability from Australian higher education, to something that supported the inclusion of people with disabilities as an everyday event. Further, the presence of people seen as disabled within Australian education changed from a small number of highly visible exceptional people with disabilities, to something more commonplace, including people who might be visibly identified as 'disabled' but many more with invisible conditions.

The final use of concepts of disability used in this thesis is a prosthetic model of disability support. The prosthetic model is an attempt to describe the particular social form of disability support that took place within Australian higher education in the period under study. This model is based on the provision of technical supports that do not call into question the underlying pedagogical assumptions in Australian higher education. These three models help to explain an account of disability in higher education and its management, within a broader social model.

Thesis outline

The structure of the thesis can be summarised as follows. In this Chapter I have introduced the thesis, my own positioning, the aims and objectives and some necessary definitions. In Chapter 2, I discuss the history, sociology and theorising around disability in contemporary Australia. I then move between theoretical accounts and descriptions of disability policy and its results. In terms of the case study design I explore the disability aspects of the case. In Chapter 3 I provide a brief review of

aspects of the contemporary history of Australian higher education, and focus on equity policy, in particular disability policy. I conclude with a qualitative analysis of data collection on disability in Australian higher education that is the Australian higher education dimension of the case. In Chapter 4, I detail the epistemological grounding of the study, and the subsequent choice of methodology and study design. In Chapter 5, I introduce the primary data, and present and discuss the government policy documents. Chapter 6 examines university policy documents, institution-specific documentation and as a specific case study, I consider the documents collected from The University of Melbourne. In Chapter 7 I discuss the findings from the interviews undertaken with disability liaison staff. In Chapter 8 I provide an introduction to the broad analysis, while in Chapter 9 I present and report on the analysis itself. Chapter 10 outlines the practice-based conclusions, and Chapter 11 provides a synthesis and conclusion to the thesis.

Chapter 2: Disability and its Contexts

In this chapter, I explore disability in a contemporary and historical context. One of the challenges in studying disability is that it is highly context-dependent. The term ‘disability’ changes meaning in different social settings, according to different disciplines, among different experts within the same discipline, between disciplines and over time and place. This in part justifies the choice of a case study design, as I shall discuss in Chapter 4. In this chapter I explore some of the contexts surrounding disability and higher education in Australia over the past 20 years. I do this through a discussion of the history, sociology and philosophy of disability, as well as the social models of disability and contemporary Australian disability policy. Underlying the discussion in this chapter is a procedural definition of disability, in general and within higher education. The generic definition of the procedural definition of the term ‘disability’ is an ascribed status as the result of a bio/medical bureaucratic process. Within higher education, the term ‘disability’ is the result of a set of bureaucratic procedures informed by medical understandings and classifications, as applied by the government, by the university sector, and by individual universities. The procedural definition of disability arises out of a broader social theory of disability outlined in this chapter, which can be briefly summarised as the social meaning of a biomedically-ascribed need for help. The ascription is a social phenomenon based around perceptions of helplessness and the need for help, wherein helplessness is believed to be located in the pathologised body. The procedural definition starts from a detailed study of the practices surrounding ‘disability’ in contemporary settings. The source accounts are theoretically and geographically diverse, but all are various forms of social sciences-based research. The key accounts are: Fulcher’s (1989) account of disability integration in Victorian state schools, which was written from the point of view of an insider (the policy writer of a working party) using some of the founding ideas of disability studies and post-structural concepts of discourse; Kohrman’s (2003, 2004) writings about his anthropological fieldwork among those defined as ‘disabled’ and ‘not disabled’ in China; Petryna’s (2002) study of the provisions of support in post-Chernobyl Ukraine,

based on conceptions of biological citizenship from her mentor Paul Rabinow (1999, 2003); and an empirical work by Bowker and Star (1999) on classification, which is a mix of symbolic interactionism, science studies and library science.

At a theoretical level, the procedural definition of disability arises from the broader social theory of disability discussed below—that disability can be defined as the social meaning of biomedically-ascribed disadvantage (noting that the ascription does not have to be accurate). This view of disability harks back to the classic symbolic interactionist tenet: ‘If men define situations as real, they are real in their consequences’ (W.I. Thomas, 1928, as cited in Merton, 1995). Further, it is worth stating that in the bureaucratic context, what is variously described as disability could be called a ‘key status’, determined by both scientific/expert knowledge and administrative decision-making.

This implies that disability changes as society changes and, therefore, that disability is different in different cultures and at different times. Part of the task of this study is to investigate how ‘disability’ changes when society changes, following the broader social model of disability as a policy and social problem rather than a medical problem. This leads to the first cluster of research objectives around the interrelationships between disability and social change: in particular for this case the interrelationships between changes in disability in Australian higher education and the broader changes in higher education in the stated period.

In the first part of this chapter, I provide the theoretical and sociological background to disability, while in the second part I describe the Australian disability policy environment and define a procedural approach to disability within the Australian policy environment. The chapter also includes a survey of the history of contemporary theorising about disability.

Social Theory and Disability

There are two related parts to the critical social theory of disability: the first is the social turn with a focus on social rather than medical explanations of disability; and the second is the social theorising used, which is often described as critical approaches, such as

Marxist, feminist and or post modernist explanations (Haraway 2008; Levine 1995; Thomas 2007).

Introducing Critical Disability Studies

The theorising used in this study accords with the tradition of the social explanation of disability employed by the British school of critical theories of disability/disability studies. The school of critical theory of disability refers to the positioning of the 'British version' of the social model of disability as the strongest statement about disability as socially caused. From this understanding, disability can best be described as social oppression. In applying this, I draw particularly on the work of a group of people with physical disability, through the 'Union of Physically Impaired Against Segregation' (UPIAS) (Finkelstein et al. 1975), and the work of Mike Oliver (1996; 1990, 1992). UPIAS's work in particular was written as a polemic in a struggle between people with disabilities and caring professionals. My understanding of this theory draws directly on Oliver (1990, 1992, 1996) and Thomas (1999, 2004, 2007), while also being strongly influenced by the Australian writers O'Connor (1991) and Fulcher (1989). In terms of contemporary thinking, the study is influenced by Australian social theorist Raewyn Connell (2007) and contemporary Australian writers on disability such as Campbell (2009a; 2009b), and in particular, their attempts to deal with issues such as race and post-colonialism. The approach of critical disability studies began as the intellectual wing of the struggle for the rights of people with disability, and as a result, it is firmly located in the particular struggles of specific times and places such as the UK for example (Finkelstein et al. 1975) and the USA for example (Garland-Thomson, 2007).

Modelling Disabilities

The starting point for all critical disability studies scholarship concerns the rights of people with disability. This involves a movement away from individualised understandings of disability towards broader, more political understandings. This is normally framed as a critical reaction to what is called the 'medical model' of disability, in which the understanding of disability is focused on biomedical concepts of wellbeing, deficit and cure (Finkelstein et al. 1975; Johnstone, Lubet, and Goldfine 2008; Smith,

2009). The understanding of the medical model in disability studies scholarship, as the assumed view about disability, shapes both policy and cultural depictions of people with disability. The medical model, as defined by disability studies scholars, has two key characteristics: it casts disability as an individual problem, and it defines the problem and the solutions in terms of a biological pathology and cure rather than, for example, in terms of policy or as a chronic illness (Finkelstein et al. 1975; Fulcher, 1989; Oliver, 1990). In Australian society, a key role of medical practitioners, and therefore the medical model, is as a gatekeeper to a range of other goods. The medical practitioner is the provider of diagnoses, and these are prerequisite for access to disability support. That is, a medical definition of a condition, and the limitations that are understood to flow from a given condition, are part of the process of gaining any support (Fulcher, 1989; Thomas, 2007; Willis, 1989). Doctors determine who is disabled, and what the implications are of their disabilities; bureaucracies decide what these diagnoses mean in terms of support, concessions, and other goods.

Critiques from disability studies of this medical model are ideological, rather than necessarily denoting a desire to refuse treatment. Closely related to the medical model are two other 'models': the charity model, and that which Oliver (1996, 1990, 1992) calls the 'personal tragedy theory'. The charity and personal tragedy approaches are seen to be complementary to the medical model, as they work by describing the person with disability as helpless or in need, and therefore a proper object of charity. Arising from the understanding of the disabled person as being in need of charity is a depiction of their situation as a tragedy. This depiction both disempowers the person with a disability and supports institutional charities (Fulcher, 1989; Oliver, 1996; Oliver 1990, 1992).

The disability studies literature is a diverse field. It includes social theory, such as Oliver's (1990) study of disability as a product of capitalism; empirical studies of policy like Fulcher's (1989) study of the integration process in schools in the state of Victoria; aesthetic criticism, such as Hevey's (1992) examination of the imagery used in charity advertising; and historical works such as Metzler's (2006) history of disability in Medieval Europe. Metzler's (2006) work is of particular interest, as the focus of much

of contemporary disability studies is focused on modernity; an examination of medieval tropes of disability both provides a check on assumptions of a shared modernity and adds to the complexity of understanding disability. Despite the diversity of disability studies approaches there are some common themes. For example, each of the five authors mentioned above, employing a variety of methods, examined the power of helping somebody and the resultant dominant role of charities in informing views about disability. Most of these studies, too, had their foundation in understanding and supporting the disability rights movement; the few exceptions to this still maintain a rights focus (such as Fulcher, 1989).

The British and American Schools

Social/critical theories of disability arose as direct responses to particular social settings. Although they share a common understanding that of disability as socially caused they differ on specifics of how disability is constructed and the traditions they draw on to understand their society (Levine, 1995; Thomas, 2007; Tremain, 2001; Yair and Soyer, 2008). Therefore, it is productive to group theories by their countries of origin. There are at least two broad schools of social/critical theories of disability: the British and the American. The British school has its roots in a nationwide movement of people with physical disability (the aforementioned UPIAS). The British school tends more towards a Marxist sociological view of oppression, a strong criticism of the role of professionals, and has focused on direct government policy such as the disability pension (Barnes et al., 2002). This school has had a tradition of robust internal debate, and its writings have often been internally focused. American scholarship has its roots in the more decentralised Independent Living Centres movement, and a variety of local actors and actions (Thomas, 2004, 2007). The American school is based in humanities studies, and focuses on critical literary theory, textual study, and legal remedies. Theoretically, it tends towards postmodernist ideas and methods while being focused on local political action and analysis (Davis, 2002). While these two bodies of thought are often posed against each other, they are a part of a single broad body of scholarship with a focus on supporting the rights of people with disabilities (Longmore, 1997; Oliver, 1990; Thomas, 2007; Titchkosky and Michalko, 2009)

Alongside these more radical forms of disability studies is a discourse based on the sociology of health. While often seen as being in opposition to disability studies (see, for example, the debate between Bury and Oliver over Bury's criticism of critical disability studies (Bury, 1996, 2000)(Barnes et al., 2002; Oliver, 1996), it does provide the possibility for critical work, such as Albrecht's (1992) study on the business of rehabilitation and the outcomes of this for individuals, that fits well within critical disability studies.

The British School and the Social Model

As noted above, the British school of critical and social approaches to disability originated with the work of disabled scholars such as Paul Hunt (1966, as cited in Oliver, 1990), and became part of a broader movement of activism with the work of UPIAS. This began as an activist group of people with disabilities. Its agenda was to place those with disability at the heart of the disability movement, rather than vesting authority with the professionals who controlled the main national body, the Disability Alliance (which was constituted as the body of service providers), at the time. This was also part of the struggle against the segregation of people with disabilities into caring institutions (Finkelstein et al., 1975; Oliver, 1990; Oliver, 1996). Arising out of this agenda was the founding document of the social view of disability, the UPIAS manifesto, entitled *The Fundamental Principles of Disability*, produced for the national representative body in the mid 1970's (Finkelstein et al., 1975). This manifesto introduced the key concept of disability as a product of oppression rather than a medical condition, and focused the concerns to be explored in the social model of disability on issues of charity, medical certification and broad government policy. It was written as an explicitly political statement, as part of a struggle at the time over power and legitimacy between an organisation of people with disabilities and a professional/charity body. Therefore, there is an explicitly rhetorical component to the manifesto. The political economy underlying this British version of the social model was a monolithic welfare state and a strong charity sector in receipt of government funding.

The social model was further developed after the manifesto by a number of disabled writers. These include Finkelstein (1980; 1981) and Abberley (1987, as cited in Oliver,

1990). Finkelstein worked in a firmly materialist/Marxist framework and articulated the idea of disability as a formulation of capitalism. Abberley (1987) also argued from a Marxist position, asserting the need for an ideological explanation of the position of people who were disabled. The subsequent theoretical step proved to be a key document in the development of the social model. In his monograph, *The Politics of Disablement*, Oliver (1990) laid out a detailed program statement, grounding the social model in an academic Marxism informed by Gramsci's ideas. Unlike stricter interpretations of Marxism, Gramsci focused on cultural domination through notions of hegemony, rather than more economically deterministic understandings of Marx's work (Borg, Buttigieg, and Mayo, 2002; Gramsci, 1988; Levine, 1995). Oliver's (1990) work, centred in Marxist thought, gave greater consideration to economic understandings than did the post structuralist-centred theories put forward by writers such as Fulcher (1989) and Corker (1998).

The key aspect of the social model, particularly as articulated by Oliver (1990), is the view of disability as oppression. As a consequence of this, a definition of disability evolved in terms of a split between impairment—an underlying medical dysfunction—and disability as social oppression based on real or perceived impairment. The social model definition of disability, in its most basic form, is therefore in two parts. Firstly, impairment is biological lack or dysfunction. Secondly, disability is a disadvantage or restriction of activity caused by a contemporary society which takes little or no account of people with physical impairment and thus excludes them from participation in the mainstream of social activities (Finkelstein et al., 1975). In other words, disability is posited as a social disadvantage arising from biological difference. It arises from social actions and structures rather than impairment, and is therefore preventable. Further, disability takes specific form in particular societies. For example, disability in Victorian times, when the industrial (factory) mode of employment such as cotton mills was dominant, was very different from disability in the present 'post-industrial age', as demonstrated by the contrast between ability to work in a factory versus the ability to use a computer. Arising from this definition is a focus on how oppression is perpetuated, particularly through the medical/charity model of disability (Oliver 1990).

Disability and hegemony

The medical/charity model in Oliver's work draws on the concept of hegemony. The concept arises from Gramsci's work and refers to how intellectual and cultural formations support current modes of production/oppression (Borg et al., 2002; Gramsci, 1988; Levine, 1995). Both the medical and charity understandings of disability are based on the definition of those with disability as in need of care and/or being helpless. Further, the need for care is qualitatively different from care provided to the 'normal community' with it being associated with the loss of rights and extreme cases personhood. Importantly, the oppression is not necessarily conscious; people whose practice is based in the charity or medical model may believe their actions to be helpful and in the best interests of those in their care. Paradoxically, this may intensify the oppressive nature of care as the resistance is against good intentions.

The other key aspect of the hegemonic nature of these models of disability is the issue of 'expert knowledge' and the role and the experience for people with impairments of being the object of an expert discourse in the oppression of disabled people. Arising from this social understanding of disability is an understanding of how charities define disability. According to disability study scholars, charities define disability in terms of individuals needing help (helplessness) rather than in terms of personhood or rights (Barnes and Mercer, 2003; Fulcher, 1989; Oliver, 1990). What is unexplored in this understanding of the charity model is how or why the help offered to people who are disabled is different from the help offered to others. An important sub text for this study is the university as site for cultural production and as site of expert knowledge. This link between disability and cultural production and /expert knowledge is a recurring theme for this study due to the nature of Australian universities as centres of both the production of experts and more cultural artefacts.

Criticism of the social model of disability

While there is a diversity of critical views under the rubric of disability studies, scholars are in common agreement in defining disability as oppression. However, criticisms have variously declared that the social model, with its focus on oppression of disabled

people, was too radical or not radical enough. There are criticisms from people outside the disability rights movement (for example, Bury, 1996, 2000), but criticisms from those working within a disability rights framework are perhaps more damaging, and also more revealing. The first set of such criticisms arise from women and thinkers around race and ethnicity within the movement. In general, their criticisms are that the social model tended to reflect the ethnicity and gender of those who had written in it to that point (Thomas, 2007); an example of this is Morris' review of Oliver's own empirical research in *Walking into Darkness* (Oliver et al. 1988, cited in Morris, 1993). Morris argues against the lack of gender as a category in that research, and its consequent effects. Firstly, male experience is considered universal; and secondly, the lack of the research category of gender prevents a proper consideration of even male experience. This has strong links with feminist works such as that of Wendell (1996), in which the question of multiple disadvantage is raised. This is also relevant to questions of culture, race and class in Helen Meekosha's work (Meekosha and Jakubowicz 1996), which raises the issue that disadvantage suffered by people with disabilities may be highly gendered.

This is strengthened by Asch's (2002) work on the sterilisation of people with intellectual disabilities, in which it is noted that those who have the procedure performed on them are overwhelmingly female; sterilisation is undertaken for overwhelmingly gendered reasons such as perceptions of risk around pregnancy, female sexuality, reproductive outcomes, and the capacity to care for an infant. From a male point of view, a similar argument about the gendered nature of disability could be made for learning disabilities—particularly behavioural diagnoses like Attention Deficit Hyperactivity Disorder (ADHD). These are not only gendered in reported incidence, but denote behaviours that have gendered meaning, such as physical activity and/or aggression. This has further importance in that the higher rates of imprisonment of particularly males with disabilities is one of the key disadvantages of people with disabilities in contemporary society (Connor and Ferri, 2010; New South Wales Law Reform Commission, 1996; Skrtic and McCall, 2010; Sleeter, 1987).

Connected to feminist critiques of the original social model is a set of criticisms around the separation of impairment and disability. One of the more interesting of these is Shakespeare and Watson's (2002) examination of the role of the social model of disability as an ideology. Their argument is two-fold. Firstly, they acknowledge the success of the social model in providing a clear, coherent and politically compelling basis for arguing the rights of people with disabilities; secondly, they suggest that the strength of the social model in political discourse is a weakness in terms of an academic research program. Shakespeare and Watson (2002) have particular concerns with the coherence offered by the social model, and how it acts to suppress alternative views by its status as the 'official' ideology of the disability rights movement; they argue that it does this by devaluing the social model criticism of individualising models such as the medical model.

Shakespeare and Watson's (2002) alternative view of disability involves a return to issues of impairment and to acknowledging the role of impairment in restrictions suffered by people who are disabled. While this view seems superficially similar to the medical sociology favoured by supporters of the World Health Organization's (WHO) classifications, as pointed out by Bury (2000), it is distinguished from this view in two ways. Firstly, Shakespeare and Watson (2002) are firmly placed in the critical realist theoretical camp; and secondly, unlike medical sociologists, Shakespeare and Watson recognise impairment as a universal that affects all of humanity, rather than as a way of describing individual conditions (Shakespeare and Watson, 2002; Thomas and Ahmed, 2004). Where Shakespeare and Watson's (2002) work may be problematic is that impairment becomes more and more difficult to distinguish from disability and then the need for a social model of impairment arises.

A related line of criticism is of the Marxist materialism that forms the basis of much of the original work in the social model. This criticism comes both from people working within a linguistic/discourse theoretical framework and also from those working with disabilities that are constituted in a linguistic manner, particularly deafness. The key theorist in this regard is Corker (1998; Corker & French, 1999). Her work takes the concept of oppression and develops it in light of both postmodernist theory and the

experience of deafness. She achieves this partly by using the concept of essentialism as her starting point. Essentialism can be summarised via postmodern criticism of a reductionist understanding of humanity, for example, understanding somebody only as their race or disability. This allows Corker not only to criticise medical/charity models of disability but also to extend her criticism to stronger versions of the social model as merely replacing a biological essentialism with a social one. As an alternative, she proposes a discourse understanding of disability, centred on the process of social construction rather than on any particular or contingent outcome.

The American School—Culture and Disability

The American School can be seen in a substantial body of work on disability and cultural production which led to the creation of theory about disability. This stands in contrast to the British School, in which the development of theory came first, followed by empirical work. The American school is typified by the work of Mitchell and Snyder (1997) and Davis (1995, 2002, 2008), which while centred on cultural production both of which, to say the least, were implicitly political. This political aspect can also be found in Longmore's (1997) work on telethons as cultural rituals, which are the site of production of the meaning of disability as, literally, pitiful. Scholars working in the area of cultural approaches to disability have been closely involved in the internal politics of disciplines, both in disciplinary-specific organisations such as the American Modern Language Association, and in disability-specific organisations such as the Society for Disability Studies (SDS). An exemplar of the American school is Garland-Thomson's (2007) work on gaze, narrative and disability, which linked the concepts of medical and theatrical gazes and ideas around race and representation—particularly 'blackface' minstrel performers—with the symbolic work around representation and disability, particularly the 'freak shows'—and so the symbolic work that goes to create disability. There is a long standing empirical tradition in American social science around disability centred on empirical investigations into social life. For example Albrecht's major work on rehabilitation (Albrecht 1992). However, the focus on detail of the American system, particularly in the health system, limited its utility in other settings.

The Australian Contribution: reflections on practice

While a range of theories and views are grouped under the heading of ‘critical disability studies’, the disagreements between them are within the same research paradigm rather than between conflicting paradigms. As implied in concepts such as the medical model and personal tragedy theory, all social theories of disability provide explanations of how society oppresses the disabled. They all share the view that the core of oppression around disability is the perception of disability as an individual problem, reducing the individual to a subject of biomedical science and/or care. Furthermore, much of the cultural production around the disability is part of the process that creates and recreates the oppression.

Although there cannot be said to be a distinctively original Australian school of thought, as compared to the British or American schools, much original Australian work on disability has been conducted from the beginnings of critical disability theory. A starting point in Australia was Fulcher’s (1989) *Disabling Policy*, which was an attempt to provide a social explanation for variations in the treatment of people with disabilities, particularly as regards the integration debates for schooling. Parallel to Fulcher’s work was that of O’Connor (1991), who explored the paradoxical nature of the first systematic wave of integration into higher education.

As Australia has been part of the Western worldwide trend of deinstitutionalisation and the integration of people with disability into the community, there is a developed literature of advocacy and testimony. This includes reports of semi-independent government bodies such as guardianship boards and the Office of the Public Advocate. These reports are often based on the experiences of people with disabilities, for example, the Office of the Public Advocate (2004, 2005). Alongside this is work from professional advocates and social workers, such as Parsons’s (1999) work on advocacy and Johnson’s (1998a, 1998b) ethnographic work on the closing of institutions. In addition, a small number of accounts exist written by survivors of institutions. This work, while tending to focus on people with intellectual disabilities and therefore not directly relevant to PSE, raises two issues that are core for the methodology of the study: the complexity surrounding the provision of support, and the issue of how to

conduct research in a manner that reduces rather than increases the oppression of people with disabilities.

The closing in 1997 of the only Australian all-disability journal, *Australian Disability Review*, reduced the possibility of a common conversation. Yet critical disability theory remains highly active within Australia. Perhaps typical of the Australian approach is Goggin and Newell's (2005) work, which combines British and American theory with detailed work in the Australian context. To use a metaphor from an essay by Meekosha (2004), the Australian approach is 'midstream' in critical disability studies, using theories from a wide variety of sources to deal with contemporary issues. There is the beginnings of a conversation around the distinctive setting of Australia being both a first world country and yet colonised (Campbell, 2009b; Connell, 2007; Meekosha, 2004); this conversation importantly raises the issues around the situation of Aboriginal and Torres Strait Islander Australians. Further, there is a convergence in some conversations in Australian sociology, in particular Connell (2007) and some movements in disability studies, to explicitly address current absences such as those groups excluded, such as Aboriginal and Torres Strait Islander Australians, from both broader social theory and social theories of disability (Campbell 2009a, 2009b). However, as much of the cultural capital of Australian universities has its founding moments in moments of colonial exploitation, for example, the role of Australian anthropology in the protection/destruction of indigenous people, there is tension in these developing processes. Further, this cultural capital still has physical form on contemporary Australian campuses, for example in buildings named to honour people such as Baldwin Spencer (Anderson 2005; Connell 2007).

The Consequences of Social Theories of Disability for Ethical Research

Arising from the concept of disability as oppression, disability studies scholars have criticised much of the research on disability for accepting, at a minimum, the oppression suffered by people with disabilities and, at worst, perpetuating it. Specifically, they draw links between research based on individual pathology and support provided as charity (Oliver 1992). Oliver's research proposes that disability studies scholars adopt an action research approach, with explicit commitment to give their subjects control

over the research. While action research may not be accepted as the only means to achieve the aim of empowerment, there is some consensus on the aim itself (Barnes, 2009; Barnes et al., 2002; Mertens, Sullivan & Stace, 2011). Expanding on the issue of oppression and research on people with disabilities, there are at least three different aspects of possible oppression related to people with disabilities and research. First, hopefully now only of historical interest, there is the issue of extreme direct abuse, for example the use in the 1950s of people within caring institutions as subjects for experiments such as feeding radioactive substances to children, that posed real and unexplained risks to the people with disabilities (Annas and Grodin, 1992; Lifton, 1986; Moreno, 2001; Tulloch and Lupton, 2003). A second kind of abuse, which occurred during this period, but is also more contemporary, occurs with the use of people with disability to create cultural and/or financial capital that is not shared with them. For example, the contemporary capture of genetic material and/or use of people in institutions to create a career for others. This is often complicated by the helping role perceived of the expert who is gaining the capital. This cultural capital was gathered in this manner by researchers on both indigenous people and people with disabilities (Anderson, 2005; Haraway, 1981, 2008; Latour, 2005; Moreno, 2001). The third aspect is the role of research in maintaining oppressive structures such as sexual abuse by not reporting it. In Australia, the forthcoming NDIS and its evaluation will offer the possibility of a different basis for research on disability with its rewriting of the funding of disability care (Haraway 1997; Oliver 1992; Productivity Commission 2011). Throughout this study, I am committed to the aims of empowerment, and this is reflected in the evidence-based techniques used, and the traditions arising from my experience of the practice of disability and postgraduate student advocacy – that is, achieving change based on research and political understanding.

A non disability studies theoretical source: *Georg Simmel*

In this section, I clarify some of the theoretical concepts used in the thesis and link the theory and methodology. This study varies from much disability study scholarship insofar as it calls on the social theory of Georg Simmel, who to date has not been much used as a theoretical source for disability studies. However, his work, with its approach

to structure and process, may be productively used in this field. There is also some contemporary work in disability studies (for example, Campbell, 2009) using the theories of Bruno Latour; one of the current trends in the study of Simmel's work is its use to understand the work of Latour, for example using Simmel's ideas of form and process (see Pyyhtinen, 2010).

Georg Simmel (1858–1918) was a German Jewish sociologist and social theorist working at the time that sociology was becoming established as an academic discipline. While generally regarded as a classical theorist, Simmel has not been considered as important as the three 'founding fathers' of sociology – Marx, Weber and Durkheim – although many of the founders of symbolic interactionism attended some of his classes (Becker, 1998). Simmel also had a 'rediscovery' in the 1980s and 1990s as his style of theorising, with its emphasis on fragmentation, formed part of the debates around modernity and post-modernity (Frisby, 1985). Simmel tends to have his life and work interpreted through the biographical lens as an outsider: as a Jew at the turn of the nineteenth to twentieth century Germany; for not holding a formal academic position for the majority of his academic career; or in that much of his written work was for an intelligent lay audience rather than exclusively for academics. This view of Simmel as an outsider can also be drawn from some of his topics of investigation such as money, fashion and the social type of the stranger. Further, Simmel moved between work as an essayist and larger-scale theoretical works, such as his work on the philosophy of money. Aspects of his work particularly relevant to this thesis are his ideas of process and form drawing on Kant and his ideas of objective and subjective culture (Crotty, 1998; Frisby, 1985, 2002; Levine, 1995; Pyyhtinen 2010; Simmel and Wolff 1950; Yair and Soyer, 2008).

Simmel's work also focused on attempting to define what makes sociology distinctive. He did this in part through his research topics and even his style of working; for example, by his emphasis on the use of the essay form and within that form, using subjects such as fashion to reflect on society in general (Frisby, 2002; Levine, 1995; Simmel and Wolff, 1950; Yair and Soyer, 2008). The other way in which Simmel defined sociology was through what he called 'formal sociology', that is, a concern with

patterns within social interaction. An example of this is his work on dyads and triads, which suggests that the types of social interaction possibly change when moving from a group of two to a group of three and then onto larger groups, with a different range of possibilities and limitations depending on the number in the group, and further that there is a key difference between groups of two and three rather than any larger group (Frisby, 2002; Levine, 1995; Simmel and Wolff, 1950; Yair and Soyer, 2008).

For Simmel, forms are how a process is structured. Thus, for example, having three people in a room does not necessarily mean that two take sides against one, it just creates that possibility. To use an often-cited example from Simmel, modernity creates a new social form, the stranger: that is, one of the characteristics of city life is that it is possible not to have an intimate relationship with all people you encounter in the course of a normal day, but it is still possible to have some kind of relationship with people you encounter. This understanding provides a broader solution to some of the recurring disputes in social theory around structure and agency, suggesting that society has structures, but also provides a role for the individual agent.

There are three ways that Simmel's work contributes to this study. First, in the background thinking about society in general where Simmel provides an understanding of the fragmented but still understandable nature of modernity (Frisby, 1985, 2002; Simmel and Wolff, 1950). Second, Simmel's thinking emphasises how social forms can be both different and related, for example, despite their differences there is the continuity between medieval and modern ideas of disability, in particular the common factor of charity providing cultural and financial capital (Metzler, 2006; Oliver, 1990; Wheatley, 2010). This emphasises also fits much of the material with forms remaining the same but their meaning changing as will be examined in the document work. Finally, as further discussed in the analysis of the documents, the concept of objective and subjective culture allows discussion of both the circumstances around the creation of a text but also its influences after its creation.

The idea that disability may take the shape of a form, which various social processes can proceed, may have considerable explanatory power. To link this to the forthcoming discussion about disability being about the need for help, this approach would mean that

we define the contemporary definition of disability as a social form, based on the reality of a certain type of dependence need for help, and that a set of processes from that form define disability in the present context.

Theorising Disability in Education

Since there is little explicit theoretical writing about disability and PSE in Australia (O'Connor, (1991) is the major exception), I shall briefly explore disability in education as focused on school education. Further, as school education has a gate-keeping role for access to higher education, how it is organised is also of interest. The problem of school education for people with disabilities differs from the problem of PSE in two important ways. The first is historical. School education has been part of the overall debate around the institutionalisation and deinstitutionalisation of people with disabilities. As a result, it has been a long-standing part of debates on such topics as the use of sign language for the deaf (Christensen and Rizvi 1996; Corker 1998; Ree 1999). Secondly, because school education is seen as a universal right, issues of exclusion/inclusion and rights come to the fore. Part of the importance of exclusion from education is that it can be seen as the first exclusion of a person with disability from the 'normal world', setting the stage for later and more final exclusions (Isaacs 1996; Rizvi and Lingard 1996).

Fulcher (1989) provides a bridge between education policy and broader theory about disability. She was the policy writer for the review that led to the first wave of integration of students with disabilities into Victorian government schools. She reviewed the resulting practices of integration and found that, contrary to her expectations, it was not a 'rational' approach with all students being treated according to an assessment of their needs, but rather a struggle over resourcing and definition.

The general literature on education exposes a gap, with a lack of discussion of rights issues, and particularly of rights of entry into the sector. This raises an issue for research into how ideologies of merit and achievement affect the entry (or otherwise) of people with disabilities into PSE. As will be explored in Chapters 5, 6 and 7, ideologies of merit and achievement are essential to universities' self-understanding and to the effectiveness of their practices around disability.

Practice-based Writing on Disability

In contrast to the gaps in the literature on theory about disability and PSE, there is a rich and flourishing practice-based literature. In Australia, this has three organisational bases: the biannual Pathways conference; university practice guides; and work supported by national bodies such as the Universities Australia guidelines (1996/2006) (Australian Vice-Chancellor's Committee, 2006). Some of these writings form part of disability support practice will be also discussed as part of the formal document analysis

Australian Pathways conferences -- the Pathways Conference on Disability and Post-Secondary Education -- have taken place biannually since 1991, and include Disability Liaison Officers (DLOs), university and government policy-makers, students and those marketing technology to that audience. The conference attendance has been in the hundreds and they have become the key event for disability support practitioners nationally. The level of participation from policy advisors has varied, but Pathways conferences have always had a strong representation from the Federal Department of Education, however constituted, and policymakers within the universities such as Pro-Vice Chancellors Equity. After the first conference, Pathways conferences have been run by the national body of disability support practitioners in conjunction with a professional conference organiser.

The common elements explored in the Pathways conferences can be summarised as follows: a keynote address with a focus on morale-boosting and/or the creation of common ground, usually given by an international speaker (for example, Leung, 1991; King, 2004); legislative issues, particularly disability discrimination; issues of local-level implementation (Shaw and Murfitt, 2000); accounts of practice; and issues surrounding the professional identity of practitioners (ATEND 2010; Gillian Bruce 2004)

The vast majority of papers at Pathways conferences fall into the category of accounts of practice in which the practitioner has undertaken a major project, such as Holt and McKay's (2000) work on postgraduate students, or reports of perennial problems, such as Bathurst and Grove's (2000) examination of disclosure issues for students with

mental health concerns. A large number of projects discussed are pilot practice projects investigating disability issues. The Pathways conferences have revealed a key problem in the sector, that is, a lack of long-term strategic thinking. A large number of projects discussed are pilot projects, and a significant proportion of those have been pilots in previous years. Regarding the professional identity of practitioners (ATEND 2010), the first Pathways conference saw the founding of a national practitioner body, and the debates on the nature of the DLO have continued (Bruce 2004). While these topics are diverse, their collective impact plays an important role in constituting the field.

There has been a continual tension between this focus on disability-specific practice at the institutional level and university-wide structural issues. While there is a theoretical agreement that the ideal focus should be on structural issues, the practicalities of disability support often supersede this aim. Therefore although Pathways conferences often include papers exploring programs of university-wide structural changes (McGregor and Maruff 2004) the burden of increasing numbers limits their adoption.

Guides for Practice

Besides the practice-based materials generated, the other major genre in the area is the guides to disability practice in PSE. *Reasonable Accommodations* (University of NSW, University of Sydney, Macquarie University & University of Technology, 1991) typifies the approach to disability support practice of its generation. This guide was written by staff from four New South Wales universities: the University of New South Wales; University of Sydney; Macquarie University; and the University of Technology Sydney. *Reasonable Accommodations* has been widely used. It continues to be influential in a number of universities, and is available on sites such as the National Disability and Education Clearing House. The term ‘reasonable accommodations’ comes from anti-discrimination discourse: it refers to what reasonable measures must be taken to accommodate disability. However, as a document, it is attitudinal and technocratic. There is an emphasis on disabling myths and language and technocratic solutions to disability issues, for example, what techniques are needed to communicate with somebody with a hearing impairment. A further examination of the ideology and mechanics of *Reasonable Accommodations* follows in Chapter 5. Despite or perhaps

because of the overwhelming success of *Reasonable Accommodations*, no broad-based guide has been put forward to replace it. As the document *Reasonable Accommodations* has been influential in shaping other documentation, I further explore this in the document analysis (in Chapters 5 and 6). The current emphasis in the field is on local publications or issue-specific publications, including guides to disclosure. An emerging issue with the DDA and practice guides is how the DDA education standards, currently being reviewed as of 2011, will shape and/or replace the current diversity of practice guides.

Disability Policy As Paradox

A key assumption of social theorists of disability is that disability is a policy issue; since disability is socially constructed, it should be addressed socially rather than, for example, clinically. The focus is therefore on actions such as changing the organisation of care rather than biomedical cures. A recurring theme of the policy literature, however, is the paradoxical and often counterproductive nature of disability policy. An example often cited is the debate around the success, or otherwise, of deinstitutionalisation (Goffman, 1962; Johnson, 1998a, 1998b). The paradoxical nature of disability policy has been noted with specific reference to university education (O'Connor, 1991); with reference to the integration of students with disabilities into primary and secondary education (Fulcher, 1989); as part of a major review of Commonwealth-supported day programs for people with disabilities (Baume and Kay, 1995); and more recently, in the development of the Productivity Commission report on a national disability insurance scheme (NDIS) in which the paradoxes of the current system were outlined. The economists of the Productivity Commission found that disability support was a paradoxical combination of being high-cost, low-quality and undersupplied (Productivity Commission, 2011). In his survey of the practices concerning disability in university education at the time, O'Connor (1991) focused on his repeatedly contradictory experiences of disability policy processes, including as a senior university administrator and academic. He identified seven paradoxes that run throughout disability policy in PSE. O'Connor (1991) cites possible resolutions to these paradoxes through structural theories of disability, particularly those of Oliver (1990)

and Fulcher (1989). In conclusion, there is a dilemma in that social theories of disability suggest that policy is the best measure to improve the rights of people with disabilities; however the history of policy around disabilities is problematic. However, it is claimed that in higher education, policy has been effective (DEET - Federal Department of Employment Education and Training 2005). This is contrasted with the history of Australian disability policy, which will be explored in the rest of this chapter while, in Chapter 3, what is different about disability in higher education compared to disability in broader society will be explored. In the next section, I explore the broader policy practice around disability within the Australian context.

Disability Policy and Policy-making in Australia

While the links between broader disability policy and higher education disability policy are indirect they are there. One of the clearest is how power is shared among a number of actors. In Australia at a constitutional level, power is shared between the formal government with both elected and administrative arms and an independent judiciary. At the governmental level, power is shared between the different arms of government: federal, state and local. The relationships between these three levels of governments are a series of political and cultural processes that exist in a constant state of flux. In addition to the state, power in Australia is exercised by a variety of non-state actors, including the business community, unions and charities. The latter have played a particularly important role in disability policy as actors in providing direct services, but also in having significant cultural capital that has strongly influenced the other actors in the disability field.

Government responsibilities for disability within Australia are also diffuse and shared between the three arms of government. The federal government currently funds the Disability Support Pension (DSP) and Adult Day training/employment support, and provides some funding for state-run programs. (While the DSP and Adult Day training programs are separate programs, they share the common element of being for people who are assumed to be permanently unable to participate in the workforce.) Further, the DDA is federal legislation and, consequently, is litigated through the federal court system. State governments have primary responsibility for the care of people with

disabilities; for example, they fund and run some accommodation services for people with disabilities who are unable to live independently. In addition, they are also the major regulator of accommodation services. In parallel, most litigation around the acquisition of disability, such as primarily transport accident and workers' compensation is under state government legislation. In addition to disability-specific services, state governments have primary responsibility for most government services, including health, police and transport. Local government is the least powerful arm of Australian government, yet it provides important services for people with disabilities, such as home help and limited amounts of personal care. It also holds responsibility for many of the determinants of access, such as the state of local footpaths and roads. As a consequence of the above, there is no single disability policy within Australia but, rather, a variety of policies about aspects of disability. Other policies without the term 'disability' attached to them also play an important role in the welfare of people with disabilities. These range from primary and secondary education through to the criminal justice system with its overrepresentation of people with disability (New South Wales Law Reform Commission, 1996; Office of the Public Advocate, 2004; Perlin, 2013).

This diffuse nature of power within Australian society is reflected in its higher education system. Constitutionally, higher education is a state matter. However, its funding is primarily provided by the federal government. The matter becomes more complex when one considers that higher education institutions such as universities are defined as self-governing, meaning that they are, at least theoretically, independent of any arm of government. This issue will be explored in the subsequent chapter (Cain and Hewitt, 2004; CAPA - Council of Australian Postgraduate Associations, 2000, 2002a, 2008c; Marginson and Considine, 2000).

From a sociological point of view, policy is the result of actors in particular social settings. This section provides an overview of the chief actors for disability within the contemporary Australian setting. While the policy context involves many actors, the results are closer to Simmel's concept of objective culture, in which actions develop a life of their own (Frisby, 2002; Levine, 1995; Simmel and Wolff, 1950; Yair and Soyer, 2008), in contrast to a simple model of actions arising from the policy-makers'

intention, or to Weber's all-encompassing iron cage of rationality. This can be seen in the persistence of both organisations such as Vision Australia/Royal Institutes for the Blind and support payments such as the disability support pension/ invalid pension which while having changed over time still have the marks of their very early 20th century origins (Alcock, May, and Rowlingson, 2008; Levine, 1995; Yair and Soyer, 2008; Alcock et al., 2008; Smith, 2007a).

Federal Departments and Disability Policy

It is important to note the significant increase in the percentage of Australians with a disability. There is both an increase in the number of Australians with disability using previously existing definitions² as well as a broadening of the definition of disability to include more aspects of mental illness and new categories such as learning disability (AIHW - Australian Institute of Health and Welfare, 2003, 2008). In policy terms, at least one in five Australians is defined as having a disability (ABS - Australian Bureau of Statistics, 2004; AIHW - Australian Institute of Health and Welfare, 2008) which has had an impact on Australian policy setting.

Disability is a broad social category. Thus, it is not surprising that most federal government departments contribute to or incorporate disability policy. Four departments have key roles: Anti-discrimination legislation is the responsibility of the Attorney General's Department (Commonwealth of Australia, 2004); the Department of Social Security is responsible for income support for people with disabilities, and manages disability support pensions and unemployment benefits, although direct contact activities are now conducted under the Centrelink heading; the Department of Health and the Department of Community Services (DCS) are responsible for a number of direct supports to people with disabilities, which are administered through the Home and

² Part of the increase in disability was a decline in secondary mortality from disability with the advent of antibiotics; this led to an increased life span particularly for those in care. This improvement may have run its course with there being a decline at least in the rate of increase in that cohort (ABS - Australian Bureau of Statistics 2008; AIHW - Australian Institute of Health and Welfare 2003).

Community Care program; and the carers' allowance is managed by the Department of Family and Community Services (Federal Department of Family and Community Services, 2005).

Of central importance to this study is the role of the Department of Education, Science and Training/Department of Education, Employment and Workplace Relations (DEST/DEEWR), which is responsible for education and scientific research. One of the constants in Australian policy making is the pattern of renaming and reorganising government departments. An example is that, over the period of this study, the key government department with responsibility for higher education has had at least the following name and responsibilities:

- DEET: Department of Education, Employment and Training, 1988–1998.
- DETYA: Department of Employment, Training and Youth Affairs, 1998–2001.
- DEST: Department of Education, Science and Training, 2001–2007.
- DEEWR: Department of Education, Employment and Workplace Relations, 2007–2013.
- DIICCS RTE: Department of Industry, Innovation, Climate Change, Science, Research and Tertiary Education, 2013–.

These changes in nomenclature and organisational structure reflect changes in ministers and governments, while indicating a deeper significance around attempted political control of the bureaucracy.

Social security as a foundation stone of the welfare state has been critiqued from a neo-liberal point of view as a high-cost and unsustainable option (see, for example, the work of the Centre for Independent Studies in Saunders, 2002). It has also been critiqued by supporters of the welfare state (Cass, Gibson & Tito, 1988; Saunders, 2005) over the way in which the interaction between principles of welfare, such as support for those in need, and neo-liberalism reinforces inequality. An example frequently cited is the 'work for the dole' program. 'Work for the dole' is an Australianism referring to concepts of compulsory training or volunteer work as part of receiving unemployment benefits, colloquially, 'the dole'. When it was introduced as policy, it was linked to concepts of

mutual obligation by the government of the day. It was seen as the initial phase of 'reform' of the welfare system (Bridgeman and Davis, 2004; Cass et al., 1988; Frankel, 1992). There have been calls in Australia for further welfare reform to move those on the Disability Support Pension (DSP) into work (Cass et al., 1988). A Human Rights and Equal Opportunity Commission (HREOC) enquiry into disability discrimination and employment suggested that causes other than the welfare system account for the increase of people on the DSP, causes that include the broader employment 'market'. That is, there is a tendency for those with disabilities to be last hired and first fired. Others, including Oliver, suggest that people who are disabled tend to act as a reserve force of labour, generally depressing wages (AIHW - Australian Institute of Health and Welfare 2008; DEEWR - Federal Department of Education, 2007; Feldman and Howie, 2009; Oliver, 1990).

The Disability Discrimination Act (DDA)

The DDA was designed to be inclusive of Australian society as a whole so while education was not a specific focus it was included. The DDA is broadly based on the Americans with Disabilities Act (United States of America, 1989, as cited in Tucker, 1994). Although it is federal government legislation, the DDA subsumes some state equal opportunities legislation. The DDA was enacted in 1992 as part of a broader suite of anti-discrimination legislation which includes the Racial Discrimination Act. While the DDA makes discrimination based on disability illegal, it incorporates a view of discrimination that is more complex than one of simple exclusion on the basis of disability. Rather, it enshrines a structural view of discrimination, and includes the notion of 'reasonable accommodation' (Basser and Jones, 2002; Commonwealth of Australia, 1992).

The DDA's formal definition of disability is any medical condition, either real or perceived, and includes health problems such as HIV status as well as conditions more conventionally associated with disability (visual, hearing, physical, mobility and intellectual impairments). Explicitly, the Act (Commonwealth of Australia, 1992) defines disability as:

- a) total or partial loss of the person's bodily or mental functions; or
- b) total or partial loss of a part of the body; or
- c) the presence in the body of organisms causing disease or illness; or
- d) the presence in the body of organisms capable of causing disease or illness; or
- e) the malfunction, malformation or disfigurement of a part of the person's body;
or
- f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or
- g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour;
and includes a disability that:
 - h) presently exists; or
 - i) previously existed but no longer exists; or
 - j) may exist in the future; or
 - k) is imputed to a person.

The Act considers disability discrimination to include both direct actions based on disability, and structural aspects such as inaccessible buildings (Commonwealth of Australia, 1992; Hastings, 1993). In addition, the DDA emphasises the development of standards, the role of which are to set out a more precise definition of reasonable adjustment by outlining the standards that should normally be met.

The DDA has introduced a number of terms into discussions about disability policy, including: (1) reasonable accommodation; and (2) action plans. 'Reasonable accommodation' is the term used to describe the level of adjustments that an organisation must take to comply with the Act. The intent of reasonable accommodation is a level of accommodation that does not provoke undue hardship on the organisation providing it. Reasonable accommodation is relative to the resources of the particular organisation providing (or not providing) the service; for example, an organisation with an annual turnover of \$100,000 is not expected to make building alterations worth more than that amount. In this context, the HREOC has made it clear that it does not regard

universities as poor organisations and therefore has set the bar for reasonable accommodations in universities at a high financial level (Hastings, 1993).

The definition of ‘action plans’ is in two parts: firstly, it refers to the set of actions undertaken by an institution to overcome discrimination; and secondly, as a result of the first, it is a defence to actions under the DDA. This involves lodging an action plan with HREOC, acknowledging discriminatory practice and explaining what the institution will do to address it within a set time frame, a strategy that heads off questions of indirect discrimination within any organisation (Commonwealth of Australia, 1992; Hastings, 1993).

The DDA has not only been discussed in terms of its technical aspects, but also its policy issues. For example, Tucker (1994) explores the relationship between American and Australian disability policies, and the Productivity Commission (Productivity Commission, 2003) has investigated the economic and wider policy implications of the DDA. A further aspect of the DDA is that it is based on the concepts that were current when it was written, so the definitions of disability that it was based on have been redeveloped significantly since then. Since the DDA is a key theme for this study, further analysis of it will occur in Chapters 5 and 9.

Federal and State Disability Agreement

Bridgeman and Davis (2004) suggest that perhaps the only universal in Australian policy-making is the unclear nature of the relationship between state and federal governments. This affects disability policy as much as any other area. The current federal/state disability agreement, which has the stated aim of establishing frameworks for shared responsibility rather than continual cost-shifting, represents an attempt to solve this problem of disability policy. It includes joint accountability measures for service providers (State Government of Victoria, 2004), and has been written in the light of attempts over a decade to address a generally acknowledged shortfall of funding for disability services. Despite these attempts, it is clear that a shortfall in funding and services remains and is one of the justifications for the NDIS (Australian Institute of Health and Welfare, 2002; Productivity Commission, 2011). The agreement covers the

variety of (medically defined) disability types and includes services such as accommodation, community support (defined primarily as behavioural intervention or therapy), community access, respite care and employment services (primarily those that used to be known as ‘sheltered workshops’). It excludes higher education. The service providers include federal, state and local governments and charity organisations (Australian Institute of Health and Welfare, 2002).

Under the federal/state disability agreement, accommodation and community support are funded by the state governments; employment services are funded by the federal government; and community access, respite and advocacy and information are funded by both levels of government (Australian Institute of Health and Welfare, 2002). The success of this arrangement can be judged by the strength of the argument for its replacement with a NDIS (Productivity Commission, 2011). The recent recommendations from the Productivity Commission on a NDIS are based on the acknowledged shortfall in funding and complexity of the various care arrangements. At the time of writing, while there is theoretical agreement from both major parties and the first phase is beginning implementation, the precise path forward of the scheme is unclear (Productivity Commission, 2011).

Victorian State Policy

The State Disability Plan (SDP)

The state of Victoria has formally had responsibility for aspects of disability service delivery since the establishment of the colony as a state, when it founded large asylums for what we would now define as people with mental illness, deafness and intellectual disability (Coleborne and MacKinnon, 2003). This direct care role has continued, albeit in a greatly changed form. As a result, key aspects of debates about disability have been about state policy or its results.

The history of disability policy in Victoria (over the last 30 years) has been shaped by three interrelated factors: the theoretical moves to a more rights-based view of disability issues/deinstitutionalisation; a shrinking belief in the role of the public sector; and a succession of scandals, including reports into the abuses at the Caloola ‘Training

Centre' and the deaths by fire at Kew Cottages, which made the previous asylum model untenable. This has resulted in the sector being in a state of constant change (Borthwick, Kenndy, Maallia & Marshall, 1999; Coleborne & MacKinnon, 2003; Office of the Public Advocate, 2005).

These factors have led to tension between a rights-based approach (with the services needed to support it), the shortfall in services for those with disabilities, and the dominant culture of managerialism and the resulting restrictions on expenditure (Johnson, 1998a, 1998b). These tensions can be seen in relevant state policy documents and the State Disability Plan (State Government of Victoria, 2002). This plan claims to have a 'social model' framework, emphasising consultation and a philosophical commitment to rights, full participation of people with disabilities in all activities and roles for people with disabilities in making decisions about their own lives. The plan articulates a whole of government/whole of community approach by rhetorically placing disability at the centre of state government activities, forging a clear link with the state government's stated values of community and consultation. However, the extent to which the aims have been achieved is unclear.

Further, two key issues are not mentioned in the SDP or the review of legislation arising from the plan: the first is the environment of resource rationing that affects all programs; and the second is the omission of reference to the over-representation and/or abuse of people with psychiatric and intellectual disabilities in the criminal justice system (State Government of Victoria, 2002, 2004). While the SDP is based on a rights model, there is very little articulation with the chief legislation around disability rights in the DDA. Alongside, and developing from, the SDP has been the Review of Disability Legislation (State Government of Victoria, 2004). Although the legislation it primarily reviews, The Intellectually Disabled Person Services Act 1986 and The Disability Service Act 1991, was also written within a rights framework, the review identifies a level of inconsistency both within the legislation and in the current implementation of policy. In addition, it revisits issues excluded from the last round of disability legislation; specifically, the lack of tenancy rights for people in supported

accommodation, and the right to accept or refuse treatment (State Government of Victoria, 2002, 2004).

An important issue in disability in general for which state governments have legal responsibility is that the level of abuse suffered by those with intellectual and/or psychiatric disabilities has been greater than that suffered by most people with physical disabilities. In legal terms, the abuse suffered by some people with intellectual and/or psychiatric disabilities could be defined as assault rather than as a breach of equal opportunity legislation if brought to court, such as in the case of forced sterilisation. The continuing abuse has had two implications: first, the DDA has had a reduced impact on people with intellectual and/or psychiatric disabilities; and second, as the rights discourse became more dominant, there was a greater emphasis on protecting those in more need of protection (Asch, 2002).

State Departments and Disability Policy

The Victorian state government involves many of its departments in disability policy-making. Hence, the formal planning process for state government agencies such as Urban Development, the Attorney General, Transport and the Arts includes attention to disability issues. In addition to the departments directly controlled by the state government, four important statutory bodies are involved in disability policy: the Office of the State Guardian/Advocate; the Transport Accident Commission (TAC); Workcover for workers' compensation issues; and the Health Services Commission.

The responsibility of the Office of the Public Guardian/Advocate is the protection of the rights of people who are limited in their ability to obtain their rights. This responsibility has specific reference to people with disabilities and the elderly, and the role of this office tends to lie in offering individual support for individual rights rather than anything more systematic or political, although it does include a reporting role. The Office of the Public Advocate is also the decision-making body in many ethical issues affecting people with disabilities; for example, it is the body to which legal applications for sterilisation are addressed (Office of the Public Advocate, 2004, 2005).

The TAC and Workcover are compulsory insurance organisations set up to deal with road crashes and workplace injuries, respectively. Although not a direct care provider, the TAC is one of the most significant funding agents for home-based care aside from the Home and Community Care program. For financial reasons (rehabilitation saves money), Workcover is a leading promoter of the participation of people with disabilities in the workforce. The Health Services Commission has a statutory responsibility to provide an independent forum for health care complaints (State Government of Victoria, 2002; West, 2005) .

Integration

A key aspect of the source understandings of disability for the study is that disability is a matter of detail and procedure, and these are based on deep philosophical and sociological underpinnings. This section will develop this theme further. An obvious example is the relationship between gender and disability. Much of the current discussion in this area relates to the politics of care. Since caring is predominantly associated with female activity, the caring workforce is overwhelmingly feminised. There is a further theme to be explored around the low pay of care work and who does it. Care work is typically performed by women, often migrant women. It is undervalued work, and lacking in prestige (Council and Australia, 2009; Mol, 2008; Thomas, 2007; Willis, 1989).

However, there are also historical and structural aspects to disability and gender. Two examples are the beginnings of the Australian pension system, and the role of war and its aftermath in shaping the discourses and structures of rehabilitation medicine. The Australian invalid pension system was established in 1908, in parallel with concepts of the basic wage, and is therefore firmly linked to such concepts as the 'household' and the male 'breadwinner'. (Cai, Vu, and Wilkins 2006; Saunders 2002; Wendell 1996) In the case of the pension, the relationship between gender and disability seems to be dialectic rather than causal; the assumption is that the breadwinner is a male who supports a family, which is both part of the cause of the structure of the pension system and is supported by it.

The relationship between war, gender and disability is multi-faceted and includes the way in which ideologies of masculinity are used to support recruitment and the effects of war on women. Particularly relevant to this study is how the aftermath of various conflicts created 'modern' structures of disability and disability care. The most obvious example is the aftermath of the two World Wars, which became the founding movements for modern rehabilitation. This includes the introduction of rehabilitation counselling among the shell-shocked survivors of World War 1 and the Paralympics movement in hospitals after World War 2. The body that these systems were designed for was the male body.(Bourke 1996; Wendell 1996)

This discussion is relevant to issues around disability and higher education, in that it strengthens the argument that disability is founded in both philosophical and practice-based issues. It also suggests that the best way of understanding the philosophical may be to look at the detail, while the best way of looking at the detail is to look at the philosophical. For example, the process of coming to understand a university's value system includes looking at the details of its entrance policy as well as its high-level policy statements.

Disability, classification and procedure

One of the problems in discussing disability is that the meaning of the term shifts depending on the context in which it is used. Therefore, for this study there are three ways of using the term 'disability'. The first is in the sense when the term 'disability' is used by somebody else; for example, both the ABS and Australian universities have their own definitions of what disability means. The second are theoretical descriptions of disability. Finally, disability can be used in operational terms; that is, a procedural definition.. That is, disability within a resource allocation setting is a set of classifications that determines entitlement to resources. This is illustrated in Fulcher's (1989) work on the integration of students with disabilities in Victorian state schools, where disability shifted from a medical condition to an entitlement to funding.

Concepts of procedure are based around practices of classification, and two theoretical approaches to practices and classification influence this study. One is based around the

work of Foucault, which is specific to disability and deviance, and includes such writers as Fulcher (1989) and Tremain (2005). The second is based in symbolic interactionist sociologies of work and science and includes the work of Bowker (2005), Bowker & Star, (1999) and Fujimura (1996). Both approaches focus on classification as a mode of power. In addition, they identify classification as a professional practice firmly linked to the helping professions. Where they diverge is in the emphasis placed by Foucault and his followers on power as the central element to classification, while the symbolic interactionists see classification as a means of doing ‘work’ and power as a by-product of doing that work. The symbolic interactionist understandings of procedure and classification have great explanatory power because they are not directly focused on disability, but instead focus on broader social construction; for example, Bowker and Star’s (1999) discussion of how formal medical classifications shape both clinical work and understandings of impairment that leads directly to a better understanding of disability.

Unfortunately, using concepts of classification and procedure in discussing disability in higher education is complicated by the ubiquity of classification and procedure in shaping both disability and higher education. This ubiquity means that the processes tend to become invisible. Current federal government funding for higher education is based on payments for students who fall into defined categories. It is also one of the assumed functions of higher education to assess and categorise students. For students with a disability, a whole raft of classification procedures exist, including medical, educational and purely bureaucratic.

Another way into the discussion around the definition of disability is work being done at the intersections of philosophy, economics and development studies, what is often called the capacity building approach (Manning, 2007; Nussbaum, 2002, 2003, 2007, 2011). This approach has a twin focus around the promotion and protection of rights and the building of capacity. This focus, while originating from other discourses than disability studies, reinforces many of the themes around helpfulness and rights. It also offers alternatives to simplistic notions of human capital; for example, people having a highly developed capacity in one area and less developed in another area versus having

or lacking capital. Use of capacity approaches also offers the chance to change discourses away from deficit to strengths.

Conclusion

In Chapter 2, I have discussed both theorising on disability and the broad Australian social and historical context. The chapter then moved to the first steps of theory development, in particular theorising around the use of the term ‘disability’.

Chapter 3 starts to move from broader Australian society to examining the definition and measurement of disability in Australian higher education. In addition, in Chapter 3, I will discuss the processes of change and continuity in contemporary higher education through a brief examination of the origin of equity policy in Australian higher education and its relation to other contemporary major structural changes that took place at the same time.

Chapter 3: An introduction to the higher education sector

Introduction

This chapter has two substantive topics: it is a review of the broad changes in Australian higher education over the last 20 years, and a review of the major statistical collection on disability and Australian higher education. This discussion further develops the understandings of disability, laying the grounds for the later substantive research. However, I first consider some terms and boundaries, building on the discussion in Chapter 2 of broader issues of disability in Australian society. In this chapter, I develop the procedural definition of disability in Australian higher education, approaching ‘disability’ by working through higher education policy to examine the presences and absences in the relevant quantitative data.

In Australia, there are few if any deliberate links between explicit government disability policy and university policy. This may be because coordination between state and federal governments is program specific. With the semi-independence of the university sector, this rules out one type of coordination. The role of the DDA has been similar, in that it has been highly influential in a passive manner rather than in terms of direct programs. That is, while the ultimate justification for much disability support may be the DDA, it is defined as service provision rather than compliance. Another way that the DDA has been influential is as a narrative form, with much of the literature, such as disability action plans, being written partially or wholly in response to the DDA (Shaw, 1998). I explore this in later chapters when I analyse relevant document data.

An Introduction to the Post-Secondary Education (PSE) Sector

The Australian PSE sector has two major roles: it provides post-compulsory training and education, and it is the site of the majority of Australian research. Further, there is an implicit role of cultural production. While this study is focused on universities, the PSE sector also includes Technical and Further Education (TAFE)/Vocational

Education and Training (VET) institutes and the private colleges. Universities are defined as self-accrediting degree-granting institutions. Historically, they have offered degrees ranging from Bachelors degrees through to Doctorates. However, current practice often includes associate (2-year) degrees, professional as well as research training at masters and doctoral level; in some cases, too, universities operate as TAFE institutions (for example, RMIT, Victoria University and Swinburne are all 'dual sector' institutions). While universities are substantially funded by the federal government, they are formally independent of government and receive significant funding from non-government sources, primarily through student fees with small but growing funding from charitable giving and research (House of Representatives Science and Innovation and Australia, 2008; University of Melbourne Senior Executive Service, 2007).

TAFE, also known as VET (current usage is that VET refers to the whole sector, while TAFE refers to particular colleges or courses), is the nation-wide system of 'technical' education. It provides education and training directly responsive to the articulated needs of industry including both highly technical skills and basic prerequisites for employment. The qualifications it offers range from adult literacy courses through apprenticeship and traineeships, to multi-year associate and bachelor degrees. VET programs by both design and structure have an overwhelming focus on direct employment outcomes. In addition, the governance and accreditation structure of VET includes a strong industry component alongside more direct state government control. VET programs are offered by three groups of providers: TAFE colleges, which are funded by the state governments and controlled by the respective state governments and industry boards; Adult and Community Education (ACE) providers, which are normally small not-for-profit organisations, approved and funded by state governments; and finally, VET programs are also offered by private for-profit colleges that have a range of eclectic and non transparent ownership structures.

One of the changes in the overall balance of the sector has been the growth of the private colleges as the cost for students in the government sector has risen, thereby improving the comparative level of support enjoyed by private colleges. The private colleges are, in terms of qualifications offered, dependent on the TAFEs and

universities, as they are not able to accredit their own programs. They are independent of government funding, and instead are funded almost exclusively by student fees, although the payment of the fees is subsidised through the federal government's provision of the Higher Education Contribution Scheme (HECS) and income support. Initially private colleges were the least regulated part of the post-secondary education sector; however, due to their complex history and their dependence on government processes such as immigration, their regulation has increased (Council of Australian Postgraduate Associations, 2008a; Cain & Hewitt, 2004).

Why not study VET/TAFE and the Private Colleges?

There were strong pragmatic reasons why I chose not to examine the non-university parts of the sector in this study. This includes controlling the scope of the study, as there are many more TAFE colleges than universities as well as their vastly different governance and funding arrangements. There are also definitional issues of how to define a TAFE institution, as a variety of organisations ranging from neighbourhood houses to training companies also offer TAFE programs. Further, a different set of approval/access processes are required for research in these institutions.

There are also strong definitional reasons for excluding TAFE/VET and private colleges from the study. As well as the differing legislative, funding and governance arrangements, the other key difference between universities and other parts of the sector is the universities' position as the creator of cultural capital. That is, universities are distinguished from TAFE/VET and private colleges both by their research production and by their production of broader cultural products. A contemporary example is of the dominance of universities within Australian research production (House of Representatives Science and Innovation and Australia, 2008), while a more historical example would be the role of the Universities of Melbourne and Sydney in founding the leading theatre companies of these two cities (Blainey, 1957; University of Melbourne Senior Executive Service, 2007). This points not only to universities' contribution to education but also to broader society.

University Governance

Universities are statutorily established as self-governing institutions under state and/or territory government legislation. (MacPhee, 2005) In contrast to TAFEs, which are directly responsible to their government funders, the universities' statutory independence under state government legislation means that direct state government intervention is rare. Moreover, change in state legislation has been slow to non-existent, despite the fact that major changes (as discussed below) have taken place in commonwealth funding and governance arrangements. While state governments have not formally renounced their governance roles for universities, they have not contested the federal government's increased control (Council of Australian Postgraduate Associations, 2002a).

As part of this self governance, universities are formally self-accrediting although some courses in individual disciplines need to meet external professional standards. For example, while universities have power to approve degree courses leading to professional qualifications, these can be subject to accreditation by professional bodies; for example, health professional courses also have to fulfil the requirements of the Australian Health Practitioner Regulation Agency (AHPRA) and psychology training needs to fulfil the accreditation standards of the Australian Psychological Society. Universities receive the majority of their teaching and research funding from the federal government, which therefore considers it has a right to provide some regulation despite it being formally a state government responsibility. However, as the federal government is not statutorily responsible for higher education, the regulation provided by the federal government tends to be in relation to funding rather than whole-of-sector regulation. (CAPA - Council of Australian Postgraduate Associations 2002b; MacPhee 2005; Parker 2008) Immigration, and thus international student matters, is also a federal government responsibility. Paradoxically, international students and their management are one of the most regulated parts of the higher education sector; for example, the federal government imposes compulsory attendance requirements on international students in contrast to domestic students, while international student fees are the largest source of unregulated or discretionary income for universities. This has had a significant

effect on how universities are run and how policies and process are applied.

Immigration law is exempt from the DDA, and disability is a potential ground for refusal of entry. However, once somebody successfully becomes a student, the DDA applies to international students as for other students. (Baird, 2010; Stickles and Guthrie, 1995)

The federal government regulates the total number of funded places in Australian higher education. However, it cannot legally mandate a national curriculum in a particular discipline. As a consequence, a number of professional organisations³ have strong roles in accrediting both graduates and degree programs. These same accreditation agencies have instituted another set of barriers around entry of people with disabilities to this group of professions (Council of Australian Postgraduate Associations, 2005). I discuss this further in Chapters 9 and 10.

Trends in the sector and Federal Government Policy

The current shape of the sector is often attributed to the changes of the 1980s. Briefly, these changes were in three parts: the shift of the Colleges of Advanced Education (CAE) into universities, a significant wave of mergers between various universities, and the introduction of the Higher Education Contribution Scheme (HECS) (discussed below). One effect of these changes was to increase overall participation in the sector and the size of institutions; the overall size of the university population increased, as did the size of individual institutions (Federal Department of Employment Education and Training, 2005) (see Appendix 1). The changes also reinforced federal government control over higher education and provided the precondition for all subsequent equity policy in Australian higher education (see Chapters 9 and 10 for further discussion). At the federal government level, from the 1980s onwards, there have been two clear trends in PSE policy: declining federal government funding per student and increased regulation; as a consequence of these policies, there has been a reorganisation of the

³ A particular focus in this study is on medical and paramedical disciplines as this is the area where issues around safety and professionalism are most apparent.

sector. A consequence of the declining government funding has been an increase in the funds raised from other sources, primarily from fee paying local and overseas students, as explained above. The major mechanism for this has been an income deferred loans scheme (HECS) for students enrolled in local undergraduate courses and full fees for local postgraduate coursework and international students (Davis, 2008; Parliament of Australia, 2001). While there have been attempts to gain greater research income from industry and intellectual property, the rewards have been disappointing, with hidden costs becoming visible and outweighing the benefits (Parliament of Australia, 2001). A side effect of this attempt to generate additional income has been an increase in the administrative complexity governing university research activities. The statutory independence of universities has meant that decisions on the methods of coping with declining funding have been taken at the local university level, even though this trend generates similar outcomes nationally. Alongside the decrease in overall government funding, there has been an increase in the reporting requirements for federal funding. For example, universities are now required to report to the federal government on the courses they run, and even in which semester they will run particular subjects (MacPhee, 2005; Marginson & Considine, 2000; Senate, 2001; University of Melbourne, 2005).

Changes in funding have also resulted in significant reorganisation and mergers within the university sector, leading to a change in university management culture from a collegiate to an enterprise culture. This is not a transition from a democratic structure to one of enterprise, but from one sort of hierarchy, based on seniority, to another, based on perceived ability to manage. This meant among things a shift in the rhetoric of universities from a word based rhetoric to rhetoric based on numerical measures (CAPA - Council of Australian Postgraduate Associations, 2008c; Marginson and Considine, 2000).

The Culture of the Australian University Sector

At a structural level, universities are legally self-governing entities, each with their unique curricula. Yet, as noted above, they are part of a unified national system,

receiving the majority of their funding from the federal government. Given the above, there are two sets of tensions in the policy environment internal to the university sector. The first is between institutional independence and federal government control. The second is between university ideologies as places for the independent creation of knowledge for its own sake and the managerialism demanded by the current policy environment.

Disability Policy in the PSE Sector

As already discussed, there are no direct links between disability policy in the PSE sector and disability policy in other sectors. However, the patterns of disability policy in universities are similar to those outside universities, not only on a national but also on an international level. There are a variety of policy influences on the inclusion of people with disabilities in PSE institutions. In terms of disability-specific policy, the key federal government policy is its equity policy for higher education, described in the document *A Fair Chance for All*, also known after its lead author as the Martin Report (Federal Department of Employment Education and Training, 1990), although this was published a quarter of a century ago, it remains a key document in its mix of aspirations and measurement.

In combination with the DDA, two key mechanisms of practice have been developed: the Disability Liaison Unit (DLU) and the DLO (Disability Liaison Officer). They apply to both the university and TAFE sectors, despite the differences in those sectors' organisation, funding, and pedagogical and training outcomes. The DLU and the DLO have their origins in the late 1980s, and became broadly adopted by the late 1990s. Their development is explored in Chapters 8 and 9. One problem with this description of sector wide patterns is that despite strong common elements in the structural arrangements of practice, there is considerable variation between individual university's participation and success rates of students with disabilities. This can be seen in the institution by institution statistics which show wide variation between institutions. However the variation does not fit any of the basic structural explanations, such as the wealth, size, source population or location of the institution. (DEEWR - Department of Education 2009; DEEWR - Federal Department of Education, 2007).

Change and Constancy

This section is focused on the major framing moments of the sector and the sector-wide data collections. A further class of documents, guidebooks such as *Reasonable Accommodations* and *From Mayhem to Masters*, will be discussed later as a separate genre in the document section.

One of the constants in Australian higher education over the last 30 years, alongside the state–federal government divide, has been the sector’s condition of flux (Bradley et al., 2008; CAPA - Council of Australian Postgraduate Associations, 2008a; Marginson and Considine, 2000; Parliament of Australia, 2001). This has been driven by government policy, but also by internal institutional decision-making. One of the symptoms of these changes has been formal reviews. These include reviews of the entire sector; for example, the green paper/white paper process followed by ministers Dawkins and Kemp, and the ‘independent’ expert-led panel process, such as the 2008 Bradley inquiry (Bradley et al., 2008; CAPA - Council of Australian Postgraduate Associations, 2000; DEET - Federal Department of Employment Education and Training, 1990; Marginson and Considine, 2000). Other reviews have inquired into particular issues, such as equity in the case of *A Fair Chance for All* (Federal Department of Employment Education and Training, 1990), or the related but different internal reviews of individual institutions, such as the University of Melbourne’s ‘Growing Esteem’ process (Davis, 2005). While these reviews were not necessarily causative of changes in the sector, they reflect understandings at particular times when the reviews took place as well as verities such as declining per student funding. Further, in the process of the reviews, there was a mobilisation of a variety of actors to put in contributions to the review process, so even where submissions, such as student union submissions, were not adopted, the process of the inquiry shaped the work of a variety of actors (Cain and Hewitt, 2004; Marginson and Considine, 2000; Parliament of Australia, 2001).

Higher Education Contribution Scheme (HECS)

While there were a variety of changes in the university sector in the 1980’s HECS was a key change. HECS, at its core, is an income deferred loan scheme, allowing both

students and government to mitigate the social and educational impacts of paying fees while providing a substantial income stream for universities. It is widely perceived as the key innovation of changes of the 1980s, and is an income-contingent loan scheme whereby a student repays part of the tuition cost of higher education through the tax system, when their income reaches a certain level. At later stages, HECS has been broadened to include full-fee courses, particularly postgraduate coursework and high-status high-income professions such as dentistry. The current conventional wisdom is that HECS is an excellent Australian innovation in higher education policy: HECS solves the problem of fees and equity in higher education and increases revenue collected from students without adverse equity effects. During presentations to a higher education seminar series, the one common element in the presentations of a diverse group of vice-chancellors was the success of HECS in these terms (Davis, 2008; Harding, 2008; Milbourne, 2008).

However, there are three possible areas of complexity and doubt. Firstly, HECS has enabled an expansion in the sector without an increase in government funding. Therefore, it can be seen as marking the first point, since the end of the Second World War, at which Australian governments started reducing the amount of funding per student. Secondly, with the rise of postgraduate coursework degrees and part-time study more generally, a significant percentage of students are now older and thus bring with them increased incomes and responsibilities, such as parenting. In other words, since the design and introduction of HECS, the population of students has become more diverse. Thirdly, there have been a number of changes to the HECS scheme, such as lowering and raising the repayment threshold at various times, which may have altered the effectiveness, in particular the equity effects of the scheme.

The overall impact of HECS has been to allow an expansion of the sector in a time of declining government funding per student. The accepted view is that HECS does not act as disincentive for any of the equity groups e.g. (Davis, 2008; Harding, 2008; Milbourne, 2008) Therefore HECS does not appear to be an additional disincentive for people with disabilities to participate in the sector. To put this more positively, in terms of numbers of people with disabilities participating in higher education, HECS has had

a positive effect, due to the expansion in the sector, even if it has made no proportional difference. Thus, while the introduction of HECS might not have increased the proportion of people from equity groups in the sector, HECS has led to the overall size of the sector increasing. However, in addition as discussed below, the statistics show an increase in the proportion of students with disabilities.

A Fair Chance for All

The internal political stresses in the governing Labour party surrounding the introduction of HECS led to the federal government appointing Professor Lin Martin to chair an inquiry and make recommendations on equity and higher education. While this will be explored further in Chapter 5, as the report established the foundation for the statistical collection on equity in higher education, I will also briefly discuss it here.

The report from the Martin inquiry was called *A Fair Chance for All* (Federal Department of Employment Education and Training, 1990). It was written in the context of the introduction of HECS and the associated increase in the number of students in the sector, which brought an increase in federal control in higher education, thus ensuring the impact of federal government policy. However it might be read differently 20 years on. The Martin Report had a dual character. It was both inspirational and technocratic. The report set as its aspirational value that the participation of 'equity' groups in higher education be representative of the general population. It further set up a technocratic framework establishing definitions for the six equity groups and establishing guidelines for data collection and funding from universities and the federal government. The six groups were (and continue to be) women studying in non-traditional areas, people with low socioeconomic status, Aboriginal and Torres Strait Islander people, people with disabilities, those with English as a second language, and people from rural and isolated backgrounds. These groupings were all defined in such a way that data could be collected on them at enrolment, either by direct disclosure (that is, for example, a tick box to disclose a disability) or inference and statistical analysis (such as the use of postcodes to measure low socioeconomic status). Importantly, with the partial exception of women in non-traditional areas, both the aspirational and technocratic definitions have remained as policy for the last 20 years, despite changes in

government and ideology. In the sector, the equity groups and their measures are still referred to as the ‘Martin’ groups and/or indicators (Bradley et al., 2008; Council of Australian Postgraduate Associations, 2002b; Federal Department of Employment Education and Training, 1990).

Understanding Data Collections for Disability

There are two major sources of quantitative data on disability and higher education. The first is the data collected by the federal Department of Education (variously known as DEST, DEET and DESTYA as acronyms of the portfolio at different periods), using the definitions established in the Martin Report and based on the definition used by the ABS series on disability and handicap, 1982–2008. The second source is practice-based data collected by individual universities and based on the legal definition used by the DDA. While theoretically publicly available, the university practice data are collected primarily for internal university purposes, and in contrast to federal government data, the resulting university statistics are not as accessible⁴.

Australian Statistics

The ABS statistics use definitions of disability based on the WHO (1980, 2001) classification of impairment, disability and handicap. As discussed in Chapter 2, this classification is highly problematic. The ABS statistics ‘show’ that approximately 20 per cent of the Australian population have a ‘disabling condition’, increased from approximately 12 per cent in 1992. (This increase was primarily an artefact of the aging of the population, with a growing number and proportion of people over 65, with a higher rate of physical impairments). The 1992 statistics were used to operationalise the aspirational target of the Martin Report, but given that the percentage of people with physical disabilities increases strongly throughout the life span, the targets were age

⁴ Accessibility of data has three dimensions for the study: formal release of the data; format of the data; and accessibility for people with disabilities, such as through screen-reading software. For example, individual institutions’ statistics on participation of people with disabilities, while theoretically publicly available, is not formally released and the format of the data will vary from institution to institution.

adjusted. However, due to the limitations of some of the definitions used, the ABS substantially underestimates the incidence of mental illness. The definition only captures cases of mental illness that require long-term hospitalisation, thus representing only a very small percentage of the overall experience of mental illness in the community (Australian Institute of Health and Welfare, 2003). Further, the incidence of mental illness is not as neatly related to aging, as is physical illness. For example, a peak period for mental illness is the 18 to 25 year age group, as compared to over 65 for physical disability. In addition, in the context of higher education, it is worth noting that learning disability is not included in the ABS classifications. A theme explored in the study is that mental illness and learning disabilities are the two largest incidences of all disability types in higher education. The reconsideration of the total incidence of disability has two consequences for thinking about the incidence of disability in higher education. Firstly, the overall proportion of the Australian population with disability according to higher education practice is at least 25 per cent. Secondly, the change in the age profile with a better accounting for mental illness increases the targets for participation in higher education by at least a factor of at least two.

Higher education statistics have been intermittently collected since 1989 (Andrews, 1991), but only consistently since 2001. They are collected from a form filled in at time of enrolment by all students, and the categories and definitions of equity groups are based on the Martin indicators. However, there is now a practice for the statistics to be readjusted to count all those receiving disability support. For disability, as discussed above, the aim under the Martin indicators is for there to be the same proportion of people with disability studying at the tertiary level as there are in the community. The Martin target for disability is based on ABS statistics. However, the current definitions of disability in higher education have different bases.

Practice-based Definitions

There are two current practice-based definitions of disability for higher education: that used for the federal government and that used by service providers. As discussed in the previous section, the target for the federal collection is set from the ABS definition of disability. However, the current federal collections are derived from self-definition

collected from all students on enrolment. However, at a service level, the term ‘disability’ refers to those who successfully passed through the university process (run by the DLU), based on the educational consequences of medically certified impairment. This is complicated by universities now defining disability in terms of their legal obligations. Therefore, the formal definitions of disability used by universities are now based on those of the DDA. As discussed elsewhere, the definitions of the DDA are extremely broad and inclusive. However, in practice, the universities’ definitions are much narrower and are dependent on medical certification.

The shifting nature of definitions within the sector leads to uncertainty about the reliability of the quantitative data collection. The most problematic part of the quantitative collections is the period before 2001, particularly the ABS work. This is because, in addition to the exclusion of mental illness, at the conceptual level, the WHO definitions upon which ABS work was based have since been challenged and have undergone significant redevelopment. There has been no shift in the substantive method of asking a question about disability status on the enrolment form since the 1989 Andrews Report (Andrews, 1991).⁵ However, in addition to the conceptual challenges, the data were not consistently reported until 2001.

Approximate Trends

While the higher education data collection contains major flaws, the federal government data collection on disability and higher education is consistent. While it may not be reasonable to argue that the numbers mirror the realities on the ground, the changes over time, particularly since 2001, reflect something other than the conceptual flaws. Alongside these, it is worth noting that, based on interviews undertaken in this research and anecdotal accounts, at best only half of those who received support from the DLUs had ticked ‘Yes’ on the forms that generate the federal government statistics. Thus,

⁵ The Andrews report was the first major effort to establish baselines around disability incidence and support in post secondary education. It is the source of the .1% estimate of participation in 1989 (Andrews, 1991).

despite all the caveats around the reliability of the data, the trend is clear: the estimate of participation of students with disability in 1989 was 0.1 per cent of the student population. The estimate for 2008 is 3.99 per cent.

The statistics show consistent improvement in the participation rates of people with disabilities in higher education. This is in contrast to the participation rates of other equity groups, with the partial exception of women in non-traditional areas. In addition, the quantity of people with disabilities participating in higher education may lay the grounds for qualitative changes. For example, the individual-based adaptations, such as the practice of carrying students upstairs (Hastings, 1993) that was typical in the pre-1990s, are not possible with the current numbers of students with disabilities participating in the sector. One of the interesting trends in the institutional data is the lack of trends between the resources of various tertiary institutions. There is no correlation between the overall wealth of the institution and its success, or otherwise, in supporting students with disabilities.

To put the higher education statistics in perspective, the ABS statistics adjusted for mental illness suggest that at least one in four of the Australian population has a disability. Thus, even by the most generous definitions of success, no Australian higher education institution has the same proportion of students with disabilities as the general population. However, the historical trend is both clear and positive, showing an increase in the participation rate from 0.9 per cent in 1989 (Andrews, 1991) to participation rates up to 10 times that in individual institutions in the late 2000s (Department of Education, 2009; Federal Department of Education, 2008a, 2008b). Further, one of the silences in the statistics discourse is the comparative success of disability versus the other equity categories. That is, why is disability improving more than other equity areas?

Federal Department of Education Statistics

Table 3.1: Commencing and All Domestic Students^(a) by Equity Group, 1998 to 2008^(b)

Equity Group	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Commencing Domestic Students											
Students from a Non-English speaking background	11,211	10,342	9,643	10,135	10,154	10,537	10,713	10,388	10,317	11,588	11,969
Students with a disability	6,126	6,149	6,414	6,770	7,780	7,828	7,966	8,476	9,058	9,540	9,574
Women in non-traditional area	45,283	46,605	46,350	48,361	48,152	46,788	45,375	44,385	44,657	45,925	46,472
Indigenous	4,111	4,316	3,655	4,128	4,242	4,097	3,852	3,748	3,836	4,017	4,302
Low socio-economic status ^(c)	36,117	36,926	37,061	41,457	42,018	39,963	38,597	39,379	41,225	43,383	44,760
Regional ^(d)	0	0	0	51,848	52,071	49,885	48,480	47,918	49,481	51,483	52,534
Remote ^(d)	0	0	0	3,946	3,914	3,764	3,591	3,472	3,399	3,524	3,531
Rural ^(e)	43,715	44,085	45,260	48,128	0	0	0	0	0	0	0
Isolated ^(e)	4,880	5,095	5,024	4,240	0	0	0	0	0	0	0
All Commencing Domestic Students	237,289	240,089	241,485	255,732	263,776	256,991	251,193	256,665	265,320	276,769	282,825
All Domestic Students											
Students from a Non-English speaking background	29,275	26,168	23,674	24,498	24,923	26,179	27,127	26,299	25,469	27,869	28,674
Students with a disability	17,574	18,084	18,926	21,307	23,720	25,277	26,228	27,969	28,603	30,244	30,872
Women in non-traditional area	121,312	125,624	125,354	134,999	139,096	139,827	138,484	134,455	134,024	135,497	135,934
Indigenous	8,031	8,367	7,682	8,656	8,860	8,964	8,865	8,337	8,816	9,329	9,490
Low socio-economic status ^(c)	91,557	92,779	93,012	104,336	106,805	106,374	104,362	103,156	105,908	110,695	113,442
Regional ^(d)	0	0	0	128,692	131,521	131,016	128,511	126,641	128,831	132,227	134,661
Remote ^(d)	0	0	0	9,279	9,072	8,873	8,552	8,115	8,109	8,251	8,105
Rural ^(e)	108,850	109,642	110,914	119,936	0	0	0	0	0	0	0
Isolated ^(e)	11,191	11,386	11,218	9,889	0	0	0	0	0	0	0
All Domestic Students	623,700	629,794	629,062	678,036	703,204	709,832	706,500	705,743	720,504	743,924	758,553

(a) Data excludes domestic students where permanent home address is overseas.

(b) Data for 2001 onwards are based on full-year enrolments. Prior years are based on enrolments as at 31 March.

(c) Low SES data for 2001 onwards are based on 2006 Census SEIFA. Prior years are based on 1996 Census SEIFA.

(d) Regional and Remote categories are derived from MCEETYA classifications, which replace the old Rural and Isolated categories.

(e) Rural and Isolated categories are derived from RRMA classifications.

Reproduced from Table 2.1, DEEWR Higher Education Statistics 2005–2008

Table 3.2: Commencing local students with disability (numbers and percentage)

Students	Commencing												
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All universities	261,196	239,814	237,289	240,089	241,485	255,732	263,776	256,991	251,193	256,665	265,320	276,769	288,228
All domestic students with disability	4,647	5,761	6,126	6,149	6,414	6,770	7,780	7,828	7,966	8,476	9,058	9,540	9,574
Percentage	1.779%	2.402%	2.582%	2.561%	2.656%	2.647%	2.949%	3.046%	3.171%	3.302%	3.414%	3.447%	3.322%

Modified from DEEWR Higher Education Statistics 2005–2008

Table 3.3: All local students

Students	All local												
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All universities	580,906	595,853	599,670	603,156	599,878	684,975	711,563	719,555	716,438	717,681	733,267	756,747	771,932
All domestic students with disability	11,656	15,019	17,574	18,084	18,926	21,307	23,720	25,277	26,228	27,969	28,603	30,244	30,872
Percentage	2.007%	2.521%	2.931%	2.998%	3.155%	3.111%	3.334%	3.513%	3.661%	3.897%	3.901%	3.997%	3.999%

Modified from DEEWR Higher Education Statistics 2005–2008

Summary of the data and the questions arising from the data

The data in Tables 3.1, 3.2 and 3.3 form the heart of the dominant narrative about disability and Australian higher education - the numbers of students with disabilities has increased both in raw numbers and proportionally. The first cluster of questions to be posed are around whether the data is reflecting broader social change which are discussed below. The second group of questions that form the heart of the rest of the study are around internal explanations of this change.

Broader Social Trends

A number of broad social trends and factors are relevant to a discussion of disability and higher education. Two major trends act as subtexts to the quantitative data collection: demographic change and changes in the dynamics of employment and education.

Demographic shifts are a possible explanation for overall change in disability and higher education, with an examination of the ABS and Institute of Health and Welfare's treatment of the disability statistics showing a doubling of the incidence of disability over the last 20 years. At first glance, this increase appears to be purely a matter of the 'aging of the population'; that is, the older we are, the more disabled we become. However, on closer examination something more complex is happening: namely, a decline in mortality of certain disability types, particularly those involving significant levels of life care support such as ventilation. With the decline in mortality in certain classes of disability, the proportion of people with those disabilities in the overall population is increasing rapidly. For example, a hypothetical increase in life span from 15 to 30 years will, with all else remaining the same, mean a doubling of the size of the group in the broader population. This decline in mortality appears as a long-term trend predating the ABS statistics, linked both to better emergency survival rates and a decline in mortality caused by being in 'care' (such as in the case of reduced mortality from chest infections). This implies that there is no guarantee that this trend will continue. Further, this demographic work also shows that a large proportion of people with disabilities in the Australian population gain their disabilities after birth, which suggests a gap in discourses around higher education and disability with their focus on school leavers with disabilities from birth. At a more theoretical level, it is also possible to make a critique of the medical

model of disability for being focused on individual disabling conditions rather than whole of life medical interventions such as antibiotics (ABS - Australian Bureau of Statistics, 2004, 2008; Australian Institute of Health and Welfare, 2002, 2003).

It is commonplace in discussions of unemployment and disability support pensions that the numbers of people on disability support pensions go up as unemployment goes up. Further, those with disability are more vulnerable to changes in the marketplace (Cass et al. 1988). There is some work to suggest that the overall demand for higher education increases as the employment market declines. However, there is little to no work on how that specifically affects equity groups (Saunders 2002, 2005).

Data collection on disability is complicated by the multiple definitions used in collecting that data. For example, in the PSE sector, there is no one formal definition of disability. Further, the definitions that are used are different from those used in federal government departments such as social security, who define eligibility for the DSP as based on the ability to work 15 hours or more a week. The ABS's definition of disability follows the 1981 WHO definition based on a three part distinctions: impairment, disability and handicap. Impairment is concerned with abnormalities and symptomatic of function/dysfunction; disability represents the disruptions caused by impairment at the level of the person, for example, the loss of the ability to walk; and handicap refers to the disadvantages experienced by the individual as a result of the impairment and/or disability, that is, social factors.

The WHO classification scheme underwent a major review and was rewritten in conversation with those working from social/critical and environmental approaches (World Health Organisation, 2001). The major changes are in the terminology and refocus towards a more flexible schema based on environment, function and disability. There is a much greater emphasis on health rather than the consequences of disease. However, while health sociologists and bureaucrats would understand the WHO's concept of the social model of health, within care systems people tend to be reduced to disease. This can be seen in how the classification system of the revised model functions. It is still primarily a biomedical data collecting and classifying tool, and as a result, it bears the hallmarks of the medical model (World Health Organization, 2001). As a consequence, this scheme remains the subject of criticism from those working in the social model. In contrast, the definition of disability under the DDA is a judgment made

about a person on any real or believed medical/psychological condition. It is not based on whether disability exists, but purely on whether people's behaviour is a reasonable accommodation to that disability or believed disability (Commonwealth of Australia 1992, 2004).

Fulcher's work (1989) provides a way of bringing together the range of diverse situational definitions of disability. For Fulcher, the term disability does not refer to an objective state. Instead, it is a procedural category that places the person at a location within a resource allocation process. It is usually accompanied by medical or para medical certification. This definition arose out of Fulcher's (1989) observations of the integration process into Victorian schools, but fits and summarises all other bureaucratic definitions discussed in this thesis. It is strongly related to the broader social model.

Therefore, within the PSE sector, the label 'having a disability' is applied through bureaucratic processes, whether before entry in special entry schemes, on presentation at a DLU to gain support, or at a hearing to explain why a student should not be expelled. These procedures also interact with 'disability' as a social identity, particularly for those with disabilities that are socially visible. Where this study differs from Fulcher is in conceiving procedure as part of a broader category of practice, and accepting both the socially constructed nature of disability and its material reality. In terms of the various streams of disability studies, this focus on practice offers the possibility of integrating the linguistic, structural and policy foci of various disability studies scholars, with practice being constituted as both part of language but also as part of social processes and structures. This offers key insights into the higher education statistics on disability. First, the targets are set with one definition of disability, that of the WHO/ABS; and second, the data are collected on another wider definition of disability based on the DDA and university decision-making.

Trends from Quantitative Data

Alongside the disability-specific trends, there are two other key trends of higher education demographics for the period under study: the overall increase in student numbers and the increase in the proportion of international students studying in Australia. While the statistics on the participation of people with disabilities in Australian higher education are complex, they show three clear trends (see Appendix 1). Most importantly, over the 20 years under study, there has been a significant improvement in the level of

participation of people with disabilities in Australian higher education. Second, there is still a significant level of exclusion. Finally, due to both structural factors and the nature of bureaucratic reporting, the level of improvement is overstated. At a methodological level, these points provide the justification for using quantitative and qualitative methods to understand these disability-specific trends in higher education. The definitional issues related to the quantitative data strongly suggest the need for qualitative work around the definition of disability. These definitional issues will be explored in the next section using the classic sociological variables of gender, race and class.

Gender, Race and Class

One issue for the research design is how particular categories appear to be both highlighted and to vanish at the same time. An example of this is the classic sociological categories of gender, race and class. Both on theoretical and empirical grounds, gender, race and class are all key categories for understanding higher education in general and disability in particular, but they are notable for their absence in parts of the discussion in the literature on disability and higher education. Detailed examples will be explored in the analysis sections, but some explanation is useful here. In particular, it is important to understand how the documents under study create and define certain categories, such as ‘student with a disability’ or the definition of ‘low socioeconomic background’ by postcode. Further, the relationship between these newly created definition and categories such as gender is worth investigating.

One of the findings arising from the collection of disability statistics in higher education, as discussed earlier in this chapter, was that, at the macro level, gender does not appear to be a significant issue in predicting disability in higher education, and this absence continued through the policy based documents reviewed. This was surprising, as at a whole-of-Australian population level, and in the highly industrialized world and in the global south, disabilities are highly gendered in at least some of their incidence, distribution, and/or in their understanding. For example, traumatic brain injury is much more likely to be a male condition due to the epidemiology of brain injury being linked to the male level of risk-taking behaviour (ABS - Australian Bureau of Statistics, 2004; AIHW - Australian Institute of Health and Welfare, 2008). Likewise, the behavioural learning disabilities such as Attention Deficit Hyperactivity Disorder (ADHD) tend to conform to gender stereotypes. That is, the behaviours described by some of these

conditions are stereotypically gendered, with aggression and the need for physical activity associated with ADHD being seen as typically male. Further, the reporting of these disorders is overwhelmingly gendered. Other conditions, such as eating disorders, are overwhelmingly female-gendered. However, the meaning of eating disorders seems to be currently shifting with changes in gender roles, although what are now called anxiety and/or obsessive disorders have been very historically situated in women's bodies (AIHW - Australian Institute of Health and Welfare, 2008; Connor and Ferri, 2010; L. J. Davis, 2008; DEEWR - Department of Education, 2009; Sleeter, 1987; Thomas, 1999).

Therefore, data collection and analysis needs to be sensitive to issues of gender, but not predisposed to use gender as an explanation. Still, the absence of the discussion of gender in the literature about disability in Australian higher education is a matter of concern.

The subject of learning disabilities also raises issues of social class. In the context of the discussion of gender, some gendered characteristics of learning disabilities could actually be seen as class-based. For example, a stereotypical picture of the 'working class' would include a preference for working with one's hands and a strong dislike of classroom-based learning, which fits into some understandings of gender and some aspects of the stereotypical diagnosis of learning disability (Skrtic and McCall, 2010).

A further category absent from the disability-specific documents under analysis is that of Aboriginal and Torres Strait Island peoples. It is clear from the demographic data that the incidence of disability is strongly related to the category of Aboriginal and Torres Strait Island peoples. In the first instance, poverty is linked to disability, and Indigenous people experience a much greater rate of poverty than the rest of the population. Beyond this, disability remains linked to being an Indigenous Australian after controlling for poverty. However, there is little discussion of Indigenous issues in the disability-specific documentation, with what discussion there is restricted to the Northern Territory (Australian Bureau of Statistics, 2004, 2008; Department of Education, 2009; Federal Department of Education, 2008a, 2008b).

Implications for study design and method

The examination of the quantitative data has a number of implications for the study design. First, as the quantitative data set is both national and whole-of-population, the opportunities to do significant quantitative work outside this data set are limited. Second,

as the definition of disability is plastic, there are limitations on any quantitative study. Finally, in terms of elements for a research design, this suggests the richest data possible with a particular focus on defining disability.

Conclusion

The main objective of this chapter was to gain greater understanding of why and how the changes in disability occurred. A more specific research objective arising for this chapter is understanding the relationship between the increase in federal government control and higher education equity policy in general and disability policy in particular given the common timing. One way of summarising this chapter is that while the quantitative data collection on disability in higher education is flawed, it is consistent, so the trend of improvement it shows is valid over time even if there is debate about how accurate the representation is. These statistics and other contemporary work on the definition of disability and its incidence in Australian society suggests that disability is much commoner than previously thought, and it is much more likely to be an invisible condition rather than one fitting with the classic stereotypes of disability such as blindness or using a wheelchair. The analysis in this chapter provides the background for the choices made around method and study design, as outlined in Chapter 4. In particular, as disability is a matter of social context, a study design that captures that context, in this instance case study design, is called for.

Chapter 4: Study Design and Method

Introduction

In this chapter, I outline the study design and methods used for this study, namely document analysis and interviews. The overall research question that guided this study was: How did the changes in participation and support of students with disabilities in Australian higher education occur? To address this I focus on a case study design of Victorian universities in the period between 1990 and 2009, between the Martin and Bradley reviews. The key elements of my study are disability in a contemporary society (Australia), and higher education in a time of major change, and the relationships between them.

There were five objectives for this study:

1. to describe disability policy and practice within Australian higher education over the last 20 years and the resulting changes;
2. to provide an explanation for these changes;
3. to evaluate the effects of those changes;
4. to use the example of Australian higher education to improve the understanding of both disability and disability policy; and,
5. to examine the case study as an example of social construction of disability, in the given context.

The object of this study in terms of substantive policy is the success or otherwise of PSE disability policy and practice in Australian PSE over the last 20 years. The elements of the study include physical objects (such as ramps and buildings), intangible but real objects (such as policy documents, and the logistics of conflicting student timetables), and recurring issues such as disputes over funding and disagreements between state and federal governments.

As the events of this study are highly dependent on their social context, they will be studied within the context of particular institutions, namely universities. The particular social context I am working in is Australian higher education post-1990. My personal social position and/or context is twofold: a consumer and provider of disability support within the university context, and what could be described as a postgraduate association veteran, having occupied a mix of paid and management roles within postgraduate associations. In terms of research positioning, I am therefore simultaneously both an insider and outsider, and this is discussed in more detail later in this chapter.

Study Design

The overall design for the study is a case study design; that is, the study is focused on a particular phenomenon in its social context, particularly where the case is indistinguishable from its context (Creswell, 1994, 2007, 2009; Gomm, Hammersley & Foster, 2000; Platt, 1999a, 2007; Stake, 1995, 2000, 2005; Yin, 2003). The case study design involves developing as detailed a picture as possible of the case under examination, which implies that it uses multiple methods to ensure depth and richness (Creswell, 2007; Stake, 1995, 2000, 2005). The case may be both unique and related to a general issue, a specific instance that is part of a broader context (Eisenhardt, 1999; Ragin and Becker, 1991). In this case, I am looking at a unique series of events, the history of disability policy and practice in Australian higher education over the last 20 years, which is related to a broader social issue, the construction of disability within Australian society.

The proposed case study has relevance to at least three broader contexts: higher education equity policy, disability policy and practice in the PSE sector, and the social construction of disability in an advanced industrialised society, in this case, Australia. It also links to the changes in Australian higher education policy since 1983. However, while embedded in these broader cases, the study phenomenon and context are clearly defined. The three central phenomena are: disability policy, practice and experience, located specifically in Victorian universities. Disability policy is defined for the purpose of this study in two ways: first as a body of literature, specifically the formal university policy documents that affect disability (this is broader than disability specific documents and includes definition of the perceived good student), and second, as the set of actions arising from such

documents. Practice (that is, the set of actions relating to disability) may have relationships to professional identity and formal statements of disability policy. The experiences to be explored are those that create disability policy and practice (primarily staff) and the objects of disability policy practice (primarily students with disabilities).

Another way of understanding the case study strategy is with regards to logic. It calls on a different mode of logic—the abductive—rather than either of the two traditional deductive or inductive modes of logic. Abduction has been described as the logic of signs, traces and indications. Rather than following the classic deductive pattern of ‘A and B, therefore C’, or the inductive pattern induction of A and B therefore probably C and E abduction follows the pattern of ‘A and B suggest C, and D and E also suggest C’.. In contrast to the deductive approach, abduction favours multiple points of evidence and patterns of interaction. Abduction received its classical formulation in the works of C.S.Pierce (Eco and Sebeok, 1983; Magnani, 2001; Reichertz 2004), one of the founders of both semiotics and pragmatism. It has been characterised as a logic used in human inquiry; for example, in fields such as art history. It has also been used to describe non-scholarly fields as diverse as bush tracking, art identification and the detective story (Eco and Sebeok, 1983). It has been suggested that abduction is a better description of the logic behind qualitative research than the traditional modes of logic; for example, the use of triangulation fits well with an abductive logic (Patton, 2002; Reichertz, 2004). Abduction has also become a favourite approach in cognitive science as a more ‘natural’ mode of reasoning than the formal logic used in computer-based artificial intelligence (Magnani, 2001). In terms of practice within the case study research strategy, abduction does not look for direct causal relationships, but rather for parallel indications. For example, examined separately, a university’s results from the DEST statistics, the number of complaints made to a university complaints office, and the fact that the DLO is often off on stress leave, would not provide proof of anything. However, taken together, they provide a much more complete picture.

Rationale of the design

As this study is dealing with phenomena that are context-dependent, a case study design is appropriate. The essential phenomenon that is of interest is disability policy, practice and experience in Victorian universities. Research in the area of disability and education

has been largely quantitative. It has been particularly influenced by the work of the ABS (1981, 2004, 2008) and the federal government (Federal Department of Employment Education and Training, 2005; Department of Education, 2009). The non-quantitative work that has been done has tended to focus on single programs. Qualitative research on the issues of disability and PSE seems to be limited to practitioner-based studies (such as those given at Pathways conferences),⁶ anecdotal accounts and secondary policy analysis (for example, Centre for the Study of Higher Education University of Melbourne, 2008), and is more likely to be individualising with a focus on individual student capacities (Murfitt, 2004). As discussed, the existing quantitative work has definitional problems and has shown strong variations between universities that cannot be accounted for by individually based explanations. Hence, a qualitative study will provide a deep understanding of disability issues as they affect policy practice and practitioners in universities in one state.

Working with a group (people with disabilities) for whom research has been associated with oppression (Barnes, 2003; Oliver, 1992), there is an ethical need to contribute to political and/or policy change. Pragmatically, an overtly political style of advocacy is unlikely to achieve extensive change in this case. The other key desired outcome for this study is that it makes a contribution to theory, both to theory about disability and to broader social theory. There has been no primary sourced study conducted in Australia of the ways in which disability policy practice and practitioner experiences interact. Within this case study approach, the methods of document analysis and qualitative interview are used.

For this study, the key strength of a case study design is that it allows in-depth exploration of a particular social phenomenon in its social context, with data gathered in a naturalistic manner (Patton, 2002; Stake, 1995; Yin, 2003). In this case, it allows discussion of both the national level statistics and the experience of practitioners. The approach is dynamic, capturing change over time (Patton, 2002). Further, like all

⁶ The Pathways conferences are the biannual national sector wide conferences as discussed in chapters 2 and 5. These have a wide audience and are the largest gatherings of disability support practitioners in the nation.

qualitative methods, it is suitable for cases in which there are definitional issues. The case study approach maintains the unity of the particular case, while allowing the use of multiple types and sources of data (Patton, 2002; Stake, 1995; Yin, 2003).

The case study design fulfils many of the criteria for a useful and relevant methodology for disability studies, in particular how the scholarship affects the welfare of people with disabilities. There is a history of research on people with disabilities that has not been ethical, with harms ranging from perceived harms to physical harm, to death (Barnes, 2009; Lederer, 1995; Moreno, 2001; Petryna, 2002). There is a view within critical disability studies that much research, even if not causing direct physical harm, has supported oppressive practices; for example, research in asylums that reduced the visibility of chronic sexual abuse to near invisible is highly problematic ethically (Groundwater-Smith, 2010; Higgs, Moore, and Aitken, 2006; Johnson, 1998a; Office of the Public Advocate, 2004; Oliver, 1992). This strongly suggests that research approaches that deal with the totality of a setting are to be favoured in disability studies.

Critics of the case study design have tended to miscategorise it as a method rather than a study design, and have therefore claimed that it lacks rigour in terms of validity and generalisability (Yin, 2003). The fact that the case study strategy can be confused as a method or with individual case notes is a major weakness; instead of being seen as a distinctive approach on its own account, it is seen as a flawed version of another design or method (Platt, 1999c, 2007; Stake, 2000). A further criticism of the case study approach is that it is dependent on the choice of the case, and it is possible that the choice is a source of bias (Patton, 2002; Platt, 2007). Certainly, in this research, the choice of case was strongly linked to my background. However, this background offered possibilities for the research that a less engaged researcher would not have.

The heart of most positivist concerns about the case study approach is the issue of generalisation: To what extent can findings from a case study be applied to the broader social world? While generalisation is not an aim of this kind of research (Patton, 2002), this study is generalisable insofar as it contributes to understanding broader issues. It does this by building theory based on the insights gained by the detailed examination of the case (Yin, 2003). Due to the variety and richness of data the case study approach

provides, the approach offers greater grounds than most other designs for the writing of theory (David, 2006; Hunter, et al. 2002; Scott, 2006).

Methods

My research question is: How did the changes in participation and support of students with disabilities in Australian higher education occur? Within the case study design of this study, two methods were used to address this question: a) document analysis of policy and practice materials, and b) semi-structured qualitative interviews with disability support practitioners.

A) Document Analysis

The documents studied fall into four groups: ‘helping’ literature; disability action plans; disability support paperwork (including websites); and broader university documentation. A detailed description of the national and institutional level policy documents is provided in Chapter 5, and an in-depth examination of one university’s major documents and their relationship to disability is given in Chapter 6. Here I provide a rationale for my choice of document analysis and provide an overview of the analysis employed.

My rationale for using document analysis in this study is based on a number of factors. As bureaucracies, universities by their very nature are dependent on written policy and procedures. Many key documents for all universities are publicly available. Further, due to the influence of national-level policy, some documents (such as disability action plans) are in the same format for all universities (Prior, 2008; Robson, 2002).

Document analysis is a non-reactive measure. Unlike most social research, except in rare cases, the practice of document analysis does not change or affect the topic (Marshall and Rossman, 2006; Prior, 2003; Robson, 2002). It is also much more transparent than some other types of qualitative research, offering the possibility for others to encounter the source in the same manner as the original researcher (Marshall and Rossman, 2006). The starting theoretical assumption of this document study is that documents are produced by social actors, and so relate to particular social settings and contexts; hence they embody the values and beliefs of the social setting. However, they may also be used in other social settings and contexts. As a result, documents are socially meaningful (Grbich,

1999). The documents under study are both the result of social processes and also the starting point of other social processes.

Documents are outcomes of human actions. Therefore, they are inherently social in nature (Platt, 1999a, 1999b; Prior, 2003). There are two separate theoretical traditions underlying the document analysis for this study: those of the classical German social theorist George Simmel (Simmel and Wolff, 1950; Yair and Soyer, 2008), and the more contemporary traditions around performance as a way of understanding social life (Conquergood, 2001). In addition, I draw upon the theories of disability outlined in Chapter 2. The key concept that I am using for document analysis from Simmel is his distinction between objective and subjective culture. Therefore, while all the documents studied have particular human creators and were created in particular social circumstances, they exist beyond this creation and may be used in circumstances totally disconnected from those in which they were created. This is true for both 'high' policy documents, such as *A Fair Chance For All*, and 'low' policy documents, such as documentation guidelines. This concept of culture is interpreted through the lens of contemporary theories around performance as a way of understanding human action. In the context of document analysis, while the documents are important, they are objects that are performed rather than taken for granted. This implies that there is a dynamic rather than static relationship between documents and their users (Conquergood, 2001; Denzin, 2003). For example this explains the many uses of documents in the field other than their stated purposes.

In the social sciences, the concept of performance refers to an understanding of language and hence social action between fixed structures and free will. Documents are thus understood as scripts for performance, establishing a range of freedom of action rather than being deterministic. To continue the theatrical metaphor, it is possible to have identical productions of a script, with different actors producing different outcomes, or even the same actor at different stages of their life giving a different performance of the same script. Further, the documents themselves can be seen as the outcome of past performances and therefore as the creation of objective culture (Conquergood, 2001; Denzin, 2001, 2003; Madison, 2001, 2005a, 2005b, 2010).

One of the limitations of using document analysis in this study is that all documents are part of broader social processes and of meanings in particular processes of interpretations. The meaning of a document in a particular social setting may differ from its meaning in other settings or from a ‘common sense’ reading of the document (Grbich, 1999; Marshall and Rossman, 2006). All documents used in this study are the product of bureaucracies, either government or university. But although they all have clear trails of authorisation and provenance, in many cases, the identity of the actual writer is unclear. This is due to both the iterative nature of some documents and the nature of bureaucratic structures.

Choice of documents and document analysis

In choosing which documents to analyse, a number of criteria were used. The first criterion was completeness, so documents of every type were covered where possible; however to control the scope of the study there was no examination of international policy instruments. The second criterion was relevance to the study. A subset of this was the impact of a document on the field and related practices. For example both *A fair chance for all* and the Disability Discrimination Act were of interest in their role in the creation of other documents as well as their own intrinsic interest. The final criterion was bit more problematic reflexivity based on other documents and the document under examination. For example, the similarities between specific institutions action plans and strategic plans raised issues of institutional culture. Within these criteria, ideas of inclusiveness and fruitfulness were used to make choices about documents. Inclusiveness could also be phrased as representativeness that is, did those interviewed match other understandings of the field for example gender, institutional types and seniority. Fruitfulness is a concept from the pragmatist philosophy of social science (Becker, 1998, 2000; Bernstein 2010) and refers to the ability to theorise from the data; for example, the key federal government documents provided evidence for a variety of theorising ranging through topics around government control to the use of language.

Rationale

Document analysis in this study is based around the tradition of qualitative research methods (for example, Denzin & Lincoln, 2005; Rice & Ezzy, 1999). It is also influenced by writers working in policy study, such as Maher and Burke (1991) and Bridgeman and

Davis (2004), and real-world research (for example, Robson, 2002). In particular, a focus on the mess of practice rather than ideals of theory. Following Grbich (1999), document analysis was used for both theory testing and theory generation. For example, the presence in the documentation of issues of resource allocation confirms the preliminary theoretical proposition that resource allocation is a key issue for disability in PSE. In addition, document analysis provides a set of fruitful questions for further study, such as how is the scheme outlined in the documents is put into practice.

The overall rigour for the document analysis of this study was established on a number of levels. Firstly, the examination of the DEST sector-wide statistics and documents from a large number of Australian PSE institutions helped to increase understanding of the complexities of the sector and reduced the potential for one university's particular perspective to overwhelm the study. Secondly, the various document types analysed allow for comparison between the documents. In terms of transparency, all the documents used were publicly available, although some were not circulated publically and therefore were not generally available. All the document analysis was iterative in nature, with repeated rereading and reworking of the texts under examination.

The documents were analysed for their form and genre. The first task was to identify the broad genres in which particular texts belong. For example, in studying two texts both titled 'A Guide to Students with Disabilities', a vital first step in analysing them was to establish that the texts were written in two completely different genres (student guide book and regulation). The second method of formal analysis was the detailed study of the form that texts about disability take. For example, Propp (1968) looks at the detailed common elements of most fairytales, including the set beginnings and outcomes, that is, in current Western culture, the 'happy ending' (Czarniawska, 2004; Propp, 1968). For a disability in PSE text, a similar analysis may include the presence or absence of the Vice Chancellor's 'welcome' in these texts (in all action plans, there is a Vice Chancellor's 'welcome'), whether the length of the texts is approximately the same, and other general characteristics of the texts. In addition to being a method in its own right, formal analysis was used to provide background information to thematic analysis.

B) Interviews

The second method used in this study was semi-structured qualitative interviews with Disability Liaison Officers (DLOs). The choice of interviewing DLOs was to understand the changes in participation and support of students with disabilities in Australian higher education, specifically from the perspective of those who provide this support to students.). An interview request went out by email to all known Victorian DLOs. This was via an email list (AUSTED) that is received by all DLOs. Six DLOs responded and were interviewed. While this may appear to be a relatively poor response rate, given that there were at least 20 university DLO positions in the state, a number of the positions were unfilled, became vacant or had only been recently filled during the recruitment period. Despite the small sample size the interviews were valuable in terms of providing a reasonable representation of the field and providing possibilities for increasing understanding (Becker, 1999; Bernstein, 2010; Denzin, 1989). The interview guide was developed after most of the document analysis was performed but before it was written up (see Appendix 3 for the interview guide). A major focus of the interviews was on practice and practitioner experience to complement the analysis of the policy documents. The questions were developed to be open ended. As well as the focus on policy the key topics discussed at professional gatherings was also discussed.(ATEND 2010) I ran trial interviews with people who were otherwise qualified but not able to take part in the formal research. My positioning in both the guide and in conducting the interviews was as a critical follow worker. The six participants worked within a range of institutional and practice types, from a sole practitioner in a small institution to senior managers in the largest of institutions, and from junior practitioners with less than six months' experience to senior members of the field with over 10 years' practice experience. The gender balance reflected the predominately feminised field; and the styles of practice displayed were diverse ranging from technical such as alternative format text to individually focused casework. A number of respondents had served in more than one institution, and so the interviewees collectively had worked in all but two of the nine Victorian universities. During my own working life in the field, I had had prior contact with five out of six of the respondents. For two of these five respondents my contact was greater than for the other three. The interviews were scheduled for an hour, but all but one went

overtime. Also for all but one, there were further conversations once the recorder was stopped. All interviews were recorded and transcribed externally by a professional firm of transcribers. The transcription accuracy was checked by comparing my notes and recordings taken during the interviews. Interviews were analysed using a combination of content and thematic analysis.

Data analysis

Document analysis

Four separate levels of analysis were used for the examination of the documents: two levels of reading, then a consideration of issues of form and genre followed by qualitative content and thematic analysis. Firstly, a naturalistic reading of the documents was performed: that is, according to their terms of reference, what did they say? For example, does a guide for producing accessible documents for people with visual impairments enable the production of such documents? Part of the reason for this level of reading is the technocratic nature of many of these documents requiring an understanding of the documents as technical works. The second step was a critical reading of the documents. This reading was used to establish the next steps in the analysis of the documents, but also as a form of analysis in its own right (Clough, 2002; Garland-Thomson, 2007; Gready, 2008). Critical reading moved between pragmatic and theoretical analyses. At a pragmatic level, did the documents achieve the task they ostensibly were designed to achieve? For example, did a procedure around the alternative formatting of text achieve this in a practical and timely manner; why was there a need for such a text to be written? At a theoretical level, that same pragmatic text raises a range of conceptual questions, such as what assumptions are within the text?; what were the power relationships embodied in the text when it was written/approved and what are the current power relationships embodied within the text? As part of this, a historically and sociologically informed reading of the documents was undertaken; that is, each document was placed in its context of time and place. For example, the meaning of *A Fair Chance for All* at its time of writing was shaped by its linkage to the adoption of HECS. A variety of formal qualitative analysis techniques were used, including consideration of form and genre, and both thematic and narrative analytical techniques, resulting in the extraction of themes and narratives. For all documents, I considered the form and genre of the document, both for the document as written and in relation to any particular context in which it was used.

This approach was based on the works of Czarniawska and Riessman (Czarniawska, 2004; Riessman, 1993; Salmon and Riessman, 2008). This consideration of form and genre laid the groundwork for the qualitative and thematic analysis.

Qualitative content analysis is a method used primarily for the study of text (Grbich, 1999; Rice and Ezzy, 1999), although it can be applied to any recorded material that can be treated as text, for example, transcripts (Marshall and Rossman, 2006). It is a systematic approach to document analysis based on the development and application of set procedures to text, with the focus being on the content of the text (Grbich, 1999; Rice and Ezzy, 1999). It may be either qualitative or quantitative (Grbich, 1999; Mayring, 2004). A quantitative analysis will focus on reducing a text in a reproducible manner, and so may often involve counting the number of times a predefined set of terms was used in a given document (Grbich, 1999; Marshall and Rossman, 2006; Mayring, 2004; Rice and Ezzy, 1999). Quantitative content analysis is concerned with issues such as frequencies of occurrence. From the perspective of qualitative research, it has been critiqued because it decontextualizes the material (Grbich 1999; Marshall and Rossman, 2006; Mayring, 2004; Rice and Ezzy, 1999).

A qualitative content analysis involves the use of a systematic application of procedures to a text. The procedures can be developed either from pre-existing theory, or more likely from the researcher's engagement with the text and its context as a result of a detailed reading of the text and knowledge about the social context in which the text is embedded. The text is examined iteratively, rather than once only. Content analysis is often used as a lead in to other forms of qualitative analysis (Grbich, 1999; Marshall and Rossman, 2006; Mayring, 2004; Rice and Ezzy, 1999).

Thematic Analysis: document and interview analysis

Thematic analysis was undertaken for both the documents and interviews. Thematic analysis is a key qualitative method of which the particular procedures of grounded theory can be seen as a subset or codification of the category of thematic analysis (Creswell, 2007; Mayring, 2004; Rice and Ezzy, 1999). The method is centred on the identification of key themes in the text (Creswell, 2007; Grbich, 1999; Mayring, 2004; Patton, 2002). It is conducted continuously throughout the study as an iterative process. It

orders, structures and interprets the themes. The themes come from the text and are used to create categories (Creswell 2007; Grbich 1999; Mayring 2004).

Thematic analysis fits into the traditions of symbolic interactionism. Grounded theory was founded by Glaser and Strauss in 1967 and has undergone a process of divergent change and development (as in (Corbin and Strauss, 2008; Glaser, 1992). Grounded theory, in all its interpretations, is focused on the collection and analysis of data for the creation of 'theories of middle range' from empirical data, particularly interviews and document work (Bryant and Charmaz ,2007; Charmaz, 2006; Creswell, 2007; Dey, 2007). It tends to discourage the use of grand theories and overarching theoretical assumptions. Due to the central role of the social theory of disability in this study, a pure form of grounded theory, with its insistence on a non-theoretical approach, was not used. However, grounded theory has been influential in both the document and interview analysis. The theorising that was developed in this thesis is primarily what could be described as theories of the middle range: that is, directly arising from the data but explaining more than individual fragments of data. The theorising undertaken in the thesis included the nature of disability in higher education, particularly the development of the idea of the prosthetic model of disability support.

Grounded theory as a practice is centred on coding (abstracting) based on the text (Creswell, 2007). The data are assembled using a theoretical sample (Bryant and Charmaz, 2007; Charmaz, 2006; Dey, 2007) and then undergo a three-part coding process: open, axial and selective (Bryant and Charmaz, 2007; Charmaz, 2006; Dey, 2007). For grounded theory, coding is part of the process of theory development, with coding being the first step in theory creation (Creswell 2007). Open coding is the formation of initial concepts based on the close reading of the text (Bryant and Charmaz, 2007; Creswell, 2007). Axial coding is the initial sorting of the data, focusing on establishing relationships between the concepts ascertained in the open coding. It begins with the identification of a key concept and then maps the other concepts in relation to the key concept. Selective coding is a process of finding and writing storylines out of the coding, resulting in the development of a theory (Bryant and Charmaz ,2007; Charmaz ,2006; Creswell ,2007; Dey, 2007). Alongside the process of detailed coding is the reflective process of writing memos, stepping back from detail and writing a more theoretical understanding of the data (Becker ,2000; Creswell, 2007; Ragin and Becker, 1991).

Thematic analysis has been perceived as being unstructured and open to interpretations not necessarily based on the text. This has supported the use of grounded theory for thematic analysis, as it is highly structured and perceived as rigorous (Bohm, 2004; Charmaz, 2000, 2006; Creswell, 2004, 2007; Dey, 2004; Grbich, 1999). While grounded theory is a structured form of data analysis, this structure restricts the forms that results can take (Bohm, 2004; Charmaz, 2000, 2006; Creswell, 2004, 2007; Dey, 2004). Another related set of criticisms about grounded theory is that its assumptions are based on providing a place for qualitative research when quantitative research was perceived as dominant. That is, it is shaped by interactions with positivism. For this study, the use of grounded theory and thematic analysis in combination offered a rigorous and theoretically productive approach to my discussion of disability in the university setting and with university documents.

Formal Ethics Approval

The research received ethics clearance from the university ethics committee. A number of ethical issues were considered in the design of the study. Interviewing professionals such as DLOs, rather than students with disabilities, for example, minimised issues of power differentials between the researcher and researched, and minimised ethical issues of potential harm. Interviewees' anonymity was protected; participant names and their institutions are not revealed. Quotes from participants are not matched with their institutions. Both on gender grounds and to preserve participant anonymity feminine and gender neutral pronouns are used throughout the thesis.

During the informal preliminary conversations with DLOs around site and interview access there was concern expressed around institutional risk particularly if the research could have supported legal action particularly under the DDA. To enable critical examination of sector wide practices the focus was therefore on broader questions in the interview analysis. With the document analysis, universities are identifiable through their public statements. However, all documents analysed were publicly available. In addition, there were a series of ethical issues related to insider research, which I go on to address.

Insider research

One issue for the study design is the depth of my immersion in the field. I was involved in the following: receiving disability support; giving disability support at another university, being a member of the disability support professional association; policy critic within The University of Melbourne around the time of a major “reform” process.⁷ There comprise roughly four phases for the study: before the study I was working full time in a paid role as a postgraduate advocate, as well as occupying some disability representative roles at the local and national level. During the first period of my doctoral candidature I started with no representative work although by the end of the period I had again become involved with post graduate representation both on committees and individual casework. I then had a break from the PhD as I commended in leadership roles in UMPA/GSA (University of Melbourne Postgraduate Association/Graduate Students Association). While I did not work explicitly on the research at this time, I was deeply immersed in university matters and exposed to relevant issues from individual casework, which influenced the research. My involvement was both longer and more intense than planned. In addition, this was followed by formal paid work in a disability role at another university. These roles each added a certain richness to the study by bringing a variety of perspectives to the research. However, they also created an ethical dilemma. I am a student/scholar with a number of hidden disabilities (that is, they are not obvious to outsiders), and I am a user of university disability support services. My disabilities all affect the production of text; because they are not visible and obvious, this has always meant that adaptations have been negotiated rather than occurring as a matter of course. I have been a professional student advocate at other universities and a democratically elected student representative at the national level at a range of universities, including my current one. I have also been a DLO. The student advocate/representative positions have all been within postgraduate-centred structures, and as a result, my roles have focused on research-based advocacy rather than taking a more activist-based approach. The DLO position encompassed the range of activities covered by the job from individual student

⁷ Briefly, the reform process is known after a line in the university’s strategic plan as ‘growing esteem’. The reform process touched on large parts of the university but had as its headline, change in the reduction in the number of undergraduate courses and students and an increase in the number of postgraduate coursework degrees and students.

support to policy issues. In the course of my experience, I have had access to events that were relevant to my research for professional reasons. I have only explicitly used information gained from these involvements when that information is otherwise publicly available. For example, for a period of this study, I was a participant in a working party on special consideration. This working party was the site of vigorous and revealing discussions. However, the only part of this work that was used for this thesis is the public report. Another example is my role as a student member of discipline panels. The role of these panels is to make judgments about student misconduct (usually, but not exclusively, allegations of plagiarism or exam misconduct). Although this is not explicitly used in the thesis, the experience of being on these panels has played an important role in shaping two aspects of this study: methodological ideas around narrative and framing, and ideas about perceptions of a good student. These aspects of the study have been supported and reinforced by theoretical sources and the accounts of practitioners.

As indicated, I have held multiple roles and positions relevant to the thesis topic, both before and during the life of the study. The traditional social science method for dealing with immersion is ethnography. While ethnography is many things, at its heart it is the immersion of the researcher in a particular social context, otherwise stated as a participant observer. Traditionally it has been the immersion of somebody from the first world into a third or fourth world setting, but contemporary ethnography focuses on participant observers in a variety of contexts (Davies, 2008; Hegelund, 2005; Tedlock, 2001). In one sense, I have occupied a participant observer position for the length of this study; however, my positioning differs from a classical participant observer. This difference throws light on the choice of a case study design rather than an ethnography. Firstly, unlike for an ethnography, my participant positions were obtained for primary reasons other than research. My research was not envisaged when the positions were gained, and permission was not sought or obtained for research. As a consequence any information gained through this access was not used unless it was available through other means. At a more theoretical level, ethnography is centred on the participant observer's experience of a particular social context. For this study it is centred on a particular topic, disability in higher education, rather than, for example, focusing on my experiences to reveal information about disability in higher education (Ellis and Bochner, 1996; Foley and Valenzuela, 2005; Hamera, 2011; Madison, 2005b).

Case study research within the broader qualitative tradition of research uses a reflexive approach (Creswell, 1994; Robson, 2002). Reflexivity within the case study design performs two roles. First, within the overall constructionist epistemology of the study it forms the underlying understanding of knowledge as being a cycle rather than a certain state. An implication of this is that the scholar brings their own knowledge and beliefs to the study. For me a key factor is how my experiences influenced what I found important and interesting. Reflexivity describes a process of analysing data starting from one point (often a personal view) and critically reviewing and rewriting that understanding. In this study my understanding of the situation often started from my experiences as a student with disability and or as a university and or postgraduate association staff member. Being reflexive ensured that I systemised the critical examination of that understanding. A further result of reflexivity is a commitment to an iterative approach to research, in this case the use of the varying different sources and types of data (Archer, 2007; Ashmore, 1989; Finlay, 2002a, 2002b). Being reflexive provided both methodological and ethical rigour in the study.

Conclusion

A case study design has a particular advantage for studying disability. As disability is a particular social construction, a case study design allows a focus on disability in particular social contexts, therefore allowing for the study of particular moments of social construction rather than social construction being something that is invisible or is rarefied into an object. An unexpected strength was the resilience of the study design when faced with the strong definitional issues of the topic.

There were two major issues with the study design. The first of these was the problem of definition and scaling. While the case was tightly defined, the implications of the case were extremely broad. As a result, the possible topic areas for the study meant that there was a degree of topic drift, with the corresponding danger of the amount of material collected for the study getting out of control. The other major problem with the study design was its tendency to be perceived as circular: that is, the definition of the case was based on the definition of the case. One of the concerns in evaluating the strengths and the weaknesses of the study overall was the issue of balance between the research methods. In retrospect, it is possible that too much focus was placed on the documents

and secondary analysis, rather than obtaining an increased number of interviews, or other methods such as observation. It is also possible that the choice of volume of documents over in-depth analysis, while allowing for a large degree of generalisation, may have prohibited access to useful detail.

The interviews were very productive and provided a number of important insights. However, the sample of participants was small, and the interviews were once-off. An important exclusion from this study was the student experience, due to reasons of how the case was defined and its scope, as well as ethical considerations.. There is a need for ethnographic research on student experiences in regards to disability. Follow-up studies might also be conducted to detail work in one institution, matching the institution's documents and practitioners' experiences.

At the level of formal ethical processes, this study was unproblematic. However, being an insider researcher with multiple roles presented with continuing ethical issues. Prior to, and during the study I held institutional and personal roles other than as a researcher. While using information from my additional roles would have added to the richness of the study, it was not used unless available elsewhere in publicly available sources. It was necessary to remain reflexive during all aspects of the study to ensure the methodological and ethical rigour of the study. Chapter 5 will build on the work in Chapters 3 and 4 and use the policy, history, and theoretical and methodological work to establish the framework and the categories used to examine the documents.

Chapter 5: Documents description

In this chapter, I describe the key documents affecting disability in Australian higher education. I commence with an examination of the social context in which the documents under study were developed, and follow this with a detailed description and examination of the documents. I start with those produced by the federal government, and then turn to those written by universities in response to the government documentation. This picks up the broader background already discussed.

One of the characteristics of both universities and governments as bureaucracies is their dependence on the creation of documents. The documents discussed include both government legislation and policy documents, and the universities' responses to those policies, particularly in the form of disability action plans and the documents that arise out of the various practices to implement the action plans. The documents under study range from the high-level political and policy documentation, legislation and national policy, to the micro-level documentation designed to support individual students. Much of the documentation is either related to, or is an explicit response to, other documentation, but the relationships are not necessarily those of simple cause and response. A concern in discussing the documents is their technocratic nature which hides much of the ideological work done by them so there will be a focus on making the invisible visible in this chapter.

Starting points

A starting point for the changes in disability policy in general and the national level documents in particular was that they were part of broad changes in Australian higher education, and the establishment and strengthening of federal government control in higher education. (Bradley et al. 2008; Marginson and Considine, 2000; Parliament of Australia, 2001) The two key documents were *A fair chance for all* and the DDA. These provided much of the structure for the documents developed by individual universities. addressing the policy and practice of disability support. Table 5.1 lists the documents

examined, grouped by origin and purpose; these include the relevant federal government legislation and policies; the University responses to these policies and ensuing practice guides and documents.

Table 5.1: Documents analysed: grouped by origin and purpose

Federal government legislation	Federal government policy	University responses to federal government policy	Disability support guide	DLU documents
Disability Discrimination Act – DDA (1992)			Reasonable Accommodations (1991)	RMIT DLU site (2009)
	Disability Discrimination Standards (2004, 2011)			Monash DLU site (2009)
	A Fair Chance For All (1990)	University of Melbourne Disability Action Plan (2004–2007)		Victoria University DLU site (2009)
		RMIT Disability Action Plan (2005–2008)		Swinburne DLU site (2009)
		Deakin Disability Action Plan (2000–2001)		ACU DLU site (2009)
		La Trobe Disability Action Plan (2005–2010)		Ballarat DLU site (2009)
		Swinburne Disability Action Plan (2004–2007)		La Trobe DLU site (2009)
		ACU Disability Action Plan (no longer publicly available)		Deakin DLU site (2009)
		Monash Disability Action Plan (no longer publicly available)		Melbourne DLU site (2012)

Models of disability policy and practice

The starting date for the primary data collection of documents was 1990. As discussed in Chapters 2 and 3, 1990 saw the creation of the particular type of disability policy and practice that has continued to the present in Australian higher education. This particular model of disability policy and practice was not inevitable; there were other possible models of disability support, with both the contemporary English and American higher education systems having different but related models of disability support. Both the US and UK systems share with the Australian system the creation of a level of university bureaucracy to assess and coordinate support needs. This is linked with anti-discrimination legislation. However, in addition to the differing national cultures of higher education, the legislated bases for the support needs are different between the three nation states and funding sources are organised differently. Further, the systems seem to be the result of contingent events with particular policy choices being made. For Australia in particular, there were alternative models possible with different policy infrastructures and, arising from these models, at least three different practices of disability support have been proposed. One model involved disability support based on case management run by the Commonwealth Rehabilitation Service. It was considered in the late 1980s and early 1990s, but was not further developed due to federal government funding decisions (TEDCA, 1991). There was an additional model for small campuses that did not include independent disability support units; however due to decisions made at the individual campus level, it was not adopted (Bruce, 2004; TEDCA, 1991, 1998). Lack of success of these models is reflected in the lack of documentation around them. More recently, discussions around a disability insurance scheme have raised the possibility of adopting different models and sources of funding, based around individuals rather than institutions (ATEND, 2010; Productivity Commission, 2011).

Underlying the analysis of the primary documents are two issues: the socially contingent nature of disability, and the strong inter-relationship between issues of power and issues of knowledge. As discussed, a key insight of disability studies is that disability is a socially contingent event. Therefore, it exists in socially situated time and space. The meaning of disability in Australian higher education has changed over the last 20 years, and one of the key frames of the research is to observe the events shaping this change. To

put this in historical terms, the period of the study spans from a point at which there was no explicit federal government equity policy in Australian higher education, to a highly developed and implemented federal government equity policy. This marked a shift from diffuse state-based anti-discrimination law to a comprehensive and enforced national anti-discrimination law—the DDA. These legal and formal policy changes were accompanied by the development of disability support services within Australian higher education (Australian Tertiary Education Network on Disability, 2008; TEDCA, 1991). Therefore, a key research concern of this study is to investigate the relationship between these events.

The Production of Categories

These relationships can be seen in the production of documents on disability and contemporary Australian higher education. There have been two broad shifts in the sector over the last 20 years: increased federal government control of higher education and the shift to a managerial culture and style of governance (Marginson and Considine, 2000). To understand the higher education documentation around disability, it is necessary to identify the connection between these broader changes and the documents under examination. Thus, the first question becomes: how was federal government control over the higher education sector increased? The formal independence of universities as self-accrediting institutions was maintained, while a structure of control through regulation was put in place (Cain & Hewitt, 2004; Davis, 2005; Marginson, 2008; Marginson & Considine, 2000; Senate, 2001; University of Melbourne, 2005). This was achieved through the use of indirect measures, with many of the documents examined, such as *A Fair Chance for All* (Federal Department of Employment Education and Training, 1990) being an example of this by establishing the underpinnings of regulation of universities equity performances.

One of the insights of social theories of disability is that disability is about power relationships. Social theories of disability have drawn on the gamut of contemporary thinking about power, but tend to fall into three groups of explanation. Writers such as Oliver (1990, 1996) work from a Marxist framework, emphasising the primacy of issues of political economy, while writers such as Tremain (2001, 2005) and Corker (1998; Corker & French, 1999) work from a Foucauldian perspective emphasising issues of power and knowledge. A further theoretical grouping of work is from science and

technology studies rather than disability studies. For example, authors such as Clarke (1998), Petryna (2002) and Haraway (2008), with their links to pragmatism, emphasise issues of work and a focus on non-human actors in the creation of knowledge. While some may view these as conflicting, these three groups are also complementary, with each group drawing on the others and agreeing that they are at least partially valid. The strongest Marxist will agree that part of the oppression suffered by people with disabilities is related to the research done on people with disabilities (Barnes, 2009; Oliver, 1992), and the most Foucauldian of writers will acknowledge the role of the market economy (Corker and French, 1999; Corker, 1998). Likewise, some writers of science and technology studies will draw from both Marxist and Foucauldian perspectives (Haraway, 1981, 2008).

Drawing from these theorists, there are at least three key research concerns on disability in Australian higher education: power, work and categories. As discussed in Chapter 3, power in Australian higher education is diffuse, resting in a range of people and bodies, from the federal parliament and university councils through to individuals, from the Minister for Higher Education to sessional cleaners. Perhaps ironically, while Ministers of Higher Education have power through indirect instruments such as legislation, sessional cleaners hold power through their direct impact on students through their work. It needs to be emphasised that work is related to the creation of categories and knowledge; that is, much of disability support work and practice is about establishing categories of disabled students and categories of how they are supported. The issue of the contingent nature of the categories around disability has already been raised in the analysis of the statistics on disability in Australian higher education in Chapter 3. As contingent categories, they have changed over the time the statistics have been collected, which has led to serious data validity issues. These points have shaped the connectedness of the documents, as well as providing a set of narratives and actors.

Actors and Actions: Documents As Script?

The analysis of the documents raises the issue of the authors as actors are, and the constraints placed on them. There is varying visibility of the writers of the documents. For example, it is interesting to consider the effects of named and unnamed actors: what are the differences between the actions of named authors such as Professors Bradley or Martin, whose reports are commonly known by their names (Bradley et al., 2008; Federal

Department of Employment Education and Training, 1990), and the actions of an unnamed bureaucrat who also wrote reports on higher education, but with these reports being instruments of their department and/or university.

In terms of writing documents on disability in Australian higher education, the documents and authors can be grouped into six categories: formal policy statements, eminent experts, broad policy writers, institutional policy writers, implementers and policy subjects (Table 5.2). The actors in the sphere of formal policy statements can be characterised as the people who put their signature to the introduction of policy documents; for example, the ministers whose signatures sit at the bottom of the first page of the various releases of the DDA and the education standards (see Commonwealth of Australia, 2004; Department of Education, 2011). It is characteristic of disability action plans that they all have introductions by their institution's vice-chancellor. In a sense, the signatures of the formal actors on these policies are seals on black boxes, signifying that the process that led to the creation of the legislation or plan is completed, and a social fact has been created and the rhetoric and politics that went into their creation is over.

The second group of actors, the eminent experts, are involved in the translation of specialist knowledge into policy. To begin any process of reform, an inquiry is usually called. The inquiry is part of a broader government process involving the setting of an agenda and formal terms of reference of the inquiry. However, its chair is usually of such eminence in the field that he or she has a degree of independence such that the inquiry is seen as, in some parts, separate from the bureaucracy. Therefore, in terms of their role as actors, eminent experts have a high degree of freedom. While their recommendations are not always accepted, they do set the policy agenda (Martin, 2004).

The next group, the broad policy writers, are the first group of unnamed actors. They have both high and low autonomy, as they are usually in positions of power within their institution, but are limited in their formal influence over government. The final two groups of actors can be seen as the people at the implementation end of the policy cycle. The first group is the disability practitioners and academics that formally implement the policy; for example, by providing services within a budget and within the policy criteria. The second group is the subjects of the policy, including both academics and the students who are being supported.

Table 5.2: Typical actors in the creation of disability policy documents in Australian higher education

Category	Examples from data
Formal policy statements	Politicians and vice-chancellors
Eminent expert	Chair of review committee, e.g. Denise Bradley
Broad policy writers	Nameless writer approved by authority figure and/or committee
Institutional policy writers	Nameless writer approved by institution
Implementers	Mid-level bureaucrats
Policy subjects	Disability support staff and students

Policy in its contexts

One factor that adds to the complexity of disability policy in Australian higher education is that it is an iterative process. In the context of Australian higher education, this describes an ideal process of policy writing, implementation, review and rewriting (Bridgeman and Davis, 2004; Smith, 2007b). A complication for document analysis comes when dealing with official documents, as the power relationships and struggles that went into their construction typically become invisible. There may also be a tension between the ideal policy process that is evidence-based and makes continuous improvements, and the policy-making process as an exercise in power. Part of this tension is because both descriptions of the policy-making process are true. For example, much power is exercised in good faith by all parties, with disputes typically relating to different understandings of a situation. However, the good faith of the participants is also an expression of interest and position, whether of ‘the good name’ of the university or the interests of the students.

A university’s power in Australian society is directly related to its accumulation of symbolic capital; that is, status and prestige not directly related to material capital but based around a range of symbolic factors from the intellectual such as being known as the expert in field X, to the symbolic ritual of a graduation ceremony. By its nature, symbolic capital is diffuse and difficult to recognise. However, it is intimately connected with the more material struggles of the university. For example, grant funding is in large part

based on symbolic capital as measured by success in publications and success in previous grant-raising (Cain and Hewitt, 2004; Marginson, 2008; Parliament of Australia, 2001). There are at least three persistent subtexts to documents written about Australian higher education: a struggle over control, a struggle over resources, and a struggle over symbolic capital. As discussed in Chapter 3, there are at least two long-term struggles over control in Australian higher education taking place: that is, the struggle between the federal government and individual universities, and within universities between central management and the rest of the university. For disability, this has fed into a variety of arguments ranging from resourcing through to symbolic work. I go on to discuss this in relation to disability policy in the following chapters of this thesis.

It has been particularly interesting to look at the similarities and differences between the documents. Classes of the documents, particularly the disability action plans, were all written in response to identical legislation, and there are some strong cultural similarities between universities. However, as I go on to discuss, the documents also appear to be strongly influenced by the cultures of the particular institutions that produced the documents. Part of the process used for analysing these documents has been to compare their similarities and differences. Two levels of description of the genres of the documents under study are given; that is, a generic description of the documentation type and, in the case of institutional differences in the documentation, an institution-specific description of the documentation. In addition, contrasting documentation between universities will be discussed where possible, with the documents chosen to be as different as possible to make visible the institutional practices.

Federal Government Higher Education Disability Policy

This section explores the closely related documents of the Martin Report (also known as *A Fair Chance for All*) and the DDA 1992. These documents constitute the key formal federal government disability policy for higher education. Here I describe these documents and examine their role in shaping university-level documentation.

Federal Government Documents

A Fair Chance for All

The 1990 report on equity in higher education, known both as the Martin Report and *A Fair Chance for All* (Federal Department of Employment Education and Training, 1990), was very much a product of its time and place. It was commissioned as part of the general package that led to the introduction of the income-contingent loan scheme, HECS, and the broader expansion of Australian higher education of the late 1980s and 1990s. It had a clear political purpose of restating and supporting the then government's claim to be concerned about equity in higher education and to be working towards improving it. It also fitted into the broad trend to greater measurement of policy and policy outcomes. The key recommendation of the Martin Report was to establish definitions and measures of what equity meant in higher education. A discussion of the categories used and the technical aspects of the reporting of statistics, based on the Martin Report, was given in Chapter 3. While the Martin Report's primary purpose was as to provide a template for reporting to government, this in itself was an exercise in policy. The report has been remarkably resilient in its objectives (that is, an increase in equity in higher education) and its definition of the problem, with the instrumentally defined equity groups being agreed on by governments across ideological persuasions. *A Fair Chance for All* can be seen as a key narrative template, almost a genre, for much of the discussion about Australian higher education; that is, it has framed the debate (Council of Australian Postgraduate Associations, 2008b, 2008c; Cain & Hewitt, 2004; Centre for the Study of Higher Education University of Melbourne, 2008; Federal Department of Employment Education and Training, 1990; Devlin & Department of Employment Training and Youth Affairs, 2000; Marginson & Considine, 2000; Senate, 2001). Further, *A Fair Chance for All* was part of the broader trend in Australian higher education over the period under study towards increased indirect federal government control over legally autonomous bodies (universities). As a policy measure, the report depended on requiring universities, as a condition of their funding, to report outcomes to the federal government. This was part of the broader move to establish federal government regulation by placing reporting requirements on a range of university activities. This was done alongside a reduction in per capita federal government funding (Council of Australian Postgraduate Associations, 2008b, 2008c; Cain & Hewitt, 2004; Centre for the Study of Higher Education University of Melbourne, 2008; Federal Department of Employment Education and Training, 1990;

Devlin & Department of Employment Training and Youth Affairs, 2000; Marginson & Considine, 2000; Senate, 2001).

Rationality and culture

A variety of responses arose to this, and these can be seen through the various lenses of rational calculation, and those arising from values and culture. Rationality can be seen in the shift to an 'enterprise university culture' and its emphasis on a managerial style of rationality, with success measured by formalised benchmarks and targets. An extreme example of rationality is that of 'gaming', that is, responding in an instrumentally rational way to maximise the outcomes. Among policy practitioners in the area, one common description of Australian universities' responses to the federal government's increased control over higher education has been to 'game' the system; that is, react in such a way as to maximise the funding gain from the federal government by focusing on the instrumental target rather than the underlying issue (Milbourne, 2008; Ning, 2005; Parker, 2008). In practice, this often takes the form of tying funding to a numerical target, and the practice occurs in areas as diverse as research higher degree policy, quality teaching policies and equity policies. Although there may be short term gains to this practice, there is some doubt about longer term impacts (Council of Australian Postgraduate Associations, 2000; Harding, 2008; House of Representatives, 2008; Milbourne, 2008; Parker, 2008).

The second and contrasting lens is that of culture and claims around values. Despite their technocratic origins, equity policies from individual Australian universities are based on each university's particular values, and are honest attempts to improve the participation of under-represented groups in Australian higher education. An example of this comes from The University of Melbourne. As will be demonstrated, its various equity policies represent at least a good faith attempt to improve equity in the institution (Davis, 2005; Martin, 2004; University of Melbourne, 2008a).

Disability Discrimination Act (DDA)

The Disability Discrimination ACT (DDA) (Commonwealth of Australia 1992) is federal government legislation that has an overt objective: the elimination of disability discrimination. It was passed as part of a suite of anti-discrimination legislation including

the Racial Discrimination Act and legislation on sex discrimination. It subsumed related state government legislation. By its nature, it is part of a broader socio-legal framework around anti-discrimination; specifically, it establishes statutory penalties for discrimination. There are two key aspects to the implementation of the DDA established in the legislation: standards and action plans. The standards under the Act are positive statements interpreting the Act; that is, providing sector-specific definitions of discrimination. A disability action plan is a defence allowed under the act. It is in two parts: acknowledgement that discrimination is currently taking place, and an agreed set of actions to overcome that discrimination (Basser and Jones 2002; Hastings 1993; Newell 1995; Productivity Commission 2003).

It is important to examine the narrative framing provided by the DDA. The overt narratives can be seen in the disability action plans of the various universities, while the implicit narratives can be seen in much of the text around disability support. For example, one leading document, *Reasonable Accommodations*, takes its title and much of its structure from the DDA, while there is also a further rhetorical trope around legislative and regulatory responsibilities that tends to be cited in university planning and policy documents such as risk management. In terms of the discussion around *A fair chance for all*, another way of understanding disability action plans is as a further reporting mechanism with an indirect but still powerful mandate, providing a mode of control for the federal government over universities.

Reasonable Accommodations: A Boundary Document

Before I explore contemporary disability support documentation, I will briefly examine *Reasonable Accommodations*, a sector-wide document released and used during the early expansion of the field, which performed a number of the roles fulfilled by contemporary websites. It was written by a working party from multiple universities that was auspiced by the state-level collective body. *Reasonable Accommodations* (University of NSW et al. 1991) was the most used document in Australian disability support in the 1990s and early 2000s. This was the period of greatest expansion of disability support during the 20 years under study. Initially, *Reasonable Accommodations* was formally adopted by at least 17 Australian tertiary institutions, and was used as a source by other universities.

The guide was initially published in paper form, and has since been republished online at multiple institutions (University of NSW et al. 1991).

Reasonable Accommodations is important for a number of reasons. It typifies the first wave of adaptations to the DDA. It also provided the basis for the design of other disability policy. It is also an ideal type of its genre—the disability guidebook. Its title, *Reasonable Accommodations*, was taken from the DDA, wherein the term refers to the steps that an actor needs to take to comply with the DDA: that is, what are the ‘reasonable accommodations’ that an individual or an institution must make for people with disability? The document’s rhetorical structure is threefold. First, its title and context provide a subtext of possible legal penalties, while on the explicit level, it dispels ‘disabling myths’ and provides clear, concise and accurate biomedical information on impairments within a higher education context. The document’s textual structure mirrors that of the DDA action plans, with introductions from the vice-chancellors of the initial authoring institutions and the particular publishing institution (if different), followed by sections on misconceptions about disability and language, and the ‘how to’ details of the main text (for example, where to find technology, or how to deal with student with condition X). One of the interesting questions about *Reasonable Accommodations* as a document is why it became so widely used. It was initially criticised by disability studies scholars and disability advocates. For example, Newell (1995) claimed the document ignored issues of power, particularly when it was used as a disability policy. *Reasonable Accommodations* took no account of political, historical or cultural issues, and it did not consider, for example, the physical structure of campuses. However, it did have an impact on both symbolic and practical levels. While it defined ‘the problem’ of people with disabilities, it also made clear that there were solutions. It also assisted in increasing the participation of students with disabilities, which led to further structural change. In light of the examination of contemporary disability action plans, one of the gaps in *Reasonable Accommodations* is the lack of account it takes of the particular: a university’s culture and/or management practices.

Disability Action Plans: Procedure and Themes

Action plans were currently in use at the time of examination. They were chosen for examination at the same point in time of the study, namely in 2008. The action plans publication date range from 1999 to 2007 their varied publication dates were a function

of differing rates of institutional review, writing, and publication rather than usage or priority. It is worthy of note that the action plans all contained elements of preceding plans. While the process for the document analysis has previously been outlined, some minor modifications have been made for the document analysis of action plans. Firstly, I am treating disability action plans as a unity. That is, unlike, for example, DLU-level documentation, which varied in form and content from university to university, all action plans have their foundations in the same legislation and the same motivations from universities and therefore have common structures. The explicit function of disability action plans under the DDA is clear: by acknowledging current discrimination and describing the steps that the institution will take to remedy that discrimination, they act as a defence against legal action on the grounds of that discrimination (Hastings 1993). Action plans are often *de facto* and even *de jure* university disability policies, with only a small minority of Victorian universities having a policy specifically labelled ‘disability policy’. Action plans are renewable every three years and need to be submitted to the Human Rights and Equal Opportunity Commission (HREOC) to act as defence against claims of discrimination. They are therefore at least theoretically publicly available and legally enforceable documents. Despite these highly pragmatic origins, as will be shown, one of the key themes of all the action plans is how clearly they are part of the rhetorical life of their universities. This is at the formal level of how often rhetoric from university strategic plans shapes the action plans, as well as how well the action plans fit within university cultures and how often their success is linked to their fit with their broader university culture. It is worth noting that while the plans were all accessed or analysis at one point of time, their submission to HREOC varied.

The first point about action plans as physical or electronic objects is how well they fit with other university documents. For example, The University of Melbourne’s action plan is printed on the same high quality card as its top-level plans, such as its strategic plan. While it could be expected that the action plans of universities have common elements with other university documents written within the same organisation, the strong fit with more aspirational aspects of the university’s culture was initially surprising. However, this was eventually confirmed by the rest of the document work. A second striking point regarding the action plans is that the plans of many universities share common elements that are not in direct response to the legislation. This finding is

strong enough to talk about a standard format for a university action plan, which has the following elements:

1. An introduction emphasising the institution's commitment to the principles of the DDA;
2. Definition of disability taken from the legislation;
3. A set of categories (based on the institution's strategic plan), outlining the problems; and
4. How these problems will be addressed, who is responsible and a timeline for implementation.

Brief summaries of individual universities' DDA action plans

The University of Melbourne (2004-2007)

The University of Melbourne's action plan only formally ran to 2007, though it applied until the adoption of its replacement in late 2009, which was beyond the period of data collection for this study. It followed the typical format of an introduction and a main plan based on the university's strategic plan. This main plan comprised a restatement of the strategic plan into operational sections, a statement about the place of the plan in the university's formal structures, and an overview of the consultation and review process undertaken to write the plan. The plan was based around 'goals and targets' drawn from the university's strategic plan (although major changes to the university's strategic plan occurred during the period for which this action plan ran). The plan was phrased in terms of targets (although not always measurable), followed by a sub-heading, targets/methods. One clear element of The University of Melbourne's action plan was both the vocabulary used and the particular style of narrative and rhetoric. For example, the term 'quality' appears in six of the nine headings, and frequently in the text under the headings. A key narrative and rhetorical theme is The University of Melbourne as the leading university in Australia and 'a world-class university'. It is worth noting that 'quality' in The University of Melbourne context is a belief around the university's virtues, rather than a detailed management/ measurement process, as practised by universities such as Swinburne.

Swinburne University (2004–2007)

The Swinburne University action plan is in the standard Swinburne format and style. While all plans are based on their specific university's style guide, Swinburne's

adherence is the tightest of all the action plans. The plan is organised around Swinburne's organisational units rather than direct quotes from the strategic plan or the DDA. However, reference to the DDA and strategic plan recur throughout the document. Importantly, the guidelines for implementation are the first substantial part of the document. The guidelines for implementation are in three parts: responsibility, policy and the instrumental definition of quality. Here, responsibility rests with the management group, and policy refers to how the action plan fits with the university's policy framework and communications plan. Regarding the instrumental definition of quality, featured within the plan and within Swinburne's broader documents, for Swinburne, quality is a measurable value and process as well as a virtue. It refers to both independent accreditation and internal measures. Overall, the action plan very much fits the style and self-image of Swinburne as a managerial university. While all contemporary Australian universities are managerial to some extent, for Swinburne this approaches a core value. It has a more task-orientated approach, as compared to the more strategic approaches of many other university plans.

RMIT (2005–2008)

The body of the RMIT plan starts by outlining the university's history and ethos as a 'workingman's' college', alongside the definitions of disability under the Act. Unlike some of the other universities, RMIT uses functional headings rather than headings based on the university's strategic plan. The action areas are put into a matrix of 'outcome', 'task', 'responsibility', 'time frame' and 'performance measure'. However this focus on functional headings follows the pattern of other RMIT strategic documents. The areas under the plan are described as action areas, although what is being described is policy and procedure. Overall, the plan has a strong emphasis on responsibility for implementation. The plan is of a more technical nature than other action plans. This means that the plan could be more achievable in the short term, but weaker on long-term change. However, its strongest element is hidden in the detail of the plan, where it links disability and teaching and learning.

Deakin University (2000–2001)

Deakin's disability action plan is one of the oldest of all the disability action plans examined. The Deakin plan starts with a long discussion of the DDA, including the

definitions of both disability and discrimination and the exemptions under the Act. It casts much of the discussion in terms of inclusive practices, seeing disability as a mainstream issue while also acknowledging the need for, and role of, specialist disability support. In addition, it has a section on complaints management. The section is less formal than that in the RMIT plan, for example, but it also appears more realistic in that it provides both formal and informal mechanisms for resolving issues. Unlike most other universities, the Deakin plan is written in prose rather than tabular form. The Deakin plan appears to have many of the same themes as the other action plans. The strength of the plan is undermined due to the document format being much less clear than other plans. The approach of the plan is less regulatory than that of RMIT. However, if the values espoused within the plan are widely held within the university, then it may be more effective than a regulatory approach. Unfortunately, due to the diffuse nature of the plan, this would be difficult to measure.

La Trobe University (2005-2010)

La Trobe's plan begins with a foreword from the vice-chancellor of the time, emphasising the university's commitment to improvements. The plan's format differs from most other plans in that evaluation is one aim, rather than being something the other headings are measured by. La Trobe's plan also differs in that the university's strategic directions are in a separate section rather than shaping the form of the plan. Overall, like the other plans it both strongly fits with La Trobe's overall (decentralised) culture while having most of the themes of the other plans.

Australian Catholic University

This plan is no longer in the public domain. This may be due to its age, as it has not been updated at least since 1999. Further, where access to internal documentation was possible, the action plan no longer had a presence in the internal documentation.

Monash University

Monash University's disability action plan is no longer a public document; this was a deliberate choice by the university. The plan had not been publicly released at the time of the document analysis and did not form part of the formal analysis of the study. It is

worth noting that internal documentation referred to the plan, but also stressed the need to go beyond the plan.

Due to access and scope issues, in part being available only for some of the research period, the DDA action plans from Victoria University and Ballarat University did not form part of this analysis.

Summary of themes from Disability Action Plans

As documents, the action plans have, as much else in the sector, multiple roles. Firstly, they are presentations of the university's self-image. More substantively, they are an important means of minimising legal risk and a statement of the university's strategic vision. This mix of image creation and detailed procedural work is a recurring thread throughout university disability documentation. To achieve this, they provide some guidance for how best the university can accommodate students with disabilities through long-term change. They also provide a detailed map of day-to-day processes affecting the success or otherwise of students with disability.

Two recurring aspects of the DDA action plans are their strong links to their institutions' individual cultures and the use of that culture to provide justification for the pragmatic measures under the plan. For example, the two oldest institutions, RMIT and The University of Melbourne, both use their contrasting histories to provide justification for their plans. Both institutions were founded in the same era and place, gold rush Melbourne, with some of the same personalities, such as Redmond Barry and Francis Ormond, involved in founding the institutions. However, their cultural identities were almost opposing, with RMIT being identified as a 'working man's' college with strong links to the Trades Hall, and The University of Melbourne having an emphasis on the classics and an almost nineteenth century notions of character formation. Within these two different cultures, much of the language and actions around the disability plan are different, with notably the meaning of the word 'quality' shifting between the two institutions, between an achieved value (university X is high-quality) and a measure we are achieving in improvements for access in disability by doing X, Y and Z which is being measured. The multiple usage of the term 'quality' is a recurring trope throughout the documents.

Abstracting out from the detailed examination of the disability action plans also generates some common themes, outlined in Table 5.4. These themes will be further developed in Chapters 8 through 10.

Table 5.4: Themes arising from disability action plans

Strategy
Planning
Aims/objectives
Legal responsibilities, management/manager
Performance
Responsibility targets
Segmentation
Importance of disability
Virtue of the university
Reasonable accommodations
Inherent requirements

Interestingly, ‘students’ did not appear as a theme.

In this chapter, so far I have looked at both key federal government documentation and universities’ direct responses. One of the findings was the relationship between universities’ culture and management practices, and how universities implemented the federal government policy. The focus within the plans is on university management. In a sense, this is not surprising as part of the task of the action plans is a university management task. However, it is interesting that measures of student success and wellbeing were excluded from the plans. The focus of this chapter now shifts to

documents that have been produced by individual institutions in their own environments; in particular, this section will focus on the Disability Liaison Unit (DLU) websites of the given institutions.

Disability Liaison Unit (DLU) Websites

Websites were chosen as the main entry and information portals for information on disability support for all universities at the time of study. This was confirmed by practitioners attending a Pathways Conference of the time around the use of websites as the point of first contact for students seeking support (ATEND 2008). All websites were accessed initially during the first semester of 2009. While websites were the location of publication of most internal documents they were not documents on their own and had to be read in conjunction with the rest of the institution's documentation. There is a developing literature on research methods focused on electronic materials; however I decided to focus on the websites as documents rather than as another sort of artefact (Blumer, 2006; Cherry, 2010; Czarniawska, 2004; Scott, 1990). As these kinds of electronic records are regularly updated, differences can be expected in their content before and after the time of access. Given the fluid nature of the websites there was less of focus on them as texts and more focus on them as functional artefacts. Further as the major information gateway for staff and students on disability they offered a way of assessing the presentation of disability policy and procedure. The websites were studied in the broader context of the disability documentation of the particular institution; they were also taken on their own merit as functional websites, and their content analysed. A description of the universities' DLU websites is provided in Appendix X.

A major component of the examination of the DLU websites concerned their role as the main portal to the DLU-specific documents, for example, for initial assessment for eligibility for disability support services. As with all document analysis, there was a movement between taking documents on their own terms (for example, does an enrolment procedure allow one to enrol) and a variety of richer readings; for example, linking the enrolment process to broader policy documents. Issues explored were: ease of access to the site, the quantity of information, the usefulness of the information from the point of view of the site being a gateway to the service, and links to the university's other websites. In addition, the websites were examined in terms of provision of policy

documents as well as providing disability support. Further areas were also examined, for example, parking and parking policy. Parking is a particular issue to enable access for students (and staff) with a disability. However, parking is usually a limited resource and is thus a site of contestation. Moreover, it is often regulated by a body other than a student-facing department (for example, security or human resources), which adds to the institutional struggle. Therefore the ways that parking was presented on the DLU websites was a key point of interest. Parking will also be explored later in the thesis.

Issues of privacy are also key in disability support practice and this was therefore an area of interest in the examination of the DLU web sites (Bathurst and Grove 2000) .

The key common characteristic of all the university disability liaison unit websites was that they provided the gateway into the disability service, not only providing simple contact information but actually enabling the start of the process of seeking disability support. When read in conjunction with the disability action plans the information on the DLU websites provided a clear link to the individual university's broader culture. They also provided a link to sector wide methods of control of both students and institutions, with equity reporting being part of the broader increase of federal control in higher education.

Conclusion

Chapter 5 has described the sector-wide disability documentation and institution-specific disability documentation from the Victorian universities. One of the key findings is the close relationship between disability-specific documentation and the broader culture of the particular university. Related to this finding was the close relationship between the institutions' values and disability support. Alongside this values-based work was much pragmatic work on the mechanics of disability support. The close relationship between disability documentation and the specific culture of particular universities provides the focus for the next chapter, which is a close examination and analysis of a specific university's documentation.

Chapter 6: An Individual Institution's Documents

Following on from the consideration of disability-related documents in the framework of government policy and a cross-institutional framework in the previous chapters, in this chapter I explore in more detail a collection of one university's documentation. The justification for particularly focusing on one university is many faceted. First, the relationship between disability and other relevant university documentation is examined. Second, the theme of culture and control is explored through a more focused examination of one university's documentation (Marginson and Considine, 2000; Tremain, 2005). In addition, the related theme of the intersection of ideology and practice will be analysed through a more detailed analysis of a set of documents produced and implemented in their own context.

The documentation under examination is from the University of Melbourne. It is a snapshot of both the university's key documents and its equity-specific and disability specific documentation, chosen on theoretical and access grounds. Most of the documents were presented to the University Council during the period 2004-2006 with the exception of some of the disability specific documents. The documents were all accessed over the period 2004-2008 and were all formally publicly available. The documents range from university strategic planning documents, such as the strategic plan and the budget, to the equivalent to DLU-specific documents for non-disability equity areas, such as the cultural diversity policy as well as disability-specific documents (University of Melbourne, 2004a, 2005). Part of the logic of document choice was to move from the strategic to the local. The documents were written over a period in which the university was undergoing major curriculum and structural reform and the documents are both part of the change and a record of the university at that time. The documents were first examined when I was deeply involved as a participant and recipient of the university processes. At the time I had a number of formal roles with the university's postgraduate association, the University of Melbourne Postgraduate Association/Graduate Student Association

(UMPA/GSA).⁸ In particular I was a student representative on a large number (at least 22) of committees and working parties, including the University's research committees, Academic Board, and separate terms as an observer and later, member of the University Council. In terms of access this meant I had access to a range of university documents. I usually first accessed the documents as part of my representative roles as a committee member. However, in my researcher role, I was selective in my document choice based on the research objectives.

To take advantage of my insider role in interpreting the documents and as a precaution against a biased analysis emanating from my roles, a detailed formal analysis was undertaken. The analytic methods have been previously described (Chapter 4). The analytic procedure comprised an analysis of the documents from the perspective of style, form, audience and content. This was followed by thematic, rhetorical and narrative analyses, which identified the major themes for the key documents. This was followed by graphically modelling the themes in relationship with each other, leading to the final abstracting and modelling of the themes.

Document choice

The University of Melbourne was chosen for a mix of pragmatic, opportunistic and theoretical reasons. At a pragmatic level, my roles as a member of the key committees at the university at the time allowed access to the full range of university documentation in its original social contexts. While all the documentation under discussion was theoretically publicly available (that is, not formally restricted), much of it was of limited circulation or only accessible from particular sites inside the university. In addition, due to my university roles at the time, I was able to observe both the development and implementation of the documentation under discussion. While these observations will not be described because of the ethical issues already outlined, they were influential in shaping elements of the document analysis. The choice of this documentation related to

⁸The roles I held with UMPA included president and research education officer. My interactions with the broader university were broad, ranging from formal status as an officially sanctioned officer, to an interested outsider, to full membership of various sub communities, primarily the University's research and equity communities.

my understanding that this period captures the origins and development of a major university review and restructure, commonly known at The University of Melbourne as the *Growing Esteem* process. The *Growing Esteem* process was a major reform at The University of Melbourne that shifted the university from predominantly an undergraduate university towards a postgraduate university. As a major change, there was significant and major disruptions to the assumed way of doing things (Davis, 2005). The University of Melbourne, according to most rankings, is the top-ranked university in Australia, and has a significant leadership role in many of the debates around higher education. The University of Melbourne is a member of the Australian group of eight research intensive universities. Further, its occupation of those positions of being highly ranked and research intensive means that the university is resource rich and of high status, both relatively, among Australian universities, and in real terms, with an annual budget of over a billion dollars. This explains its leadership role in the sector and provides an interesting source of insights (Davis, 2005; Potts, 2012).

The documents were all available in dual-format, both in print and on the web. While I was exposed to a much larger number of documents through a process of theoretical sampling, nine documents were chosen to be studied in detail:

1. *Growing Esteem* (The University of Melbourne Strategic Plan) (Davis, 2005)
2. The PhD Handbook (Melbourne School of Graduate Research, 2004)
3. The University of Melbourne Cultural Diversity Policy (University of Melbourne, 2004a)
4. *Equity and Cultural Diversity Report* (University of Melbourne Equity and Cultural Diversity Audit) (Martin, 2004)
5. The University of Melbourne Disability Action Plan (University of Melbourne, 2004b)
6. The University of Melbourne Access Map (University of Melbourne, 2002)
7. *From Mayhem to Masters* (University of Melbourne, 2001) (University Practice Guide)
8. Disability Liaison Unit's Accessible Material Production Procedures (Melbourne, 2005)
9. Support for Students with Visual Impairment (CATS Project Team n.d.)

In addition, documents including the university's budget, University Council papers, individual course approval documents, and Academic Board papers were examined. However, as those items have or had varying levels of confidentiality restrictions, they will not be described in the text, even though they were influential in coming to an understanding of the university's process and culture, as well as providing a broader contextual understanding of the documents under examination. The documents were regarded as university documents and were seen to be authored by the authorisation body, normally a committee in the university governance structure.

In my choice of documents I attempted to cover the following types of documents: strategic planning, student facing documentation, non-disability equity documentation, and disability-specific documentation. However, due to scope restrictions, with the exception of the disability documents, only one document of each type was chosen. The document choice was based around theoretical sampling around three established notions: first, how the 'managerial' university translates into 'rational' documents (Centre for the Study of Higher Education University of Melbourne, 2008; MacIntyre, 1999; Marginson and Considine, 2000); second, on themes arising from relevant documents examined, such as the DDA action plans; and third, the broader understandings of disability and the university sector (Tremain, 2005)

Document analysis

For each of the nine documents examined, I first analysed the document for style, form, audience and content; this is discussed for each document. This was then followed by thematic analysis that led to key themes.

University Strategic Plan

The University of Melbourne's strategic plan was a dual purpose document. It was an implicit statement of the university's culture and beliefs, but it also laid out a program that shaped much of the direction of the university. As a document, the strategic plan was presented as an official glossy paper version and a more functional electronic version, which was used for university planning. Further to the direct purposing of the strategic planning process, the strategic plan positioned the university in context of national and international debates about curriculum reform and higher education. As a document it

had both internal and external audiences. This document was situated to influence the national higher education agenda

The University of Melbourne's *Growing Esteem* iteration of the university's strategic plan had two particular qualities that distinguished it from other strategic planning documents in the university and broader sector. The first was that *Growing Esteem* was explicitly positioned as the culmination of a period of consultation and as a result, was designed to signal and support major changes in the university. The second major difference was a consequence of the first: it was written as part of the commencement of a change process. The key narrative and rhetorical positioning for the document was echoed throughout the university's documentation. It was a movement between statements about values, specifically the virtue of the university, and pragmatic management-based measures. This movement between values and management was central for this particular university.

A key tone in reading the university's strategic plan is the institution's self belief, with the majority of abstracted elements being around achieved success. In particular, the first three headings of the plan, namely 'Melbourne as a world leader', 'Elite but not elitist', and 'World class', restate the position of the university as being part of the world elite but not elitist. The strategic plan worked to position the changes as acting to preserve the institution rather than being revolutionary. Picking up a theme from Chapter 5, The University of Melbourne's definition of quality in all the examined documentation was as an achieved virtue, in contrast to a number of other Australian universities (for example, RMIT and Swinburne) where quality was defined as a measure; in this way, quality for The University of Melbourne was something already achieved rather than something to be strived for. Alongside the various narratives of success, there was a further set of elements around both the measurements used, and how these measurements create and reinforce quality.

PhD Handbook

The PhD Handbook was chosen as a non-disability example of the documentation and regulation surrounding students. As a discrete document, it included both the formal regulation of the PhD degree and accompanying other text to support the student through the PhD degree. It was chosen as one of the few detailed course-level documents that was

a whole-of-university document rather than a faculty document. It had both a regulatory and positive focus on creating the good student. It contained the regulations for a PhD phrased in highly formal terms alongside less formal advice. It also worked to assist PhD students to become good students, in part by becoming good researchers; the issue of the ‘good student’ is discussed in detail in later chapters. Alongside this student focus was another role of the PhD handbook – to support a University-wide PhD culture rather than a local department culture.

The themes in the PhD Handbook were close to a number of ‘disability’ themes, for example, the framing of ‘rights’ in the context of responsibilities. There was a particular focus on time, relating to the importance of timely completions for research funding. Interestingly, a theme that is in common in the handbook and the disability literature but with different emphases is disclosure. In the handbook and the more general research literature, disclosure is a way of dealing with conflicts of interests and ethical issues. In contrast, in the disability documentation it is a student action that is the starting point for the process of disability support as well as paradoxically, the beginnings of privacy protection. The issues around disclosure will be further discussed in Chapters 8 and 9.

University of Melbourne Cultural Diversity Policy

The cultural diversity policy was a two-page outline of a stated university value of cultural diversity and the steps that the university was taking to promote that value. It was also an example of the quality measures outlined in the strategic plan. This dual nature seemed characteristic of all the documents analysed, from the University of Melbourne but was most clearly seen in this policy. The cultural diversity policy detailed the variety of university programs that brought this policy into action. Further, the existence of the policy and its publication were both seen as a major method for achieving policy. Interestingly, while not written as an ‘equity’ document, it followed the broad patterns of equity documents.

The themes in the cultural diversity plan move between values-based concepts and pragmatic concepts. The plan discusses both the value of diversity and the importance of diversity as a workforce retention issue. These themes provided the elements measured in the University’s Equity and Cultural Diversity Audit.

University of Melbourne Equity and Cultural Diversity Audit

The Equity and Cultural Diversity Audit was chosen as an example of the class of documents that tried to measure the university's success in achieving intangible goals. The audit document drew on data collected for federal government reporting requirements, but was written primarily as an internal working document. This document was of a broader class of documents reporting the results of measures. It linked the data to the broader narratives of the university. In terms of themes a distinction was made between data as something that is reported and statements of university activity and deliverables.

University of Melbourne Disability Action Plan

The university's disability action was noteworthy in how well it fitted in with the rest of the documents under examination, particularly with respect to the blend of values and deliverables. This was true even to the level of physical production values, with the disability action plan sharing the high production values of documents such as the strategic plan in contrast to student facing documents.

The Disability action plan has a number of roles and audiences. The first of these is as a legal implement like all other action plans: that by acknowledging that the university discriminates and laying out a program of change, it provides a defence against potential claims of discrimination. In the context of the rest of the university documentation, the action plan fits well with the dual character of being highly pragmatic (it aims to achieve legal outcomes) and strong fit with the university culture. Another dualism found in the analysis of this document was of disability being both central and marginal. Disability was of course central to the disability action plan. However, the plan focused on technical and student issues rather than a consideration of educational philosophy where disability and/or equity is central.

University of Melbourne Access Map

The Access Map was chosen as an example of a document generated under the disability action plan. It had the multiple characteristics of many University of Melbourne publications, having both pragmatic ends (it enabled a person with a disability to navigate

the campus) and cultural ends (by including an excluded group in the broader culture of the university). In addition, there was a further purpose of providing positive publicity to the university with the map being part of the information/publicity pack available to prospective students. However, at a pragmatic level, due to the size and complexity of the university, the success of the map as a device to enable somebody to move around the university was somewhat limited. This document was pragmatic in supporting students' ability to access and use the university safely. However it was presented as part of university's broader representation of making the university a desirable place to study and work.

From Mayhem to Masters

From Mayhem to Masters will be further discussed in Chapter 8 as an example of the student help genre. This document was presented to University Council for information rather than being tabled for formal approval. *From Mayhem to Masters* was different from all other documents discussed. It did not read like an 'official University of Melbourne' document. Instead it was firmly in the family of student organisation publications, having a near-identical design to that of the UMPA Women's Handbook⁹ (circa 2000), published a year earlier. The shared format with a student publication reinforced the unity of the university's culture. Regarding its themes, these ranged between self-help and the genre of disability guide books with a focus on positive measures. A unifying theme was an emphasis on the possibility of success, assuming the student complied with the stated points in the book/document. The themes of this document were much more student-facing than other documentation analysed; the focus was on individual student activities and their engagement with the university.

Disability Liaison Unit's Accessible Material Production Procedures. The Accessible Material Production Procedures contrast with many of the other documents examined, in

⁹ UMPA was the University of Melbourne Postgraduate Association later seceded by the GSA Graduate Student Association. In the early 2000's they employed a graphic designer which gave their publications a highly distinctive style within the student guidebook genre.

its clear function and pragmatic aim of producing accessible material. Despite this, the document did also support the broader culture. The links between its pragmatic aspects and its values were clearer than for some of the other documents, as the process of producing accessible materials directly depended on a sharing of values and responsibilities. To expand, any process of converting a text to an alternative format has rigid timelines and involves a group of shared dependencies in achieving those timelines; breaches in these dependencies could be portrayed as a breach of values. Further these materials are usually required at a time of maximum business (the beginning of the teaching semester), so the manner in which the work is conducted becomes important from a values perspective. The themes for this document, while few, are all relational in nature in that they are about actions that impact on somebody else. This and the following document on support for students with visual impairment were internal to disability support rather than being distributed throughout the university.

Support for Students with Visual Impairment

The Support for Students with Visual Impairment document, while primarily produced by University of Melbourne staff, was externally funded and designed to be used by all Australian universities. It shared the characteristics of the previous documents in that it contained both pragmatic support (simple 'how-tos') and ideological creation. At its most explicit, the ideological creation appears in discussions about developing a change in culture to an 'inclusive' culture. It also shared a focus on technocratic solutions as seen in broader sector handbooks. The focus on technocratic solutions, although common in all the disability support documentation, was more overt in the visual impairment document. This emphasised that there are technical solutions to the problems posed by disability. In addition, access to information was presented as a solution to the problems associated with disability.

In examining the nine University of Melbourne documents, two overarching themes emerged, namely ‘rights and responsibilities’ and ‘merit’. These overarching themes are idealistic as well as practical. The theme of rights and responsibilities is a statement of the university’s self-image and has the capacity to have positive and negative effects on disability policy and practice. Thus, while rights and responsibilities is an enabling value, they are also a moral value. The University of Melbourne’s values around being a high quality institution and having shared rights and responsibilities run through many of the documents under discussion, ranging from high-level strategic documents such as the strategic plan (Davis, 2005), down to detailed pragmatic documents such as the regulations for research degrees (Melbourne School of Graduate Research, 2004) and the guidelines for the production of materials in alternative format (CATS Project Team n.d.) A key element of these themes is that they appear to be mutually supporting; the pairing of rights and responsibilities is part of a broader pattern rather than a special case.

Rights and Responsibilities

The framing of issues as a matter of rights and responsibilities is both rhetorical and practical. Throughout its documents, the university positions rights and responsibilities as being linked and reciprocal for all parties. For example, a right to a degree is earned by completing assessments to an agreed standard; a further example is the university has the right to be self-accrediting if it has the appropriate accreditation structures in place. In terms of disability support practices, this idea has a practical base; if a student fails to fulfil his or her responsibilities by failing to provide a course outline to the DLU, the DLU will be unable to provide teaching materials in the appropriate format for the student.

In terms of policy-making, the idea of rights and responsibilities rests on a number of implicit assumptions that underpin all university documents. The first is trust, and implicit in the notion of trust is a belief that the university represents a cohesive culture, that is, that it is possible to talk about ‘the university’. This assumption that the university is a cohesive whole also has negative implications, as the corollary to that assumption is the perception that when something goes wrong, it is not a random act but

a systemic act of the university. Underlying this is a number of assumptions. The first assumption of trust is that privacy is inherent in university practices; for example, that disclosing one's stigmatised condition, such as having HIV/AIDS to an academic, will not mean that the whole department or university will know about it. The second assumption is that every member of the university knows what supports are available (for example, sign interpreters) and how these can be accessed (in this case, through the DLU). The third assumption is that structural factors are neutral. That is, that there are no structural barriers to study at the university and that the university provides equitable physical and social access to the university. Examples of this include: a student who due to their medication cannot function in the mornings, who can arrange a timetable to accommodate that without stigma; and appropriate disciplinary procedures set within a culture of inclusiveness.

For students with disabilities, the notion of reciprocity can be compromised in that they may not be able to fulfil their student obligations. For example, impairment may prevent a student from attending classes on time, thus not fulfilling his or her responsibilities and affecting the fulfilment of his or her rights as a student. The situation for students with disabilities challenges the concept of universal rights and responsibilities and their embedded assumptions. For these students, fulfilment of rights and responsibilities requires the university to provide adequate, appropriate and specifically targeted services. Students with disabilities must have knowledge of these services and self-identify as requiring assistance. Hence, the universal nature of rights and responsibilities cannot be assumed; they require negotiation and renegotiation.

Merit

The strategic-level documents, both in their presentation and content, send the message that The University of Melbourne is not only Australia's leading university, but is also one of the world's leading universities. Thus, the documents emphasise the role of merit both in achievement and in entry; that is, The University of Melbourne is prestigious because only the best can enter. The belief that the university is a meritocracy supports an entry policy focused on 'objective' measures of merit. Undergraduate entry is primarily determined by performance at year 12, while postgraduate entry is primarily

determined by performance within one's first degree. There is a substantial literature showing that exam performance at year 12 is affected by issues such as class (Martin, 2004; University of Melbourne & 2008a, 2008b). There is also a general acknowledgement by the university that these entry policies limit access to university by people in 'equity groups' (University of Melbourne, 2008a, 2008b). The university, through its Access Melbourne scheme, is attempting to address this issue for undergraduates. As the scheme commenced after primary data collection and analysis, there was not yet any formal data available for this study. A positive impact of The University of Melbourne's self-image is the fact that the resource rationing, which according to the DLO interviews discussed in the next chapter is part of the broad DLO role (see also RMIT Postgraduate Association, 2004; Swinburne University, 2004), was much less emphasised in the documentation of this university than in the other Victorian institutions.

Conclusion

In this chapter, I have presented analysis of nine documents from The University of Melbourne. Disability policy and practice as outlined in the disability action plan, despite being based on the headings of the strategic plan, are not in practice directly linked to the university's strategic planning. Rather, they are linked through the shared values of the university, particularly as regards to quality, and rights and responsibilities. There are direct links between service provision and quality performance, and between service provision and client responsibilities.

The analysis of this specific university's documents is the close interrelationship between what is broadly defined as values and the various actions taken; this can be seen as a combination of the pragmatic and the moral. As the documents analysed are central to DLO practice, their analysis forms an important part of the following discussions about DLO practice and practitioners. A key aspect of the emphasis on values is that they are couched in the pragmatics of day-to-day practice; this works to reinforce their invisibility but also highlights the importance of the practitioners' work. I examine this in the next chapter.

Chapter 7: An introduction to the DLO and the Interviews

The preceding chapters examined various documents surrounding disability in Australian higher education. The important themes of the documents were identified, with the key recurring trope being a movement between idealistic issues such as rights and responsibilities and the pragmatics of how to achieve tasks. In this chapter, I describe the interviews conducted with Disability Liaison Officers (DLOs), who, at the time of study, were working across a range of institutions. While the primary analysis of the interviews is presented in Chapters 8 and 9 as part of a holistic analysis of disability support, this chapter serves as an introduction to the profession.

Due to my disabilities, I was not able to transcribe the interviews and a professional transcriber was used. However, there was a process of initial examination of the transcripts and any errors were corrected using the rough notes I had taken at the time of the interviews. The analysis of the transcripts was conducted in parallel to the document analyses which enabled cross-examination of key themes and concepts. The transcripts were initially read for sense, content and language use. The transcripts were then annotated, followed by systematic coding. There are a number of ways to analyse qualitative interviews; for example, looking for themes, underlying narratives or discourse analysis (Cassell, 2005; Denzin, 2001; Enosh and Buchbinder, 2005; Hopf, 2004). In this chapter, I begin the analysis by viewing the answers as being in direct response to the structured questions asked of each participant. This was useful as I had collected responses from participants to the same questions. This style of presentation enabled me to put the words of practitioners front and centre.

The majority of practitioners interviewed (4/6) described themselves as Disability Liaison Officers (DLOs), although some described themselves by other titles such as disability advisors. The precise role of the disability practitioner was one of the questions of the study, and was a much-discussed part of the interviews. In one sense, the basic role of a DLO is clear, as the organiser of non-clinical disability support

within Australian Post Secondary Education (PSE) institutions. However, what is meant by ‘non clinical disability support’ is problematic. To examine this, I present a short history of the development of the DLO profession, before examining the responses from the DLOs interviewed. The chapter concludes with a brief discussion of structural issues and gaps in the sector and data collected.

The Nature of the DLO Profession

The History of the Profession

The profession of the DLO, disability advisor, access adviser or disability coordinator is relatively new in the Australian higher education system. The focus in this section is on the creation of the position of the DLO, rather than particular practices independent of the position. The first positions were created in the mid to late 1970s, and over the next decade, they became a feature of almost all Australian universities and TAFEs. It is worth noting that the profession covered both TAFE and higher education (TEDCA 1991). The profession’s development is intimately linked with the development of disability support in post secondary education within the Australian context; that is, systematic disability support in Australia had not previously existed outside the profession (ATEND, 2010; Hurst, 1998; Shaw, 1998; TEDCA, 1991).

There are similar professions throughout the Anglophone world, but they differ to the extent that they are contingent on the particular model of disability support adopted in a particular country and other situated factors. There is a pattern of borrowing between the various national practitioners of disability support, for example, with the English practitioners borrowing from the Australians in the late 1990s and to some extent, contemporary Australian practitioners borrowing from English practitioners subsequently (ATEND, 2010; Hurst, 1998; Shaw, 1998; TEDCA, 1991). The model of disability support based around the DLO became widespread in Australian universities in the 1980s. This was reflected in the founding of state-based professional bodies such as the PSDIN (Post-Secondary Disability Integration Network) in Victoria and similar bodies in other states dating to 1980s. At their founding, bodies such as PSDIN had representatives from the vast majority of PSE institutions in their state. These bodies

held meetings, where much of the discussion was around issues of developing the profession. The first national practitioner conference, Pathways, was held in 1991, and was attended by practitioners from every state as well as large numbers of policy-makers and students (TEDCA, 1991). A number of students who attended that conference later became DLOs.

During the 1990s, there were alternative models of disability support, both within broader university equity areas or based on external providers, in particular the Commonwealth rehabilitation service. These models, primarily due to funding decisions, did not continue. It is also of interest that these alternative models, while not predicated on the DLO position, did reinforce the DLO position, as the DLO became the gate keeper for external funders (TEDCA, 1991, 1998). In terms of professional development, the DLO does not have a disciplinary base. DLOs are not varieties of psychologists or counsellors, or of any other particular discipline, although psychology and/or counselling would be part of the background of a plurality of practitioners (Bruce, 2004; Shaw and Murfitt, 2000). Further, it is clear from my interviews and from a brief analysis of the attendees and presenters at Pathways Conferences that the DLO profession draws from the broader helping professions, rather than from the social sciences or architecture and adaptive technology fields, or even from a specific helping profession such as rehabilitation councillors (Australian Tertiary Education Network on Disability, 2006, 2008). This discipline base may have some effects on the attitudes of DLOs to assistive technology, with one interview respondent expressing concerns about their ability to deal with the continual technological change in the sector:

For me particularly, because I'm coming to the end of my career, I suppose it's keeping up to date with the technology and the changes in technology and how important that is.

Within universities DLOs are of low to medium status and they are situated within the student support area rather than the academic area. This siting was an area of struggle during the 1990s with a number of positions being in places other than student support, predominantly in either Human Resources or the Health Service. However, by the end

of that decade, the siting of DLOs in student services as a non-medicalised service was near-universal (Shaw, 1998).

The Role of the DLO

As recorded in the Pathways Conferences (Australian Tertiary Education Network on Disability, 2010; TEDCA, 1991), the role of the DLO or disability advisor has always been subject to negotiation and renegotiation. First, and perhaps most importantly, it is not about direct hands-on support. In particular, the role specifically excludes either personal care support and/or direct involvement in academic activities (Makeham and Brett, 2008; Shaw, 1998). Rather, it is about the coordination of the provision of hands-on support. This has links with the exclusion of funding personal care through the DLO, and links to other aspects of the life at university. The key positive aspect of the role is that of assessment and referral. This is coupled with logistical work; for example, the provision of lectures in an alternative format or a sign language interpreter. These tasks are complicated by the shortage of trained interpreters and a high demand for alternative technologists (LaTrobe University, 2005; Teh and Spring, 1993). There is also a dimension implicit in the DLO role covered by the term ‘support’, which covers supports such as providing a sounding board, giving advice on strategies, and a range of other personal one-on-one supports. All the diverse activities encompassed by the role of DLO share a common complexity. Simpler tasks, including the training and support of direct support staff, are performed as part of other roles in the university, or, in three instances out of the nine Victorian universities examined, are outsourced to agencies.

Creating/Recreating Bureaucracy (DLO Practice)

One role of the disability support practitioner is to create and/or recreate the university bureaucracy in such a way as to make disability support routine. That is, the adaptations needed for disability become the same or part of broader university practices, with the hope that they will become invisible. Thus, for example, at the Australian Catholic University, the mechanisms for extra time required for assessment are part of the broader extension process. This works to protect the privacy of students with disability

applying for extra time for assessment as well bringing the process into the normal range of university life.

In the 1980s and 1990s, the DLOs struggled for funding within the broadly expanding university setting. Part of the struggle was in the establishment within the university of an understanding of the obligation to comply with the DDA. At least in one case, the DDA was used to justify the running of deficits and a consequential expansion of the services offered. Further, there is a point at which the expansion of services offered led to an increase in autonomy for the disability unit.

Perhaps one of the reasons for the success of the model of the DLO has been the advocacy DLOs have provided for their model of disability support. Yet, despite this, DLOs are currently fighting a defensive battle to maintain their funding. Further, they are constantly moving between the pragmatic and logistical side of their role; that is, solving practical individual problems such as arranging a combination of rooms, support staff and equipment for an examination, and the more ideological long-term cultural change component of the role. There is a tension between the DLOs' ability to solve pragmatic problems and their ability to achieve cultural change.

Interview participants – setting the scene

Five interviews were conducted with six disability support practitioners in the field. The interviews were all scheduled as one-on-one interviews. However, due to the pressure of the interviewees' work environment at one site, two respondents chose to be interviewed together. This seemed to make no substantive difference to the content of the interviews, although it altered the dynamics of the interviews, as I discuss below. While the interviews were only scheduled for one hour, all but one went substantially over time. I had long-term but minor professional relationships with two of the interview participants and was acquainted with another two of the participants. However, as already noted in Chapter 4, these pre-existing relationships were deemed not to have a negative effect on the conduct of the interviews.

The interviews all took place in the offices of the particular practitioners at their respective work sites. All but one had a gatekeeper/receptionist, with a waiting area that kept the office secure. For the interviews that took place during the teaching semester or immediately prior, the participants all showed a strong degree of time stress, with one participant having to leave mid-interview due to an emergency. Despite this time stress, the participants were all eager to participate.

The dynamics of the interviews were quite different, which was interesting given the relative homogeneity of the interview subjects and circumstances. The interviews ranged from short answers to lengthy dialogue. The interview with the relatively inexperienced DLO contained a large number of closed answers. In the interview with two highly experienced DLOs, the answers were still short, but they involved much more interaction and dialogue between the two interviewees and the interviewer. Different again were the individual interview with the experienced practitioner, which involved long replies about the interviewee's practice, the students they were supporting and the interviewer. Finally, in the interview with an experienced DLO with whom the interviewer had a shared history (the shared history was in most cases shared events and experiences rather than, for example, a shared work place), the interview also encompassed the shared past history of the interviewer and interviewee. The interviews all commenced with the reading of the plain language statement, and a short verbal disclosure of my background. This was followed by a brief discussion about confidentiality; with the commitment given that anything a practitioner said in an interview about their institution would not be identifiable in anything released from the project. I stressed the importance of the practitioner experience rather than any other formal source, such as the institution's policy documentation. The full documentation of the interview guide and plain language statement is given in Appendix 2. An identity code rather than a name or pseudonym is used in quoting them (Table 7.1).

Table 7.1: Participants' identity code

Pseudonym	Initials
Single experienced practitioner	SEP
Very long-term practitioner	VLTP
Practitioner-turned-manager	PTM
Experienced co-practitioner	ECP
Other experienced co-practitioner	OECP
First-year practitioner	FYP

The interviews were structured to begin with a focus on the practitioner, then move onto their practice, and then finally focus on their institution and issues of policy. This did not always take place in this order, with a number of the answers covering more than one question. The interviews commenced with closed questions. One of the outcomes of the interviews was that the closed questions triggered discussion about the implicit issues behind the closed questions; for example, the gender balance in the field and the diverse academic backgrounds of the practitioners.

Five of the participants were female, and one male, which reflects the gender balance of practitioners in the field. The discussion of the gender balance of participants triggered discussions of the definition of the role of DLO as being part of the helping professions, and the issue of helpfulness, which were recurring themes within all of the interviews. The academic background of participants was at least an undergraduate degree or equivalent, although the degrees covered a wide area and many had more than one degree. The focus of the practitioners' qualifications was primarily the helping professions such as social work, teaching and psychology, but also more technical professions such as law and library science. Despite an emphasis on assistive technology in disability support practice, none of the practitioners' primary training was in this area. While there is no systematic survey of current practitioners' academic backgrounds readily available, where it has been possible to check, for instance against Pathway presenters' qualifications, this seems to match the field in general. Work background was mixed, ranging from people who had well-developed careers before becoming DLOs, through to people in the first six months of their first job, to people

who had been working in the field for more than 10 years. Five of the six practitioners' titles were DLO, and the job type and location was within student services or equity units. The job classification levels ranged from HEW 5 to HEW 10 (that is, from equivalent to a beginning professional level to management level), with the average for the field being HEW 7; respondents' salaries were approximately AU\$55,000 to AU\$110,000 per annum (with significant variation between universities and over time of service). The experienced practitioners all had roles in national conversations whether presenting at the Pathways conference and/or serving on the national and or state bodies.

As a qualitative study this sample was not designed to be representative. However, there is a bias to the longer serving and more successful practitioners. There will be more detailed discussion of the theoretical sampling towards the end of this chapter. The following sections describe participants' responses to the interview questions.

What are the Most Positive Aspects of Your Role as DLO?

For the first question: 'What are the most positive aspects of your role as DLO?', five of the six participants replied that the most positive aspect of their job was helping students, making a difference or seeing students succeed:

The most positive aspects of the job are seeing - seeing young people with disabilities enter their career of choice and flying and watching them become independent young people who are not fearful of what the world is about, who are well educated, who can negotiate their way through the system, who have the skills, who've got the knowledge and can take leadership roles in the community. VLTP

Well the students I guess. The fact that you're making a contribution to their education in a way that's going to enable them to hopefully have more successful outcomes. So ultimately we're here for students. ECP

The sixth respondent expressed some strong concerns about the helping impulse, and suggested that her motivation was, to a degree, puzzle-solving:

I think that's probably when some of my best work has been done because I've really engaged in it as a problem solving exercise rather than a service delivery or a social justice. PTM

While these concerns were not as clearly stated by other participants, they were implicit in their answers. That is, the focus was implicitly on seeing the student becoming autonomous. This feeds into later discussion around both helpfulness and the helicopter parent.

What are the Most Challenging Aspects of Your Role as DLO?

The second question, ‘What are the most challenging aspects of your role as DLO?’ generated highly diverse answers. However, the answers were all around a common theme of being under-resourced and, as a result, being highly stressed. Interestingly, while at later stages of the interview participants mentioned particular ‘incidents’ (for example, suicidal students), when actually asked about challenging aspects of the role, discussions were all about institutional pressures:

I've got a huge workload, not enough hours in the day, not enough support. That's the downside. SEP

I guess like any organisation you work in it's the political structure. So just dealing with any major changes you want to make takes a long time and changing people's perceptions on things or having an input into thinking differently about something takes a long time and the bigger the place is the slower the wheels turn. So I guess that can be a frustrating thing, that there's a lot of things that you need to go through to achieve your ultimate goal. ECP

How Do You Define the DLO Role?

The third question ‘How do you define the DLO role?’ elicited diverse answers, with discussions ranging from personal qualities through to national codes. Within that

diversity again there were common themes, in this case about flexibility and ethics, and a shared cluster of values identifying power and control as a key issue:

... sort of passionately dispassionate. Sort of really passionate about their work but doing it in such a way that you're not emotionally involved in the decisions, the outcomes, that kind of them. PTM

Yeah, it's about power and control. It's about us stepping out of the way, it's about skilling students up and opening the door and letting them fly. VLTP

What makes a good DLO? I guess the main thing that I see in a DLO is you need to be flexible. You need to be able to think of alternatives, think outside the square sometimes, if I can use that clichéd expression, but that ability to kind of go OK this is what I'm being presented with, how can we do this? You know I've got the university who is saying we must maintain inherent requirements of courses and I've got a student here who is saying this is the impact of the study of my condition, and how do I navigate that? So I think flexibility, problem solving skills, makes a good DLO. Someone who is approachable, those communication skills are very important as well. I mean I know how daunting our office must appear to students ... So being able to be approachable to students I think is another key asset. OECF

This question raised many of the continuing themes that will be examined later in Chapters 8 and 9. Chapter 8 will focus on issues of access, classification and the good student, while Chapter 9 on work in all its forms, as well as learning disabilities as a key example.

Can You Talk Me Through What Would Happen for a New Student with a Disability at the University?

This question provided strong links to the themes in the document analysis in particular around the student guides and in particular the interplay between rights and responsibilities. Alongside the differing details of each university's individual process, there were strong common elements of converting medical/expert opinion into

educationally usable understandings of people's conditions, with an emphasis on developing relationships. Further, there was a theme around what I would call 'classical student issues', such as housing, income support and living away from home for the first time:

So I want a picture about them when they first come. I want to know if they've come from Sale (a Victorian regional town), I want to know if they're working, I do ask them, and I want to know the balance, what they're juggling. And I'm looking for a realistic workload when I do that too because you know I go, 'But you've enrolled in four subjects and you're commuting from Ballarat (a Victorian regional city) three times a week and you're sleeping on someone's floor', and you just know by Week 10 they will be a complete mess because it's just got beyond them and you don't ... SEP

In addition as part of chapter nine there is further discussion of the process of becoming a disabled student

What Sort of Students Do You Support?

Following the pattern of the other questions, the questions around the sort of students each university supports revealed common elements in their diversity. Overall, approximately 66 per cent of students classified with disabilities had mental health issues, learning disabilities and/or underlying medical conditions. Thus, they would not be visually identifiable as people with disabilities. Further, there would be a tendency for those conditions to be fluctuating over time. This was the same for all the Victorian universities and was confirmed by both internal university documents and federal government statistics (DEEWR - Federal Department of Education 2008b). This could be seen as a shift from disability being rare, visual and permanent, to something that is hidden, changeable and impacts on an increasing portion of the population.

The one group that varied between universities was the students who are Deaf, with clear variations between institutions, with either very low or high numbers at individual institutions. This fits into understandings of the Deaf as being a tight knit cultural and linguistic group. Therefore, students who are Deaf both tend to prefer social contact

with other members of their group and have a strong degree of communication among the group about the best university for people with their disability. The question of the nature of the disabilities among students being supported also raised policy issues, such as how students disclose and/or how a university constructs its statistics. This was a recurring issue and is further discussed in chapter 3 and later in chapters 9 and 10.

Another aspect of this question restated the issue of institutional values that was implicit throughout much of the document analysis. In the transcript below, a direct link is made between a university's ideologies and its practices regarding student selection and disability support:

... one of the good things and bad things about Uni X is that it is highly selective in terms of its entry. I think that does skew the student cohort that we get. On the positive side though, the fact that we are highly selective means that for the most part academics that are encountering students that are disclosing disability will probably have as a base level assumption that this person has some base level cognitive ability, otherwise they wouldn't have gotten a place kind of thing ...
But I think that really does skew the student cohort. PTM

Can You Describe the Rhythm of Your Job to Me?

This question around the rhythm of the DSP's job revealed divergent interpretations both of the job and the question. One of the clear outcomes, particularly from the practitioners who had been in the field for longer periods, was that the rhythm of the job had changed:

I'm overwhelmed by it or whether it's the fact that, um, more people are coming forward, more complex situations we're dealing with. Um, or the fact that perhaps, um, at times of the year we're understaffed. Could be all of that... But particularly this year, um we're now at the Easter break, the mid semester, first semester break and I've had full days of appointments whilst the students have been on leave... And I face coming back on Monday to a full day of seven or eight appointments. VLTP

Whereas previously there were peak periods and periods of recharge, the periods of recharge had disappeared. The other element revealed by this question was the rhythm of a student life-cycle, with student demands changing over time.

What is the Relationship Between the University's 'Disability Policy' and Other Policies?

Coming out of the document analysis, it was clear before the interviews began that most universities did not have a specific disability policy and this was reflected in the participants' responses. Interestingly, there was a conflict in the responses in that frustration was expressed about the lack of a clear policy framework. However, scepticism was also expressed about the benefits of having a specific disability policy. This was also addressed within the next question .

How Do Broad University Policy and Actions of the University Affect Your Job?

The responses to the question about broader university policies and actions were strongly reflective of the respondents' views about their university. If they had become cynical and stressed, this was where that stress was most clearly expressed. Given this, a common theme of the interviews was that improvements had been made in these broader university policies and actions. The first quote is around the impact of how university process shape what is possible

Yes. And I guess that can be a difficult part of it because then you might see through our stats there's a need for a change to university policy or procedures and then it would be you've got to write a proposal or then you've got to work out which committee structure that goes through and kind of deal with it that way. So there's I guess a real different side to student stuff and then we've also got to put that university hat on as "Fred" was saying and go OK now we've got to write a proposal, we've got to back this up, we've got to put the argument across, how do we do that in this big environment and which is the best channels to go through. EPC

The next quote is around what could be called the practical policy and the location of disability support.

My impression has been of disability units right around is that they tend to be a bit of a satellite. You know disability, not them again. They can be in justice units and student services. At I was in the Teaching and Learning Development Unit that was much more effective (Teaching and Learning Development Units are common in Australian universities). If you're having some influence on curriculum that's where you want to be. So I notice the difference of not being there. Then I think the challenge is to build relationships too with the staff. So I've gone after that because then they don't see you as though, "Here she comes again". It's more there's a partnership.

SEP

The next section moves from abstract policy to policy as part of action.

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What Role Does the DDA Play in Your Work?

The question about the DDA triggered contradictory responses, with the respondents saying that their practice was based on fulfilling the requirements of the DDA and yet their practice was far beyond those base requirements. A number of respondents stressed that they do not frame their work in terms of legal requirements alone, but that the DDA acts as the ultimate justification for their work for compliance:

INTERVIEWEE ECB [The DDA is] a big part of what drives us and what justifies our existence. It's less of a tool - we're using it less and less as a tool I suppose as we go along because people are more aware of its existence and that there are - there is responsibility there to provide services. So there's less of that

explaining and justifying the need for stuff as we go along which is really nice. You know those things are never - you know like the education standards is the next thing for that so it's not like it's just sitting on its own, there's that further explanation and that, you know, those things evolve and change over time too. So, yes, that's my - my experience is probably just that we're - it's more background now than what it has been in the past.

INTERVIEWEE OECP: Yes, I would agree with that, that we can - there's less of that having to say well the DDA that's why we're here. Less, you know, head banging - around the head with that and changing that focus. I guess the standards for education I find aren't really geared towards an adult learning environment, it's more a primary school, secondary school, but we can definitely take parts of those as well which we've done and incorporated into our addendum to our inclusive practices plan. ECP, OECP

There were recurring issues in many of the interviews around professional qualifications and student placements. This was seen to be both an area of conflict, but also an area that the DLOs identified as vital. The disciplines in which placement was most problematic were the health and education areas:

...placing teachers with a disability where they had some particularly difficult challenges. One about disclosing before you went on placement and one where people have perhaps an episode or something whilst they were out on placement. So they didn't really want to tell the school that they might have had a health - a condition, but it affected them significantly and then the school became aware and of course the whole placement fell over in a horrible way. SEP

Similar concerns about student placements required for professional qualifications were raised with the biomedical professions. These highlighted the link between placement and control over disclosure, as well as raising issues of timeliness of disclosure with it being required before the start of a placement. This is touched on further in Chapter 9.

How Does Higher Education Equity Policy/Broad Government Policy Affect Your Work?

The two questions around broad government and higher education equity policy led to much indirect discussion, with respondents focusing on their impact on students rather than on the formal government statements themselves. There was also discussion about the nature of the higher education statistics and the description of the discussion around disability in what had become the Bradley reforms. In particular, respondents commented on the belief that disability, while still an issue, was no longer a problem:

So my feelings are that Bradley-{Professor Denise Bradley, chair of the then current inquiry} - she's a bit clouded perhaps in her thinking that we're doing it so well but I think it's based on these stats that are just so fudged anyway. They're just not accurate and she's not looking at it from the bigger picture of the fact that I don't know whether they're aware of the numbers of people with mental health issues, whether she's aware that it's one in four in this particular age range, whether she's aware of the fact that what we see is only a tip of the iceberg, that they're all out there and everybody's dealing with it. VLTP

There were also a number of recurring themes that did not fit the pattern of the questions. One of these themes was the dream of practitioners of putting themselves out of work. Practitioners acknowledged that theoretically the tasks they performed should be performed by other people. However, they then also acknowledged that in the current setting, this was not possible:

Yeah, and I often go back to - I use the analogy of an accessible building, if the building is totally accessible, there's nobody standing at the door saying, 'You in the wheelchair, you need to register over here and oh, you're pushing a trolley, we need to check your stats over here. And oh, you're carrying a load of books, oh well you'd better go and tick the box over there'. We don't - it doesn't matter... It doesn't matter who comes in the building and who carries something and who pushes something or who wheels themselves in, it just doesn't matter. And that to me is how we should be looking at education. It doesn't matter what

shape, size, colour, creed, gender that we come in because it works for us all.

VLTP

This analogy is important in considering how practitioners organise and measure their services. It was similarly influential on the practitioners' understanding of the higher education statistics, as people who do not need help will not be counted. Thus, in the view of the respondents, some types of good disability support will not appear in university or government reporting.

Scale and Absences in the interviews

It is important to highlight some issues arising from the interviews. One of the concerns for social science researchers is deciding how much data is enough. For qualitative researchers, one key issue is reaching theoretical saturation (Creswell, 2007; Patton, 2002; Rice and Ezzy, 1999). Theoretical saturation is that point at which conducting further interviews would not result in any unique information. It is important to consider what theoretical saturation means for the document analysis and the interviews undertaken for this study. One issue is that of completeness; for example, has there been a group not interviewed whose absence seriously impoverishes the possibilities of the project? Another way of checking for completeness is identification of possible theoretical issues. Possible exclusions and measures of complication for this study include those relating to classic sociological variables of gender, class and region and spatiality for students with disabilities. It is important to consider these issues as they affect the practices and support services of the DLOs.

Gender

As discussed earlier, the issue of gender and disability in Australian higher education documentation is surprisingly absent, particularly in the documents examined. There seem to be clear gender issues around disability, with some of the most common diagnoses of disability in higher education being gendered conditions; whether stereotypically female, such as anorexia nervosa, or stereotypically male, such as ADHD (Sleeter, 1987). Further, gender was identified as a key category in *A Fair Chance for All*, and there is a significant area of work around the relationship between

gender and university hiring and promotion practices (Eveline, 2004). However, explicit statements about gender do not appear in the interview material or in the disability-specific documentation examined. However, the interviews did discuss the gendered nature of the disability support and the profession of DLO.

As discussed previously, the disability support profession is highly feminised, with informal surveys suggesting that the ratio of DLOs is about 4F:1M (Bruce, 2004). The ratio for interviewees was 5F:1M, with the interviewer also being male. The interviews, while not dealing directly with gender, are highly suggestive of the issues around gender, particularly issues of who becomes a DLO (with a number of the source professions being predominately feminised) and issues around the status (relatively low) of the DLO within a university setting, as well as the persistent theme of helpfulness. The position of gender in the study appears to echo the position of gender in disability in higher education as a whole, with indications that it is problematic, but that further enquiry is needed to explain the situation adequately.

Class

Another absent issue in the research interviews was the lack of discussion of issues of socioeconomic class. There was a reasonable level of implicit discussion, notably captured by issues of spatiality and region but class did not appear directly in the research data. However, there has been an increasing discussion of socioeconomic class since the Bradley review.

Class, as with the gender and region categories, moves between visibility and invisibility in the disability area. While its primary measure in the Martin indicators is via postcode, it has been clear that other groups within the Martin indicators, particularly Aboriginal and Torres Strait Islanders, are perhaps more strongly related to socioeconomic class than postcode. Further conversation is needed around class, disability and access to higher education. There is a discussion around general access to higher education, where it is clear that socioeconomic status impacts on the ability to access higher education (Centre for the Study of Higher Education University of Melbourne, 2008; DEEWR - Federal Department of Education, 2007; Palmer, 2012;

Skrtic and McCall, 2010). There is also a discussion around disability that suggests that socioeconomic status impacts on the relationship between an impairment and how disabling that impairment is. For example, there is a direct relationship between the quality of an expert report on a person's learning disability and the quality of the support that is provided. This is further discussed in Chapters 9 and 10.

Region and spatiality

The issue of region in the Australian context, as well as being worthy of discussion on its own account, is also a proxy for socioeconomic status, with the poorest areas of the country being outside the capital cities. It also disturbs issues of ethnicity, with the areas outside the capital cities having a higher percentage of Indigenous population, but also generally relatively low percentages of overseas-born Australians (AIHW - Australian Institute of Health and Welfare, 2009). In terms of theoretical saturation, the issue of region within the university sector is problematic in a number of ways. Firstly, there is an issue of distinctiveness, with a number of the large urban institutions having some combination of rural and/or regional campuses and/or external studies programs and therefore being able to claim that they are regional institutions. This means that the majority of regional students are enrolled at non-regional institutions; for example, University of Melbourne, Deakin University and La Trobe University. Secondly, while it is clear that students from a regional background suffer significant disadvantages, the relationship between their disadvantages and their institution is unclear. Or to put it differently, the regional students who get to university are not the ones who have been excluded (Centre for the Study of Higher Education University of Melbourne, 2008). Some of the DLOs interviewed had responsibility for providing support for multiple campuses, including regional campuses. However, the weight of their responsibilities was for the major metropolitan campuses, which means that regional campuses were somewhat disadvantaged. For the DLOs it was important to consider students with disabilities in a holistic way, rather than just focus on their disability.

I do want to know about the student and the holistic thing. I still - and I think that is still a critical part of the disability officer's practice that we do that so that we are writing realistic plans., "How are you travelling, are you

working? You know, you're far from home, are you near your practitioner if you get unwell, what are your back-ups, what are your strategies, what works for you?" We've got the time to do it and need to do it I think to do a realistic plan.
SEP

A common way for the DLOs to understand the disadvantage of the particular students they were supporting was to understand the students' lives in a holistic way. Thinking about the travel time of a student can be a measure of objective difficulty; if somebody is travelling three hours a day and they have chronic fatigue syndrome, their chance of success is much lower than somebody with the same condition who is living within half an hour of the campus. This can signal a range of assumptions around the students' history and socioeconomic status. This geography is also a *de facto* measure of the access somebody will have to appropriate and quality medical support. Moreover, a person's cultural knowledge will affect their access to higher education; for example, a student who is the first student in their family to go to university will have a different level of knowledge and support around the culture of the university. These factors raise the issue of validity of the Martin indicators of equity and also how any one set of indicators is problematic, in that the unit of success or failure is individuals who only partially fit into categories.

In thinking about categorising the nature of DLO practice, DLO institutional practice can be put into three groups. First, large multi-practitioner institutions provide the possibility for specialisation and possible expert or logistical support such as alternative technology specialists and support staff coordinators. Second, mid-size institutions have multiple practitioners but also multiple campuses, which means that while theoretically they will have colleagues to work with, for the majority of the time the practitioners will be working on their own. Finally, single practitioner institutions, predominately TAFEs, have the advantage of being small and intimate. For the study, the majority of interviews were with practitioners from large institutions and one single practitioner. This is reflective of the fact that the majority of higher education students within the state study in large institutions. Further, interviewing practitioners from mid-sized institutions in Victoria was problematic because they often appeared to be more stressed

than other practitioners, likely owing to their particular set of problems brought by their working environment; this was reflected in the difficulty experienced in recruiting them. However, this group of practitioners would be of interest for further study.

Summary

This is the last of the data description chapters. The combined themes arising from the statistics, documents and interviews will now be explored in the following chapters. The following chapters will move between detailed procedural issues and the broader picture. Further, the organisation of the subsequent chapters will reflect the key recurring trope of a movement between idealistic issues, such as moral judgments, and the pragmatics of how to achieve tasks. Specifically, discussion will move from the practices of disability support to four key themes namely, helpfulness, normal student issues/good student, work, classification/definition.

Chapter 8: Accessing Disability Support and the ‘good student’

In the next three chapters I will outline my findings about disability support practice in Australian higher education. I will describe practices in the ‘realist’ manner of the practitioners and move to more reflexive and theoretical accounts, ending with a proposed theoretical model of disability support, namely the prosthetic model.

There have been some key trends in higher education, namely the decrease in per student funding, increase in student numbers and regulation (CAPA - Council of Australian Postgraduate Associations, 2008c; MacPhee, 2005; Marginson and Considine, 2000). However, for disability much of the discussion is around both perception and practice but it is also contrary to the broader trends in higher education with the growth of disability services from zero to substantive operations. I situate the discussions around disability in higher education around issues of visibility, change and equity (Centre for the Study of Higher Education University of Melbourne 2008; Eveline 2004; Martin 2004); this fits well with disability studies around structures of regulation (Fulcher 1989; Tremain 2005). While it has been argued by some disability support practitioners that at least rhetorically there is a case for using arguments not based on disability (Makeham and Brett 2010) analytically this makes the zone between broader student support and ‘disability’ more interesting and relevant.

A unifying thread for this chapter is the issue of student support. Student support is both a set of organisational practices and a broader discourse in which much of disability support for students is located. It fits the broader pattern of having both ideological and practical components. Student support is also of interest because it is often the category of university activity into which disability support is most often grouped. Understanding student support is complex and includes boundary issues and third-party providers. Student support services can be defined in a university setting as a service offered to students by non-academic faculty staff members to support students’ academic success.

These services include at their core: English language support, counselling and disability support. There are a number of other services/supports that can be made available, including a health service, chaplaincy, campus events/university culture/campus life, catering and housing. As discussed they are all seen as part of enabling student success. The reasons for particular services being defined and offered are contingent for each institution and based on a mix of financial, ideological and situational factors. For example, a campus not co-located with external retail is much more likely to define catering as an important service. Further, the provision of student services are related to accumulated social and cultural capital of the universities, with older (and often wealthier) institutions tending to have a wider range of student services (Baird, 2010; CAPA - Council of Australian Postgraduate Associations, 2008a; Marginson and Considine, 2000; Universities Australia, 2007; University of Melbourne, 2012b).

However, whatever the particular mix of supports offered at an institution, the key elements defining student support are twofold: student engagement and student 'skills'. Student engagement in one sense is the engagement of the student with the life of the university, but it may also include more values-based concepts such as the student becoming part of the community of scholars and acquiring scholarly values. On the surface, student skills relate to the teaching of academic skills to students. However, on examination, this issue becomes more complex. For example, which skills should be taught to which students, and why do students not already have these skills? The two most common responses for why a student may need support with English language are that they are from a non-English speaking or a lower socio-economic background; as a result the lack of these skills on the part of some cohorts of students may be an equity issue. For disability support, the broader provision of student services both reinforces the validity of non academic support while also providing a resource base to support the specialisation of disability staff.

In this chapter I will present part of the findings from the document and interview analyses. In particular the chapter will focus on the process around accessing support and students' identifying as having a disability. I will also discuss the practices of

broader student support in Chapter 9, before exploring the work of disability support within Australian universities. The analysis will shift between bureaucratic details and broader issues but the focus will be on the beginnings of the process of accessing support, and the relationship between becoming a ‘good’ student’ and a student with a disability.

Accessing Disability Support

In this section, I concentrate on the process of seeking disability support within the university, specifically the initial interview for accessing disability support services. Part of the reason for this focus is that the interview is also the point of disclosure as well as the starting point of the various processes of disability support. Although a student does not need to disclose their condition on entry to university, to receive support they need to disclose at least to the DLO and broader disability unit. This requires the student to be able to define him or herself as having a disability; this is not always a given. It is worth noting that the process of disability support and disclosure is separate to any statement about disability or other educational disadvantage that was made as part of the university application process. For this discussion, I am focusing on a section of two interview transcripts in which this intake process was most clearly discussed; they are the longest continuous passages in all of the transcripts. They were considered in parallel with other relevant documents. However, before that I will describe the basic process of accessing disability support.

One common element to all Victorian universities, as revealed in the documents and interviews, was the nature of the initial or assessment interview. This interview was a mix of formal and informal, with much of the disability support documentation including lines like ‘come in for a chat’. The policy and procedures make it clear, however, that the point of this was assessment and that the student was required to bring medical documentation. Procedurally, the initial interview required the completion of at least one form and the assessment of the student and their documentation. The forms served two purposes: as a documentary record and for assessment. Alongside the

procedural work, there was much symbolic work focused around relationship building and the development of the ‘good student’, which I go on to discuss.

The process of accessing disability support was a common one in the universities under study, with all the interviews and much of the documentation describing the same thing in different ways. The starting point for accessing disability support consisted of a one-on-one interview between a student and a DLO. Students could bring either a parent or an advocate to the interview; however in most cases this was not encouraged, on the grounds of student autonomy and/or privacy. The student needed to provide documentation of their condition. The documentation was normally medical, but also included other expert documentation, for example from psychologists, occupational therapists or similar experts. What constitutes an expert here was relatively porous, but the combination of biomedical knowledge and knowledge of the student tended to be the key characteristics. There was an emphasis on the impact of the condition rather than the finer details of the diagnosis. In addition to the discussion of the student’s condition, there was a general introduction to the disability support services available at the particular university, and an attempt made towards the establishment of a common understanding on both the impact of the student’s disability and an agreed set of disability supports to be provided. While this broad picture was the same for Victorian universities, there were variations between institutions and even between individual practitioners at the same institution (LaTrobe University, 2005; McGregor and Maruff, 2004; Melbourne, 2004a; RMIT Student Union, 2003; Swinburne University, 2004; University of Melbourne, 2001). However, these variations fitted within a common framework of reasonable accommodations.

While most of the work of assessment was part of the professional responsibility of the DLO, the requirement to fill out a form was a type of assessment in itself. Part of the value of the form was to identify problematic categories before entry into the disability unit’s process. For example, a universal eligibility criterion was that the person be a ‘student’ at the university concerned. However, there were different categories of ‘students’ who may not be students of that university, for instance exchange students or potential students needing assistance with an entry test. Differences in institutional

practice tended to be on how these exceptions were managed, although the documentation of how these exceptions were managed was much less public than the other disability documentation.

One of the differences between Victorian universities was how the forms were completed, with some universities keeping the completion of the form as part of the interview process; while others had them publically available and expected them to be completed before the candidate entered the interview process. However, as in much of the rest of this process, the difference appeared to be around how the disability process supported and/or constructed a 'good student'. As fully developed below, the difference was between overt regulation and positive reinforcement. What was revealing about the differences in form handling was that it revealed the regulatory aspects of the positive construction of disability.

The assessment interview process may start with the student being referred to the DLU by a member of the university staff, or with the student self-referring. The interview included four elements: information gathering, assessment, information giving and relationship building, which together formed the framework for the provision of support. An example of the process is illustrated below from an interview with a DLO:

Usually when they first make contact I'll email or phone them and say, "Great thanks a lot. When you come in we'll need a record, that's a regulation of the university and the federal funder we have evidence of your, you know, condition or your health status". No, I've never had any problem with that. They understand that. I say if your practitioner wants to make some recommendations for your study they're very welcome. We always want to hear them. You'll of course have your own strategies and we put it all together, talk about it. If it's a pretty straightforward plan, you know, just need jelly beans in the exam and they're close to the toilet or whatever we do it, get it done. Get it out to the head of school and I let them know once it's been signed off. So I type it up on the spot, put all their details in our database. It's a separate database for disability at this point. It's not linked to anything else. Print it out, they sign it, and away we go and I invite them to come back if, you know, it all runs off the rails or

something is happening. If they're not sure I'd do a draft for them. I might email that to them afterwards. Sometimes I need time to think about wording it up if I'm a bit - wanting to be a bit careful. I don't - I sort of probably in the old days said, you know, Clare suffers from such and such. I tend to go now, Clare manages such and such. I don't do the suffer thing because I don't want them to look, you know, not in power. I don't want them to look - yes, that's right. Because they've got to uni. So I'm very lucky I've got talented people that have already got to uni, life experience and whatever it is, you know, they've got usually. And some younger people who might be in - not younger but a new diagnosis might be taking time for settling in so, you know, we might see them a lot. But generally put the plan in place. They get reminders around exam time and we do things like the de-stress days and that, but I do leave it to the student to come back if there's any difficulty. It's their life, they've got to take responsibility too. I don't - I don't push, "You're responsible and you've got to do it", because that's what happens in their school right. I go, "Keep asking, keep asking. Come back and see if it's not" - you know rather than you've got to take responsibility and look - you know. I think they will move that way because they've got a plan. I encourage them you've done this, this is perfect, you're on your way, so that's good. How do you think you'll go with your first round of lectures. OK. Yes. You're going to hit the wall in Week 3, everyone goes through that. Just expect it.... right, when you have your break here reassess how you're travelling. SEP

These elements of information gathering, assessment, information giving and relationship building were highly interdependent, with each supporting the other. It has been argued that in the case of stigmatised conditions, the perception of the possibility of support provision is at least a starting point and perhaps a prerequisite for entry into the process. Bathurst and Grove (2000) have found a direct relationship between the level of disclosure for students with mental illness and the availability of support.

A key aspect of the services offered by Disability Liaison Units was that the disclosure of one's disability status as part of the application and interview process was not

necessarily a disclosure to the full university. This therefore offered the possibility of both students receiving help and managing their own level of disclosure. One of the key elements of the process was the identification of need. For any recommendation to be implemented from the interview, medical documentation of the condition was required. There were a number of commonalities around the medical documentation among Victorian universities. One of these was that normal conflict-of-interest provisions apply; for example, the practitioner cannot be related to the student. Moreover, the medical documentation should be on the official letterhead of a practice in a recognised profession relevant to the condition.

The quotation below draws on a discussion in one of the interviews around what happens when somebody first entered the DLO's service. While this question was asked in all interviews, the answer from this respondent was longer and more detailed than any of the others. However, the issues the respondent raised here were echoed by all the other respondents, if not necessarily as detailed. The DLO said:

The first interactive contact I think – we've sort of started to categorise students that are coming through into three sort of key or four key sort of cohorts. One is we sort of just call them upfront disclosers – they know they've got an impairment type issue that's going to impact on – they wouldn't know without some level of intervention, some sort of service, they're not going to be able to participate and we'll disclose early. They'll know the DLO, they'll often have had contact pre-enrolment or pre applications for open days, that kind of thing, and we'll – their immediate concern is where are they? When can I make an appointment and when can I get my needs met. There are other issues there in terms of what their expectations are of the service and what we do differently, particularly from a difference in service delivery ideology from a secondary school or preparatory program, so – to the university. But they're – that's the sort of broader transition issue but I think for them, it's where is it and how do I access it kind of thing, and sort out the details from there. PTM

The discussion from this DLO linked into the discourse around student transition which is part of the broader student support discourse. The distinction between the first type of

students discussed and the second was whether the student was resistant to the broader student services discourse, as well as disability-specific identities.

There are other students with a long-standing impairment who will see university as a fresh start. They want to create, form a new identity and that kind of thing and actively sort of resist engagement with that sort of disability construct and for them they may know we exist; they may have been exposed to messages that we exist but will resist that and will not engage with it or will see it as a bad thing and the unit as a bad thing. For them, they'll come through, if they come through, when there's a – some sort of critical moment in their sort of academic career. PTM

For many students they go through their entire studies without needing any support at all or utilised the existing generic support strategies then that's fine, that's great. But for other students that are in that category, it could be first year, it could be when they're in their PhD that they finally – shit I need some – I need some help. And we sort of call those sort of fresh starters, they're in this sort of reservoir of the student population that will sort of drip feed out through the course of their studies. PTM)

The next two paragraphs from the DLO interview raised the issues around students being new to disability, whether or not they understood their current situation as a disability situation, or whether they had just acquired a condition:

There are other students who are categorised as being new to disability and whether that's – and you can probably split that into two. The students that have got a long-standing issue that impacts on their learning but have just never put two and two together that it is a disability and you can give them all the disability messages in the world, they're just not going to – they're just not going to get it. So whilst we've got stuff in VTAC guides and we've got it in the diary and we've got it on the website and blah, blah, blah, blah, they just don't register until such time – it's usually from a direct referral from a person, whether it be a student advisor or an academic, saying you should really see them. They'll come

in quite hesitant and will be probably quite nervous about coming through, because for them disability is a scary concept and I think for those students, once they do work with the DLO they think I should have come here sooner, I wish I knew about this sooner, kind of thing. That's affirming but it's still a difficult nut to crack in terms of how do you deal with that at an institutional level.

The other category in terms of new disabilities, people that acquire a diagnosis or acquire some sort of issue through their studies and I think probably the most problematic students in that category are probably young males that have, through a car accident or something like that post their VCE exams, they've got a place. Their study career has been very successful pre whatever it is and then they come into university with a totally new identity and struggling with all those issues that are having to be – re-find their way I suppose of having to study and sometimes the things that arise – if it's brain injury for someone who has had a car accident. Sometimes the cognitive processes that are affected are the very ones that are caught at a – the program starting on – because I think for a couple of students that did very very well but their numerical capabilities post brain injury are just no good for engineering, which is what they were in, and the struggle for year on year until they think no, I can't do this anymore and find another pathway so – each of those students will have a different sort of experience and we try in terms of the way we present the service and in the way that we engage with students, to be cognisant of those groups and to be sensitive to those groups and to put out messages that increase the likelihood that they're going to engage with our service and not see it as some threatening, really bad, scary, evil place of spastics and cripples but a place that's – has a fairly laid back approach to student learning and trying to maximise students' academic success. I think for the most part we do really well with that although there are always going to be students who don't engage with our way of doing things or don't

agree with the way that we've done things or still don't appeal to the (indistinct) as you get out there. PTM

This DLO categorised the groups of students coming to her¹⁰ into three groups:

1. People with long-standing disabilities who know/assume they will need disability support;
2. People with long-standing disabilities who for a range of reasons do not initially see themselves as needing disability support; and
3. People who develop a disability within their period of study.

However, as the respondent noted, these categories are confounded by people with variable diagnoses or conditions previously not properly diagnosed. These categories are working categories rather than normative categories but are part of the work of the DLO. An aspect of both DLO's discussion of the entry process and all DLO's interviews was the understanding that disability support is a technical/non ideological process; however this view can be seen as ideological and at minimum, conceal much of what goes on. One way this invisible work can be examined is by looking at the construction of the good student.

The construction of the good student

The interaction between ideology and the details of day-to-day practice can be seen clearly around what constitutes a normal student or a good student. This section will discuss the construction of being a good student, and the relationship to disability support. Ideas of being a good student are implicit in much of the disability support and broader student service literature (Baird, 2010; Chambers and Gregory, 2003; Kolb, 2005; Melbourne and Group, 2008b; Melbourne and Office, 2007; Moy et al. 1993; Swinburne University, 2004; Troiano, 2003; University of Melbourne, 2012b). The

¹⁰ As stated in chapter 1 Feminine or plural pronouns are used in all discussion of the respondents both on gender equity grounds and to avoid identifying any of the respondents.

concept of the ‘good student’ was developed as a heuristic to help understand the intersections between disability support and broader student support.

The importance of the concept of a good student was crystallised for me after I served as a panel member for a number of appeal and discipline hearings during the time I was analysing the disability support documents. These hearings were diverse in nature, including allegations of academic failure, exam cheating and research misconduct. For most of the hearings, the facts were not in dispute; what was at issue were notions of procedural fairness and ideas of the good student. While procedural fairness mostly covered issues such as the student knowing what they were accused of, it also included issues of academic process, such as whether the student received support for being homeless. The idea that there is a relationship between housing and academic success, and the university having some responsibility for student housing, disturbs the idea that being a good student is purely a matter of academic ability. It is worth noting that for international students, support for issues such as housing is mandated by law (Baird 2010).

Regarding the issue of the good student, the hearings included consideration of beliefs about whether a student who had failed would succeed the following semester, or the intentionality of their actions, such as plagiarism, or how the student had dealt with external events and why they had not sought help. In the context of the hearings, the moral judgment was explicit and was used to interpret the information before the committee. While the setting of formal hearings is one extreme of the unsuccessful construction of the good student/scholar the extreme nature of the setting provides clarity around aspects of the concept. For example, it is clear that someone caught selling exam papers is not a good student. However the idea of the good student has both broader and disability specific implications; one of those is that of intent, with part of the understanding of a good student being a student who is fully committed to study.

The good student in disability support documents

The concept of the good student became apparent in this study when working through two contrasting documents. The two documents were the University of Melbourne’s

From Mayhem to Masters and Swinburne University's disability service welcome (Swinburne University, 2004; University of Melbourne, 2001). These documents were deliberately chosen for contrast rather than as being representative. At the time of initial examination (2008), both were still being used in disability support practice.

From Mayhem to Masters was part of the genre of student handbooks. It was focused overwhelmingly on themes of helpfulness and self-responsibility. It was a mix of topic focused prose and illustrated case studies/student profiles. In practice, it was a 'how to' guide to becoming a good student. Its tone was strongly positive with frequent use of student case studies and an emphasis on the possibility of success. The guide literally worked through what a student needed to do to succeed with an emphasis on the social aspects, such as gaining friends, as well as accessing services and how to best utilise these services. Overall, the document could be summarised as focusing on the positive construction of the good student, with the good student being defined broadly as being socially engaged (but not overly engaged), help seeking (where needed), and a good time manager. Being a good student with a disability was explicitly linked to success at academic activities, and implicitly linked to using disability support in a timely manner (University of Melbourne, 2001).

The Swinburne document outlined the steps needed to gain access to disability services at the university. The document had an overwhelming theme of regulation ('thou shalt' and 'thou shalt not'), focusing on the gates a student needed to pass through to gain and maintain support. This document could be read as trying to ration resources by controlling both the level and the manner of resource use. However, a more productive reading was that its emphasis was on the negative construction of the good student. That is, a focus on regulation of student behaviour by enforcement; the behaviours that the publisher of the Swinburne document aimed to achieve were identical to the desired behavioural outcomes of the publishers of the University of Melbourne document. For example, both documents encouraged help-seeking and self-management. Perhaps more revealingly, both documents supported the logistical tasks of providing and receiving disability support, such as how to best work with support staff. However, differences in institutional cultures were also reflected in the documents, with *From Mayhem to*

Masters reflecting the University of Melbourne policy culture at the time, with power being spread among the support facilities, while the Swinburne document reflected a more centralised decision-making culture. Thus, while formally and rhetorically different, both documents aimed and achieved the same effect—an enactment of a good student narrative.

While these two documents were deliberately chosen as being close to ideal types of the two extremes of disability documentation, they were symptomatic of the broader role of most of the disability-centred documentation at universities, which was to construct and support the ‘good student’. The good student narrative is both pragmatic and values based, and can be seen in actions as well as in stated values. This construction can be either positive or negative, but is normally a mix of both. The positive approach was seen in handbooks, guides and help sections of publications that, alongside offering technical disability information (for example, how to speak to someone who lip reads), provided much information about being a ‘good student’. The negative construction of the ‘good student’ can be seen in the stronger prescriptive statements about eligibility for services; for example, getting class timetables in at the DLU. While the ‘good student’ narrative had strong moral connotations, it also had a pragmatic basis; for example, without class timetables going in to the DLU, the task of providing support would become much more difficult. Perhaps contrary to all the emphasis on routine and bureaucracy is the issue of being worthy. This relates back to discussions around the general issue of welfare provision, in particular the idea of the worthy poor. This also has a particular resonance with issues surrounding a number of disabilities, particularly the more common invisible disabilities; for example, many people with learning disabilities report that before their diagnosis they were regarded as at best being lazy and/or dumb (Baker, 2010; Sleeter, 1987). Another example is the issue of attendance, which is both a pragmatic issue, that is, the need for the students to be at the class to learn, and a moral judgment around a student not being at a lecture, despite it not being essential to the student’s learning. For example, a reason against the automatic taping of lectures is that students will then not attend the lectures (based on conversations at Pathways, 2012 from multiple universities). This topic feeds back into the discussions

around the construction of the good student and the dual character of both values and pragmatic needs. This makes it particularly hegemonic.

Much of the disability literature talks about complying with bureaucratic procedure as part of being disabled. These themes fit alongside broader disability studies themes around moral judgments and support, for example, the 'worthy' poor. Interestingly, this also fits into themes current in contemporary Australian higher education, including the rise of the enterprise/managerial culture (Cain and Hewitt, 2004; Marginson and Considine, 2000). In addition, looking at the universities' representations, as stated in their mission statements, there is a further related theme of universities being inherently virtuous organisations involved in good works (Davis, 2005; Swinburne University, 2011; Victoria University, 2011).

The problem of plagiarism and the good student in the provision of student support

Another way into thinking about what a good student is and an example of how student engagement and student skills both fit and differ can be seen in the 'problem' of plagiarism. Plagiarism is the long-standing academic sin of the improper claiming of credit for academic work: the practice of taking someone else's work or ideas and passing them off as one's own (Holden and Rubery, 2013 <http://oxforddictionaries.com/definition/english/plagiarism>).

Plagiarism is the site of much tension in current academia and could even be said to be a long-lasting moral panic. There is a perception that plagiarism has increased significantly over the last two decades, and that specifically this is a result of the increase in international students and/or 'the decline in quality' of local students caused by reforms in the sector. Technologies such as programs like Turnitin mechanise and create a market for the process of detecting plagiarism. However, plagiarism has a long history and another part of the story is the creation of a market that makes this once

invisible practice much more visible (Paradigms, 2013; The University of Melbourne, 2011; University of Melbourne, 2011, 2012a).¹¹

The response from universities to the perceived crisis of plagiarism is a combination of the punitive and the supportive; there is a mix of increased detection and universal electronic surveillance, while providing students with particular training in skills around referencing and academic honesty, and providing welfare-based support to reduce isolation and increase student engagement. This occurs alongside the disciplining process and in extreme cases, legal sanctions. The balance between punitive and educative responses is negotiated from situation to situation.

Summary

In this chapter, I have explored two aspects of disability support one practical: the entry process into disability support and one ideological: ideas around being a good student. One of the conclusions that can be drawn from this analysis is that achieving the role of a good student takes considerable work, both on the part of the individual student and on the part of the institution. The second is that a large part of being a successful student with a disability is being a successful student full stop. In the next chapter, I build on this by looking at the theme of work in disability support practice.

¹¹ In addition, personal communications during discussion of research higher degrees policy and the academic misconduct policy (2004-8.)

Chapter 9: Work and Disability Support Practice

In this thesis, so far I have moved from broad discussions of disability and Australian higher education, through defining the topic and methodology, to specific and systematic data collection involving the study of documents and interviews with practitioners. In this chapter, I focus on work in the context primarily of the DLO, but also to some extent of the student. How work is understood is related to how particular roles, classifications and definitions are constituted. This is discussed in relation to disability support practice, before turning to classification and definition around learning disabilities. Work is a key concern of the pragmatist/symbolic interactionist tradition that is a base for this study (Becker, 1999; Bowker and Star, 1999; Haraway, 2008; Shapin, 2010). Work is a site where ideology and resourcing come together; in this instance the contrasting ideologies of inclusion and achievement within a framework of resource rationing. Alongside the consideration of work is a key concept of antidiscrimination practice, namely reasonable accommodation.

The issues surrounding classifications and definitions centre on the process between extracted intellectual work and fine-detailed practical day-to-day work, and how each contributes to or undermines the other. As discussed previously, initially accessing disability support within an Australian university starts with a classification interview, where the key decision is made about whether a student counts as having a disability within the university context. After this decision is made, there is then further classification around the types of support needed. In this chapter I explore the subsequent classification and definition decisions that have significant impacts on disability in Australian higher education. Part of the process for disability support within Australian higher education is a translation from a medical classification to a series of actions; for example, from a diagnosis of a depressive disorder to a document in appropriate language focused on functional limitation, for example student xyz has a condition that negatively impacts on their 'attention, attendance and reduces their

resilience', through to a set of actions such as exam arrangements allowing the student a reduced distraction exam environment. Analysing these practices in terms of work provides a different lens through which to examine the increased participation and support of people with disabilities in Australian higher education, while acknowledging the significant exclusions that remain.

Work

The notion of work is best illustrated in the interviews with DLOs talking about their day-to-day practice. At a theoretical level, it is informed by understandings of the world being shaped by social action, in accordance with writers such as Becker (1998) and Star (1991) and their studies of working life, as well as by historians of science such as Shapin and Schaffer (1985) on how scientific knowledge is created by work practices. This concern about the nature of scientific practice also links to concerns about knowledge generation and textual practice; an example is the relationship between the disability support application forms and the definition of disability for students within the university context.

We can conceptualise work through the work of creating the culture of the university, which includes disability support. The culture of the university is generated by means of shared narratives and a broader shared culture, which also applies to disability support. In this study, there are at least three aspects of work that are being explored. The most explicit, which has already been explored in the previous section and the discussion of the interviews, is the development of the position of the DLO and the disability support work developed over the last 20 years. However, there are two further types of work. One of these is the nature of academic work, including intellectual work and the work of studying. As previously discussed, this work defines a good student. The other type of work is that which is externally performed but which shapes individual and institutional practice. For example, the DDA and its explicit prescriptive role provided a template for policy and reporting for the entire sector, while the large-scale adoption of *Reasonable Accommodations* (University of NSW et al. 1991) acted as a guide to disability support practice. Another way of describing this phenomenon is as a framework for performance, with individual practitioners putting their own interpretations on sector-

wide themes. These themes include the work of the disability support practitioner, the work of the good 'disabled' student, and the work of professional practice and developing a professional identity. The next understanding around work is a bridge between that of DLO and student and the development of professional practice and identity.

Students' Professional Practice and Professional Identity

For courses leading to accreditation for a particular profession, the development of professional identity is explicit (this is also implicit in some of the less directly vocational courses). This development of professional identity is achieved through the work of professional practice. A key point in this process is accreditation and professional practice through the regulation of fitness to practise. This is done for health practitioners through the Australian Health Practitioner Regulation Agency (AHPRA); AHPRA is the statutory authority with the power to regulate the vast majority of health professions in Australia. It also regulates both fully qualified practitioners and students needing training placements. A key criterion for the regulation agency is protecting the safety of the public. Academic practice and qualifications are seen as a matter for the universities and professions, with the university certifying that the person has achieved the requirements of the degree, and the profession certifying that the degree makes one eligible for admission to a profession. Of relevance here, in some parts of the accreditation process, having a disability is considered to place the public at risk; when this is coupled with the requirement to successfully complete professional placement to be able to complete a degree, an exclusionary possibility opens up (AHPRA, 2012; ATEND, 2010). In addition to the health professions there are similar processes for other professions such as teacher education. If students with a disability are perceived to be placing the public at risk, and they are not able to successfully complete their professional placement, then they are unable to complete their degree. Thus, this creates an exclusionary possibility from some professions for students with disability.

Related to the question of the student being safe to practice, is the question of whether adaptations required because of impairment may change the nature of practice. As will be discussed with regards to the prosthetic model in the next chapter, the ideal

adaptation is invisible. An often cited example is the use of an amplifying or visual stethoscope for somebody with a hearing impairment. What is more problematic is the idea of partial practice; that is, when a person can perform a professional role, but not necessarily the full extent of that role (AHPRA 2012; Dausien et al. 2008). This point was well illustrated in an interview with a DLO:

Yes, well they won't - they don't blatantly say that but what nursing schools within the university have to do is sign off and say that these students are fit to practice. Some of the nursing schools are saying, "We don't want to do that, we don't want to sign that" so what they have been doing - what one university has done - is give the students a form to fill out to indicate that the student indicates that they are fit to practice so the onus of responsibility sits with the student, not the university. Then there are clues in which - the way in which the registration board and the university act if they don't fill in a section on the registration form to say that the student - just by leaving it blank, is an indicator to the registration board that they have to ask further questions. So there's all these subtle ways in which they're colluding. VLTP

This raises a range of issues around trust and consent and what a university is actually certifying when it grants a degree. For example, in some universities the certification is undertaken together with a range of other sign offs, such as vaccination status as part of pre placement paperwork, which may raise issues around considered consent.

Reasonable Adjustment

Central to disability support in Australia is the concept within disability law of reasonable accommodations (Commonwealth of Australia, 2004; Hastings, 1993; Shaw, 1998). For higher education, this is closely related to the concept of inherent requirements, that is, identifying what are the inherent requirements of the course rather than methods for achieving those requirements. For example, what is an assessment task intended to achieve? The inherent requirement in the assessment task is around demonstrating knowledge, skills and competencies rather than the specifics of, for

example, a 2000-word essay and an exam. This leads to discussions around the nature of the curriculum and the profession, in relation to the student's condition and disability.

A recurring example in the DLO interviews was that of reasonable adjustment in the health professions, in particular nursing. To explore these issues, I will use three composite students undertaking a university nursing course. Note that these students are based on the interviews, document work and personal observations, but to avoid any assumptions about their relationship to real people, only compound references will be used. The first student has a seizure condition of undefined causation. Associated with the condition is a high degree of sleep disturbance. The student is middle class with good referral networks and no more than an hour's transit time to campus. There have been no issues with their performance on placement at a technical level. There have been issues raised around risk both to the student and others. While the placement was recorded as a pass there was a high level of discussion after the placement around risk and disclosure. This resulted in certain requirements around the state of health of the student and disclosure being required for the student for subsequent placements. The second student has a long-standing history of mental illness, which has been well controlled except for the occasional acute instance. The student has a long-term treating professional but does not see that professional more than monthly. The student did not disclose their condition to their placing institution and successfully completed their placement. However, in part due to the disruption of their routine from the placement, the student had a major acute instance of their condition on ending their placement. There have been no restrictions from the university; however the student's medical professional has strongly suggested that placement in that form was unsafe for the student. The DLO and student have proposed some modifications to the faculty that have theoretical agreement. The third student has a fatigue-causing condition and lives over two hours from campus, and her medical support is minimal. This student has been highly successful during the parts of the placement they were able to attend. However, the student has been unable to attend the placement for more than four consecutive days, and her performance has therefore been marked as incomplete. Furthermore, due to poor medical support the evidence base for DLO action is reduced.

The core argument around reasonable accommodation in all three cases is around the understanding of the profession. For example, is it an inherent requirement for being a nurse to be able to work a 12-hour shift? Possibly not, but for many teaching staff it was a core part of the role as they became nurses. In reality, determining the extent to which these compound students can be accommodated as they work towards their nursing degree is complex, with much area for debate. This debate is captured in much disability support and pedagogical practice with the possibilities of varied forms of placement, such as part time placement or placement in particular locations or conditions. However even with the best will such adoptions are logistically problematic for the university. Further, there is a long term shortage in placement slots so the universities' freedom to act is further constrained. In summary, in all three cases the students could have successfully completed their placements. However, the students faced additional barriers and would have been subject to additional work; this is in contrast to an example like alternative exam arrangements that would be more straightforward for the student. This has implications for the notion of the good student and student ability, for example a student who has an acute recurrence of their disability will find it more difficult to organise a lower impact placement that can accommodate their condition.

Informal practices

This section discusses parking, personal care and enhancing technologies. Although these topics do not formally fit within the role of the DLO, they are an important part of disability support practice and as they are on the boundaries they are of particular interest. Importantly the first two areas, parking and personal care, form key parts of the DLO's practice although they are not formally part of the DLO's role. Nonetheless they reveal something important about the construction of disability in Australian higher education. I would suggest that the uncertainties about these practices are themselves reviling. In addition, they highlight groups of people with disability who may have been excluded from both participation in higher education and from this study. The third area, enhancement, explores the possibilities of artificial enhancement to provide a further angle on disability support practice.

Parking: The Eternal Struggle

The issue of parking highlights a number of issues surrounding disability in higher education. It includes the issues of day-to-day practice, ideology, work and power relationships. One way of understanding its importance is that, in the interviews with practitioners, discussions about parking all elicited the same non-verbal response: a rueful grin. In terms of disability support, parking directly impacts access to the university but it is beyond the direct control of the DLO.

There seem to be four constants around parking, disability and Australian universities. The first constant is that parking is in undersupply at Australian universities. This seems to be a function of consistently expanding numbers and limited real estate (Graduate Student Association, 2009; University of Melbourne Senior Executive Service, 2007). The second constant is that having parking is a signifier of status within the university. The third constant is the result of the first two; that is, parking at Australian universities is a contested area. The final constant is that, while the availability of parking impacts on the ability of some people with disabilities to access the university, it is not under the direct control of the disability support services. Alongside these constants is a wide variation in the nature of the parking spaces, and the accessibility to parking spaces is complex. For example, there is a wide variation of dimensions for a parking space to be deemed to be accessible. This means that despite there being a considerable technical literature on the topic (Commonwealth of Australia Attorney General, 2012), it is not routine despite a theoretical universal agreement and, as a consequence, this is the subject to much discussion by relevant stakeholders.

External to the university sector throughout Australia, disability parking is the responsibility of local councils. As part of a national scheme, local councils provide a disabled parking sticker on presentation of medical certification and this provides access to disability parking. However, parking within Australian universities is under the control of the particular university, rather than the local council. In many, if not all, cases, some degree of control over the parking is subcontracted to external providers or made part of the contractual arrangements with the external security provider. However, particularly for campuses that have substantial overlap with their surrounding areas,

there will also be streets in which the local council has control over parking. Whatever the arrangement, the disability unit does not have control over the allocation of parking. However, as access to parking is in some cases a precondition for access to a campus by students with disability, to some extent, issues of parking are part of the DLO's role. The DLO's response to this includes a mix of informal advice to students, quiet conversations with key stakeholders, and lateral thinking. Examples of how the DLO might support a student with parking difficulties includes support with timetabling (to reduce the number of times a week a student has to come in and/or change the times they are at campus to a time when parking is more available), or informal conversations with relevant staff to create flexibility around parking practices.

Personal Care

Another important facet of disability support practice is the issue of personal care. This is a complex area which starts with an exclusion: personal care is not provided in the framework of disability support practice in higher education and its provision is not funded by the federal government as part of higher education. Technically positioned under the federal/state disability agreements, personal care, where funded by governments, is funded by state governments and logistically organised by local governments. However, there is a tendency for it to be externally funded, such as a result of a court settlement, underfunded or not provided at all (Australian Institute of Health and Welfare, 2002; Makeham & Brett, 2008; Productivity Commission, 2011). The interrelationship between lack of provision and lack of funding may be mutually reinforcing with a significant proportion of the complaints around the provision of personal care being around the complexity of funding rather than any characteristics of the care itself.

Personal care is a key issue for the participation of people with physical disabilities in all aspects of society, with its presence or absence being a key test of their level of inclusion in broader society (Finkelstein et al. 1975). Personal or attendant care is the use of somebody other than the individual to do tasks that are 'normally' regarded as being performed by the individual. The key examples are dressing and toileting, but this can include a range of tasks such as feeding and mobility. These tasks are often

regarded as intimate, including touch and nakedness and therefore often performed by close family members; however, when performed professionally the position of personal carer is often of low status, and rewarded with minimum wages and is structured in casual rather than permanent employment arrangements. While there is an important sociological argument that could be made about the relationship between the work being seen as intimate and low-value simultaneously, this is beyond the scope of this thesis. The key aspect of this pairing relates to a number of important implications for disability support practice within Australian universities. One of the themes triggered by this work being done by family members is the issue of what is known in student support services, and increasingly in popular culture, as ‘helicopter parents’ (Cutright, 2008; Padilla-Walker and Nelson, 2012). A basic definition of helicopter parenting from student services professionals is parents who hover over their children; importantly this has implication of parents and offspring who have failed to establish adult boundaries. Helicopter parenting was only briefly raised in the interviews as part of the reason for consensus practice of discouraging parents involvement in the process.

Within the sector, there is a consensus that personal care is something beyond what should be provided by universities; yet it is also a prerequisite for access to study. As a result, while personal care is provided to people with disabilities while they are participating in higher education, it is funded and controlled by non-university sources. Further, there are some anecdotal accounts of personal care being provided by universities even in circumstances in which it is not funded, and thus not formally reported (Makeham & Brett, 2008).

In addition, when funding is provided by a third party, there are issues around the spatial requirements of providing care and the institutional issues around having non-university members providing care within a university space. Care is an intimate activity and requires privacy. However, there has been a decline in the space available per student at university, and the space to perform caring tasks is not a given. Organising this space is seen as part of the core role of a DLO. An unpaid carer would technically be trespassing on university property as they do not fit into the standard categories of those allowed on university property, being neither staff nor student. In

particular, the spaces in which some of the care work would be done would be places such as toilets, raising particular kinds of issues. Even when the personal care work is performed by family members, it still creates work for the DLO to manage the arrangement. This would not be at the level of needing formal permissions, but more at the level of having quiet conversations with security staff. Even when personal care is available, due to its complexity it often reduces the capacity of the student dependent on it to fulfil their good student role, for example reliably attending class. When considering the groups of people not in tertiary study, those requiring large amounts of personal care are probably one of the groups most excluded. However, it is debatable whether their exclusion from universities is due to higher education issues or caused by the broader exclusion of this group of people from mainstream society.

Support as Enhancement/Enhancement as Support

The work of contemporary disability support practices within the Australian university also includes the issue of enhancement. There is much discussion around the pragmatics and ethics of enhancing technologies in general as well as for disability support work (Jarrow, 2010; Schwarz, 2012; Star, 1991). This section will examine current practices of enhancement and compensation in higher education. Within higher education old and new technologies are used in a variety of ways, with respect to adjustment for disability. Students with a disability may be offered and or be subject to a range of computer, chemical-based, educational and socially based enhancements. Examples of these enhancements range from computers that turn voice to text and text to voice, through to drugs that improve users' attention, to access to educational materials in range of different forms. Further, students without disabilities may use the enhancements offered to students with disabilities, with positive or negative results (Karim, 2013; Schwarz, 2012). One of the examples around support as enhancement is the issue of conduct disorders and drug treatment. Conduct disorders are those learning disabilities that impact on behaviour. The two most common of these disorders are Attention Deficit Disorder (ADD) and Attention Deficit Disorder Hyper Activity Disorder (ADHD). As their names imply, these disorders impact on activity and attention. Although neurological causes have been identified for these deficits, in young people these

disorders have been classically diagnosed on the basis of classroom behaviour or referral based on classroom behaviour. These conditions are currently treated by the use of prescribed stimulant (amphetamine-related) drug treatment. There is a significant non-clinical use of this drug treatment for educational enhancement in the USA although it is unclear to what extent the same is true in Australia. There are also reports of this kind of clinical diagnoses and drug treatment for clearly socially related educational disadvantage, for example, students who have social reasons for poor attention such as some combination of family violence and or homelessness (Acocella, 2008; Schwarz, 2012) The use of stimulant drugs have been reported to have side effects although generally not as severe as the drugs prescribed for mental illness. Further there is a small black market, although not to the same level as prescription painkillers (Connor and Ferri, 2010; Schwarz, 2012; Skrtic and McCall, 2010; Sleeter, 1987).

The use of adjustments in higher education settings raises the issue of fairness. What adaptations should be used to increase fairness for students with disability, and at what point do those adjustments become unfair? It also raises the issue of the differences between particular kinds of enhancement. For example, what are the differences between the use of computer technology to improve writing, neuro-enhancing drugs and extra time on an exam, as all three can lead to a better academic outcome. Part of the difference between the modes of time saving would be in the origin of the means of efficacy. For example, computers save time for all users by eliminating repetitive work compared to neuro-enhancing drugs which alter brain function. There is at least a theoretical distinction between changes that treat a disorder and changes that 'merely' improve performance. Further, there is an issue of temporality and shifting social mores. If an academic in the 1970s had been told that a student could save the amount of time that the use of a technology such as personal computers provides, it could have been regarded as an unfair advantage. The use of computers is now regarded as a norm in universities, and not having access to a computer is regarded as an unfair disadvantage. Another way of teasing the issues apart is the example of extra time in exams. Extra time is a well accepted practice in Australian disability support (HEDEN 1993; University of NSW et al. 1991) This has its origins in the fact that using technologies

such as Braille takes more time than conventional methods of accessing texts. However, the practice of extra time is also used in two different ways for students with mental illness: first for students whose interactions between their condition and medication slows their processing speed, and second as a way of reducing anxiety for those with an anxiety disorder. Importantly extra time is not the only or even the most favoured method for dealing with exams and mental illness. Two of the other options are arranging exam times for when the medication has minimum impact, for example at particular times of day; the second option is arranging an environment to reduce the impact of a condition, for example, an environment with reduced distractions and/or where the student is able to move around. These examples suggest that support is fair when provided to overcome disadvantage for students. Furthermore, the use of adjustments in higher education has increasingly become an accepted part of normal practice. As claimed by the DLOs, one of their roles is to legitimise this kind of support into normal practice as well the logistical work to make this happen.

Learning Disabilities: The Power of the Diagnosis Narrative

Learning disabilities are one of the two largest disability types in contemporary higher education, the other being mental health conditions. It also shares with mental health conditions the traits of being invisible, being unevenly diagnosed and varying over time (Gallagher, 2010; Sleeter, 1987). As such it is a key aspect of disability support practice, for example being discussed at all pathways conferences (Anon, 2004b, Anon, 2012; TEDCA, 1991, 1998). To illustrate, much discussion around documentation and classification is focused on learning disabilities (University of NSW et al. 1991). It is also a key part issues around accessible texts (Burgstahler and Cory 2008; Sleeter 1987) Discussions around learning disabilities are a key example of the issues around the good student with assumptions being made about the nature of students, particularly those with undiagnosed conditions being described using terms such as lazy or disorganised. Further these terms fit into racist discourses about students; although concepts around learning disabilities are 'race blind' they have race as a strong subtext. Perhaps paradoxically the race and class blindness of concepts around learning disability add to its problematic nature. (Baker 2010; Skrtic and McCall 2010; Sleeter 1987).

Learning disability is an example of the different type of work around disability that is done through language whether discussed as discourse, rhetoric or narrative. This dates back to a key criticism of the original social model suggesting that disability is constituted linguistically as well as materially (Corker and French, 1999). Although race and class also partially apparent (ATEND 2010; Connor and Ferri 2010). Learning disabilities are a key example of the social nature of disability, with the history of learning disability being strongly linked with the history of both literacy and mass education.. Learning disabilities around reading and writing directly parallel the history of mass literacy, with the first conceptual ideas around learning disabilities appearing in the eighteenth century, after reading had become a mass activity. The formal definitions of learning disability were established in the mid-twentieth century after the establishment of universal education. The definition of learning disability is a discrepancy between measured intelligence and performance on a cluster of educational tasks normally seen as a sign of intelligence, for example spelling and reading. However, this definition is narrow and restricted to a small cluster of related tasks. The invention and development of learning disabilities follows the pattern of the increase in both literacy and compulsory education in western societies. The current formal definitions of learning disability were established in the mid-twentieth century after the establishment of universal education (Gallagher, 2010; Skrtic and McCall, 2010; Sleeter, 1987; Baker, 2010; Oliver, 1996)). One way of defining a learning disability is in terms of educational performance being below that predicted from a psychological assessment of intelligence and other psychological assessments (Connor and Ferri, 2010; Gallagher, 2010; Skrtic and McCall, 2010).

Narratives about learning disabilities often fulfil hegemonic roles; that is, they provide support for broader understandings of society, or have ideological functions that are not necessarily connected to the disability. For example, narratives about learning disability can provide an alternative explanation to either individualised deficit, for example laziness, or politicised reasoning, such as socioeconomic class, for why somebody fails or succeeds. A key example comes from the US setting where diagnoses of learning disabilities provide a justification for further support for struggling students. The justification that the concept of learning disability provides manages to avoid statements

around individual deficit, for example, ‘my son is not dumb, he just has a learning disability’. Importantly, and particularly in the US context, these justifications can also have racialized explanations; for example, ‘she is not having trouble because she is of a particular social background or race, she just has a learning disability’ (Baker, 2010; Connor and Ferri, 2010; Skrtic and McCall, 2010; Sleeter, 1987).

In contrast, a diagnosis of a learning disability as an explanatory narrative can have liberating effects. This liberating possibility contradicts the negative accounts, such as being lazy, that are given to people with undiagnosed learning disabilities (Borland and James, 1999; Brooks, Gardner and Gronfein, 2006; Sleeter, 1987). An example of the diagnosis narrative of learning disability was a presentation at a 2008 Pathways Conference (ATEND, 2008). The presentation was given by a student who had been diagnosed two years prior as having a learning disability.. The student described her pre-diagnosis state as one of high frustration, as she was ‘bright’ but only borderline academically. Since her diagnosis, her academic performance had gone from being ‘at risk’ to having successfully completed her honours degree. Her emotional state had gone from one of extreme frustration, and even depression, to one of confidence and elation. This presentation was much discussed at the conference of practitioners. The impact of this story was reinforced by repeated comments from the audience members about their having personally experienced, or having seen people experiencing, similar situations (ATEND, 2008).

Part of the success of this narrative is the shared experiences that it highlighted around the liberating effects of diagnoses of learning disabilities. However, what it does not make visible is the disability support work that arises after such diagnoses. Disability support for people with learning disabilities is complex and generates considerable work for DLOs. For example, a common form of support for those with learning disabilities around visual processing, particularly the reading of text, is providing some form of aural access to information. Although this is effective for some with learning disabilities, it is still slower than visual methods of reading. This will be discussed further in the next chapter. In summary, the diagnosis and support for learning

disabilities can be both challenging and a liberating act, as well as being ideological in nature.

Summary

In this chapter, I have addressed the various forms of work that define disability support practice in Victorian universities, from what happens on a student's entry to the gaps and exclusions that occur in practice. This chapter has been about culture and work; specifically, how both active work and the congealed work of culture have come together to construct the particular modes of disability support within Australian higher education. The culture within Australian higher education has provided the scripts for the work of the DLO, the student with a disability, academics, general university staff, and others to create disability support in Australian higher education. In the next chapter, I propose a model to account for practice in Australian disability support, and use this discussion to move to broader explanations of disability within Australian higher education and Australian society in general.

Chapter 10: The prosthetic model in practice

In this chapter, I build on my previous analysis of the elements of disability support practice in Victorian universities. This leads to a proposal of a model of practice for disability support, which I refer to as a prosthetic model of practice. I discuss the prosthetic model as an explanatory model for the changes in disability support and participation. While it is not possible to generalise from the Victorian to all Australian universities, it does not appear that the Victorian experience is unique as all Australian universities work within the same broad social and policy environments. One of the clearest, and perhaps most surprising, findings from my study was the common nature of disability support practices within the universities under study. Despite many of the practices, narratives and rhetorical tropes arising out of local contexts, I suggest that it is possible to talk of a single model of support: what I have called the prosthetic model. The key concept of the prosthetic model of disability support is the provision of support as an external to academic process, as a consequence it is at least theoretically academically neutral. The process is in two parts the assessing of external expert documentation and the provision of support based on that documentation.

The prosthetic model of disability support can be seen as an add-on to university academic programs, enabling the recipient with disability to participate. This add-on model is in contrast to approaches such as a restructure of academic programs or re-examination of pedagogy that requires changing the nature of what is taught. This prosthetic model implies that if there is a deficit, the deficit is within the individual rather than the functioning of the institution. Therefore, this model assumes that the underlying pedagogical philosophy of the university is valid, rather than challenging this. That is that the pedagogical philosophy is a given whatever it is and even when under review such in the case of University of Melbourne's growing esteem process ideas of universal access will not be raised. It is worth noting that the prosthetic model

is an ideal type and actual practice is more diverse. However, the point of using an ideal type is that it productively summarises much of disability support.

In terms of practice, this model of support comprises three major aspects: the provision of materials in alternative formats; the alteration of the timing and format of some assessment processes, especially exams; and the provision of support staff, for example, interpreters, scribes and participation assistants, with the exclusion of personal care. This support is provided wholly within the previously discussed framework of reasonable accommodations under the DDA. It is also provided within the constrained funding framework of the broader higher education sector with its long term trend of reduction in per student funding (ATEND, 2008, 2010; Bradley et al. 2008; Shaw and Murfitt, 2000; TEDCA, 1991; University of NSW et al. 1991).

The prosthetic model provides a way of understanding the conceptual uncertainty among DLOs around the ways that disability is understood. DLOs were aware that their understanding of disability did not follow a medical understanding of disability. However, as their understanding of the social model expanded, they began to doubt that a strict social model of disability described disability support practice within a higher education setting (Makeham & Brett, 2010; O'Connor, 1991; Williams, 2004). In this sense, the prosthetic model provides an explanation of the translation between medical and social models of disability by the DLOs; for example, in the ways they take medical documentation and translate it into social meaning. This provides a description of the where DLO's work is located between external experts and the academics.

The Prosthetic Model in Practice

The process of the prosthetic model works in two stages: assessment and support. As discussed previously, assessment for disability support begins with an interview and the examination of the student's medical documentation. Arising from this process is a series of recommendations for support, followed by the process of providing the support. The types of support offered by all universities under examination were at least conceptually identical. For example, at any Victorian university the assessment process for a member of the signing Deaf community would result in the provision of a sign

interpreter. For somebody with a disability related to print, the same process of assessment would take place in any Victorian university and the assessment process would generate a recommendation that texts be provided in an alternative format. The support provided in each Victorian university conformed to the three aspects of the prosthetic model identified: the provision of materials in alternative formats, the alteration of the timing and format of some assessment processes especially exams and finally, the provision of support staff for example, interpreters, scribes and participation assistants with the exclusion of personal care.

An example of the practice arising from the prosthetic model is alternative formatting. Alongside the technical process outlined below the key work done by the DLO using the prosthetic model is the assessment of the need. While at first glance the process seems not to be complex, complexity is a function of the form of both the condition and the material. Alternative formatting of texts has a history going back at least to the nineteenth century in the form of Braille. However, over the last 20 years to the present day, provision has increasingly shifted to the provision of electronic means. This has included the production of alternatively formatted texts such as the DAISY_{tm} format of 'talking books', which format talking books in such a way that they are easily indexed and accessible, and the making of texts accessible for use with particular programs. For example, there are a variety of screen readers, of which JAWS_{tm} is the most popular, that convert computer text to speech. However, the text needs to be formatted in such a way for the screen reading program to be able to read it, for example it needs to be text rather than an image. There has been a development from print handicap being defined as primarily a visual impairment to a broader understanding, incorporating a variety of sensory, physical and learning disabilities. This broader understanding of print handicap also suggests a cause for issues with literacy including with paper and electronic texts. However, the logistical issues around the process of the provision of texts in alternative formats have remained basically the same. The contemporary process of creating alternative format texts involves four sub processes: first obtaining the text; second, which is followed by cleaning/preparing the document for conversion, for example converting a PDF image into text, and making sure that text is a readable size and colour; third, the actual conversion process; and finally, is the distribution of the

finished product. The production of alternative formatted material is not a direct task for a DLO, but is managed by technical experts either in-house (normally as part of the broader role of library or ITS departments) or in other organisations such as Vision Australia. However, the management of locating and providing these alternative formats is the domain of the DLO. One notable recent technological trend, the improvements in personal computing access for individuals, which started with the PC but now includes phones, tablets and other mobile devices, has brought more of this production in-house as part of the normal use of assistive technologies. Alongside the technical side of this production, there are highly complex logistical tasks of obtaining and distribution of texts. There is a trend towards increasing self-management of alternative texts as they become easier to produce due to ongoing technological change. (ATEND 2010; CATS Project Team n.d.; University of NSW et al. 1991) To what extent this trend will continue is unclear.

The second part of the core support provided within Victorian universities is the alterations of assessment. Within the varying assessment policy frameworks of the universities, DLOs make recommendations around the alteration of the conduct of assessment. While there is wide variation in the policy framework, the actual task is universal within universities: altering assessment in such a way as to not alter the inherent requirements of the subject, but to avoid the particular barrier posed by the impairment; for example, a common alteration is the granting of extra time if a student's disability slows their working speed. Examples of disabilities where alterations of assessments would occur this would include mental health conditions, particularly with certain medications, and students using formats that are slower to access than the general student population, for example, Braille or text to speech. This group of supports is the most likely to involve the DLO in dialogue with academic staff. With respect to students with disabilities, the DLO would have responsibility for the conduct

of exams but not control of the exam itself.¹²(ATEND 2010; University of NSW et al. 1991)

Provision of support staff is the most overt form of expenditure by disability support practitioners, appearing in their direct budget reporting lines (the majority of disability-related expenditure is not a DLO responsibility, but appears in other departments' budget lines such as physical infrastructure and/or IT). The provision of support staff is common to all Victorian universities, with some form of note-taking and or sign interpreters for the deaf being available across the sector. While these supports are provided in most cases, accessing participation assistants and scribes is often problematic. Logistically, organising face-to-face support tends to be a complex task; there has been a pattern of universities moving between organising their own support staff and using outside agencies, with neither solution being ideal. Most universities move between the two options.(ATEND,2010; Swinburne University, 2004) Support staff are often invisible in the academic setting. However, interpreters, by nature of their role, are highly visible and tend to interact with academic staff. Therefore, where interpreters are being used frequently there is a need for professional development support for academic staff in the use of interpreters.(ATEND 2006)

Technological support

I shift focus to examine the role of technology in the participation of people with disability in higher education, and assess the usefulness of the prosthetic model as an analytic tool. The prosthetic model is a way of understanding the forms of disability support, including technological support, within Australian higher education. In this section I examine the role of technologies as a possible explanation for the improvements in access to higher education of people with disability. I distinguish between social technologies, which I define as the broader social arrangements of higher education and physical technologies such as the current IT revolution. One

¹² Discussion of this occurred throughout the interview as part of the assumed knowledge of the DLO

explanation for the improvement in participation of people with disabilities in Australian higher education is that physical technologies have improved over the period of study, resulting in technological solutions to the access problems posed by disability in higher education. However, the pattern of improvement in participation does not fit the pattern of improvement in physical technologies. Using the prosthetic model as a way of analysing disability support in Australian higher education implies that there are two different sorts of technologies used for disability support: the physical and the social. This section will explore these technology types, and suggest that perhaps the social arrangements adopted during the period of study were more responsible for the change.

While a number of physical technological solutions have improved the participation of people with particular disabilities, social technological solutions have also been provided. The determining factor of their success or otherwise is the adequacy of the social arrangement. For example, while the use of a computer may be a solution to the problem of getting valid results in an exam from somebody with no ability to handwrite, there are other possible solutions such as a scribe. The success of the solution chosen depends on dealing with the social issues such as the chain of verification and the associated logistics, rather than the particular technology, whether scribe, computer or some combination of both is used.

In terms of physical technologies, three clusters of technologies have changed accessibility for people with disabilities. The biggest single impact comes from the general information technology revolution, which gave rise to the personal computer, and other related technologies such as mobile phones. The second cluster refers to the technologies providing solutions for those with difficulties with print, particularly people with major visual impairments. The key technology in this area is the various forms of text-to-speech technology, that is, programs that replace screens with spoken word output, particularly software solutions that work on generic technology. The other part of this cluster was originally designed as productivity technology for the business sector and includes speech-to-text software and tools such as scribing pens, which link recorded material with electronic notes. The third group of technologies is the

disability-specific software such as JAWS_{tm} (text-to-speech) and the open-source EduApps suite of software (Soffed Education, 2012). The EduApps suite is a curated collection of over 100 application programs ranging from the highly disability-specific such as screen readers, through to generic software such as word processors and generic educational programs such as text concordance software. It is of interest that the majority of the software now works on generic machines rather than requiring disability-specific machines.

Despite the visible utility of many of the physical technologies, their success has been dependent on the broader technology use in the prosthetic model of disability support practice at universities. A key example of this is the use of the physical technologies in exam situations. This involves a high degree of logistical management and negotiation between a variety of parties, typically including disability advisors, academics and exam management staff. The choice to have an exam in electronic rather than physical format for a particular student causes a chain of logistical and governance issues, assuming there are no pedagogical issues. For instance, if the university's exam system is based around an 'exam paper', the following events must occur. First, there needs to be a means for the secure provision of the paper to the exam space. There must also be the establishment of an exam space separate from the main exam for each student who has an alternative arrangement; given this may be up to 5% of the students undertaking an exam this can be logistically challenging. During the exam, the normal process of supervision will have to be supported, and given that the computer will be in a different room from the 'normal exam', there will be a requirement for increased numbers of supervisors. Once the exam is completed, there will then have to be a system for verifying and recording the exam results. Usually, this involves printing out and verifying the paper, although there may be an alternative electronic process (ATEND 2010; TEDCA 1998; University of NSW et al. 1991)¹³. When, and if, universities shift to a fully electronic examination environment those governance issues will disappear.

¹³While *Reasonable accommodations* (University of NSW et al. 1991) was examined as a key document it cited here as documenting 'disability' exam practices.

However, feedback on electronic learning environments point to a range of accessibility problems for people with sensory and or learning disabilities (personal communication at Pathways 2012).

The accessibility problems with electronic learning environments and similar systems also illustrate the issues around technology. Electronic learning environments are based on an assumption of a standard student, which includes the ability to hear, the ability to read a wide variety of texts in a wide variety of circumstances, as well as financial capacity, such as access to a computer and a robust Internet connection. For example, a student with a learning disability that affects their processing of text or a visual impairment may be affected by the poor print quality of the reading on the system. Poor print quality may be related to the age of the material or the use by the content provider of particular colours, for example, use of certain colours, e.g. red, small font sizes or other poor design elements.

Thus, physical technologies are part of a broader social setting and their effectiveness depends on a range of social and other factors. It is clear that for some individuals with disabilities physical technologies can improve their access to higher education.

However, it also appears that the increasing use of what could be considered ‘normal’ technology, for example, electronic learning environments, might be a factor in exclusion. Another way of phrasing the role of technology is that it has changed the higher education sector in general, and while there have been some gains for students with disabilities, there have also been some losses.

University Life-Worlds and Exclusion

Implicit in the concept of the prosthetic model is the understanding that there may be other matters determining the success or otherwise of people with disabilities within higher education. This section looks at one of those possibilities, that of the life-worlds of present and excluded students. A subtheme for this study has been the issue of exclusion; even on the most generous measures, there is a significant proportion of the population of people with a disability who are not in Australian higher education. As discussed in the analysis of higher education statistics, people with disabilities have a 66

per cent lower rate of participation in post-secondary education than the community as a whole: that is, three out of four people with disabilities are not in post-secondary education as compared to their age peers without disabilities. This study has focused on the effectiveness or otherwise of a range of positive measures to improve inclusion of people with disabilities in post-secondary education. Part of the reason for this focus on the positive measures is the difficulties in researching the excluded due to their near-invisibility. They are literally the people who are not there. This section will attempt to direct focus onto this excluded cohort by looking at the issue of the assumed life-world of the Australian university.

Life-world is a concept that broadly comes from the phenomenological tradition of social enquiry. However, this is not a phenomenological study and the concept of life-world is used only in a limited manner as the world in which a person lives; in other words, the normal, socially experienced structure of a person's everyday life. It differs from notions such as social capital by both being both embodied and practice based; it is performed by human bodies and is part of how a person interacts with the world (Crotty, 1998; Levine, 1995; Star, 1991; Yair and Soyer, 2008). Therefore, in examining Australian higher education, the life-world assumed by higher education becomes important. A possible explanation for much of the exclusion of people with disabilities from Australian higher education is the contrast between the assumed life-world of the university and the life-world of people with a range of disabling conditions. For example, the university assumes that students have a steady address, an ability to arrive at classes within a reasonable time, and that they have access to a computer, and have a basic level of ability in computer use. Somebody who is homeless due to a mental illness will have none of these things and even if granted, the physical assets will not be an everyday part of their life-world. Equally, somebody who is receiving around-the-clock care is unlikely to have access to any of these things. A further example is a lack of familiarity with computers, of so-called 'non-digital natives'. This can also be seen as an issue of social capital, where the person with a disability lacks the social resources to achieve a desired social outcome. Success or failure of individuals' access to university is to some extent based around the presence or absence of social capital; that is, to successfully enter the Australian higher education system requires a degree of

social capital such as the ability to navigate complex entry systems however phenomenological exclusion better captures the nuances of exclusion and is the focus of this section.

In one sense, the theorising about phenomenological exclusion of those with disabilities from higher education is a direct corollary of the prosthetic model. The prosthetic model of disability support is based around technical non-structural changes, which raises the question: is the change sufficient? I would argue strongly that it is sufficient for a significant percentage of people with disabilities, but it is not sufficient for a remaining percentage of people with disabilities. This gives rise to the question of whether to shift away from the prosthetic model. Thinking about exclusion for those with disabilities suggests a number of strategies to overcome it. These strategies are potentially compatible with the prosthetic model. The key group of strategies are based around the broader social issues, and are commensurable with some of the arguments around social inclusion/exclusion that underlie the Bradley Report (Bradley et al. 2008).

Social dimension of exclusion

In all discussions of disability support in the Australian university sector is the implicit and explicit beliefs and understandings about categories of students, which impacts on students with disabilities and how they are valued. In terms of the prosthetic model, the focus has been on the individual and the institution. I now look at broader society through the classic sociological variables of class, race and gender.

As part of government and institutional planning processes there is a cluster of assumptions around what a student is on the level of basic demography; that is, it is assumed that Australian university students are on average 18–21 years, with a slightly higher percentage of females to males. Further, there is also an implicit assumption that they are able to spend at least 60 hours a week on a combination of work and study. There also appears to be an assumption that the average student adequately describes the entire student population (Centre for the Study of Higher Education University of Melbourne, 2008; DEET - Federal Department of Employment Education and Training

2005; DEEWR - Department of Education, 2009; University of Melbourne Senior Executive Service, 2007). However this model of the average student is does not sufficiently consider the large growth in postgraduate student numbers in Australian higher education (around 20 per cent of the student population); this shows a different picture from the stereotypical focus on undergraduates. On average, an Australian postgraduate student is over 30 years, female, employed, and earning at least median income (Council of Australian Postgraduate Associations,, 2008a, 2008b).

The position of socioeconomic class is complex within Australian higher education. There have been suggestions that admission to Australian universities is not related to the socioeconomic class of those trying to enter, with statements from Australian vice-chancellors suggesting that entry requirements are not class-based (Davis, 2005). However, there is strong evidence that in practice socioeconomic class plays an important role in determining entrance to Australian universities. A key part of the role of socioeconomic class is the relationship between attending private schooling and success in accessing the highest status universities, with private schooling being linked to entry to university (Centre for the Study of Higher Education University of Melbourne, 2008; University of Melbourne, 2008a).

As discussed previously, there is some interaction between socioeconomic status and disability support; however, this is complex. There appear to be at least two separate mechanisms in relation to socioeconomic status, namely disability and disability support. At a demographic level, a number of the conditions that either cause disabilities or are disabilities themselves are related to poverty. For example, your chances of receiving an injury is related to your social class; the lower your social class, the higher your chance of being injured. This is complicated by the fact that effective diagnosis and treatment of conditions is related to income; that is, the poor are more likely to have a disability, but the rich are more likely to have their disability well-diagnosed, treated and managed (ABS - Australian Bureau of Statistics, 2008; AIHW - Australian Institute of Health and Welfare, 2008, 2009).

Further, there seems to be a direct correlation between the quality of documentation of somebody's disability and the quality of the disability support provided by the

university. A clear example from the DLO interviews was that of learning disabilities; the support granted based on recommendations from a comprehensive but more expensive educational psychologist report was different to support granted based on a general practitioner (GP) report (with GP visits covered by the universal Australian healthcare scheme). A better diagnostic report on learning disabilities in the context of educational settings is one that provides the foundations for effective support. Class and higher education also play a role, in that to some extent success at university is both a prerequisite for some professions and/or a signifier of being of a particular class. Complicating issues of class and general access to higher education is the geographical nature of class within Australian regions; that is, to a certain extent where you live is determined by your class but furthermore, where you live has significant advantages and disadvantages, for example in terms of access to services (AIHW - Australian Institute of Health and Welfare, 2009; Butler and Parr 1999). This becomes concrete when discussing time taken to travel to university for somebody with a condition that means they have low energy, for example chronic pain.

As discussed previously, gender is both a presence and an absence in relation to disability in higher education. Over the period under study, the proportion of both university staff and students who are female increased (Department of Education, 2009). The relationship between this and the changes in disability participation is unclear. There are a number of conditions that are stereotypically gendered. However, issues of gender appear to be invisible at both a macro- and micro-level in regards to disability in higher education, despite the expectation that there should be clear gender links. For example, the professions for which university courses are the gateways are also highly gendered, such as nursing. However, there has been little to no discussion in the disability support literature around thinking about gender as a possible site of the solution. As discussed in Chapter 4, there is a lack of information and explanation around the position of people of indigenous background and disability in Australian higher education. As there are intertwined relationships between being indigenous, poverty and disability, it becomes difficult to differentiate between a lack of participation due to indigenous status, lack of participation due to poverty due to indigenous status, lack of participation due to disability caused by poverty due to

indigenous status, and so on. The lack of indigenous participation in higher education is an example of how exclusion from broader society will lead towards exclusion from higher education.

In regards to disability specifically, there are two sets of assumptions of the abilities of university students in Australia. One is of assumed ability and the other is the already-discussed issue of assumed life-worlds. The assumptions around ability are multi-dimensional. While there is a clear assumption around academic ability, there are also related assumptions around, for example, the ability to use a computer. Perhaps more complex is the assumptions around the shared life-world of the student; that is, participation in Australian universities assumes that the student can fit into the university. Examples range from the commonly accepted knowledge base; that is, an assumption that people have an understanding about how a bureaucracy works, to the activities of daily living such as the ability to follow a set timetable and to wash regularly, and to otherwise fitting into the patterns of the university (ATEND, 2010; Baum, O'Conner, and Stimsom 2005; State Government of Victoria, 2002; University of Melbourne Senior Executive Service, 2007). As an example of how this assumption can lead to exclusion is a teenager confined to a nursing home who will face great difficulty in accessing university, regardless of their academic strengths or weaknesses.

Summary

In summary, disability support in Australian higher education can be usefully described using the prosthetic model. This model suggests that a variety of technical adjustments can be made in the provision of higher education that do not alter the underlying structure of the material, assessments, individual institutions or higher education as a whole. The prosthetic model has led to a greater level of inclusion and continues to support the success of a large number of students with disability. However, there are still disproportionately more people with disabilities not participating in the Australian higher education than are currently in higher education.

Chapter 11: Conclusion

The thesis has examined a set of changes around disability support in Australian higher education. In this chapter, I use those findings to do three things. First, I explore the implications of these findings to develop explanations of practice. Second, I use the implications of these findings to further conceptualise disability, particularly with respect to the prosthetic model. Third, I reflexively review the conduct of the study, point to the study's limitations and highlight the potential for future research in the area.

The objectives of this study were:

1. to describe disability policy and practice within Australian higher education over the last 20 years;
2. to provide an explanation for the changes over the last 20 years;
3. to evaluate the effects of those changes;
4. to use the example of Australian higher education to improve the understanding of both disability and disability policy; and
5. to examine an example of the social construction of disability as it took place.

An alternative means of describing the project is as a set of narratives about disability in higher education in contemporary Australia by relating accounts of certification, classification and bureaucracy. Part of telling these stories is to allow their narrators, namely DLOs, to be heard. This makes explicit a number of the stories that shape disability in Australian higher education that may otherwise remain silent.

Summary of the Thesis

A starting point for this study was a twofold understanding of the nature of the social construction of disability. First, while disability is a social construction, it is also a philosophical issue (or a number of philosophical issues). While these philosophical issues are many-faceted, the nature of what it is to be human and the nature of knowledge are central themes. At a practical level, this understanding of the construction of disability highlights the pragmatics around the sites of the construction

of disability in contemporary society. To examine this, the study focused on disability in a particular social setting, namely Australian higher education. Given that the topic is broader than any particular institution, rather than undertaking an ethnographic study of a particular organisation, a case study approach using multiple methods and sites was employed. The key methods used were document analysis and interviews with DLOs. In addition, my extensive experience as a provider and recipient of disability support, and as a member of higher education bureaucracy, added richness to the data analysis.

The period under study was 1990 to 2009. In Australian higher education over this period there have been three broad trends. The first of these was the establishment of indirect but substantial federal government control over aspects of the higher education sector. This ran parallel to the declining influence of state governments. Second, there was a substantial expansion in the number of people participating in the sector. This has been accompanied by a reduction in real terms in funding per student. Finally, in addition to the increase in numbers, a rhetoric and practice of greater inclusion within higher education has been adopted by universities. The greatest improvement in equity group participation has been for women, followed by people with disability. Tying these trends together, the increase in funding and equity group participation is closely related to the increase in control of the federal government. While the relationship is not directly causal, a number of similar mechanisms are shared between these areas.

Part of the mechanisms of increased federal government control over Australian higher education is a regime of reporting, particularly focusing on equity measures. Equity reporting measures are dual purpose, both encouraging participation of people from equity groups but also establishing and reinforcing lines of federal government control. The equity reporting measures also perform two other functions. At the government and whole-of-university level, it makes the rhetorical argument around improving participation of equity groups such as people with disability. Second, at the within-institution level, it fits into a broader category of documents around student support, and in particular what an institution needs to do to create a good student.

Supported by these rhetorical practices, there is a particular model of disability support operating within Australian universities, that I have labelled the prosthetic model. The

prosthetic model focuses on providing technical discrete adjustments to academic practice. It does not explicitly address structural issues. In one sense, it has been extremely successful, with participation of people with disabilities in the 20 years under study going from approximately 0.1 per cent to above 5 per cent in higher education in Australia. In another sense, it has been less than successful, as the proportion of people with disabilities outside the sector is still greater than that within, unrelated to capability to perform at the level required for higher education. As discussed in Chapter 3, while the statistics on higher education and disability in the population are whole-of-population measures and hence statistically reliable, they suffer significant conceptual uncertainty, particularly around whether particular ‘disability types’ are counted or not. For example, for the purposes of reporting by Australian universities, learning disabilities are included. However, for the national whole-of-population measures, in most cases learning disabilities are not counted (Australian Bureau of Statistics, 2008; Australian Institute of Health and Welfare, 2003, 2008; Bradley et al. 2008; Bulmer, 2006; Department of Education, 2009; Federal Department of Education, 2007; Kitsuse & Cicourel, 2006; Kohrman, 2003).

This needs to be interpreted in the context of three broad social trends that have played a role in the story of disability in higher education since 1990. Over the last 20 years, there has been a significant increase in the percentage of people with disabilities in the population, from 8 per cent in 1980 up to a current level of around 20 per cent. In addition although there are not reliable statistics it is highly probable that the rate of hidden disabilities has increased further and faster than visible disabilities (Australian Bureau of Statistics, 2004, 2008; Australian Institute of Health and Welfare, 2008). While a proportion of this growth may be due to the aging of the population, this is still a broad social trend that means that the experience of disability is becoming increasingly common. Alongside this increase in the incidence of disability, there has been an increase in the size of the university sector. The final broader social trend over the past 20 years has been the instability in the employment market, with, at various stages, unemployment reaching over 10 per cent, and the continuing long-term decline of the availability of ‘manual jobs’/low-skilled jobs (Cass et al. 1988; Saunders, 2002, 2005). These changes in the employment market, together with increases in the

university sector, have emphasised the importance of higher education as an entry to the workforce.

There are at least two meanings of disability used in this thesis: the descriptive or process definition, and the theoretical. The process definition sees disability as a bureaucratically assigned quality, granting access to particular goods in a particular socio-political setting, in this case study, higher education. The goods gained in the higher education setting are what are classified as 'support'. In one sense, the thesis is an account of the particular setting that was Australian higher education between *A Fair Chance for All* and the Bradley review. The theoretical definition of disability is a contribution to the broader tradition of the social model of disability. The particular version of the social model in this study outlines that disability is a particular category around perceived/actual need for certain types of assistance. Where disability is different is how that help is provided. Therefore, the study can be seen as the outline of a historically and socially specific mode of providing help: the DLO mode. As discussed, over the 20 years since 1990, a prosthetic model of disability support has been adopted among Australian universities. This model was very much socially and historically contingent, arising out of broad trends in society, large government policies, university policies and the actions of both students and staff within universities.

Examining disability in Australian higher education is complex. The ideology of disability rights has both been continuing to develop, and gaining acceptance. As discussed throughout the thesis, there has been a development of a mode of disability support practice within Australian higher education institutions. However, the relationship between increased numbers of people with disability requiring support and increased support services is difficult to determine. It appears that it is two-sided: the greater the number of students with a disability, the more support services are developed; but the better the support services, the greater the number of students wanting to become involved. This situation makes any one grand narrative of what has happened over the last 20 years problematic, as there have been multiple events and multiple causes for change in disability in higher education. A discussion of narratives in the plural is thus relevant.

I have argued that over the last 20 years there has been increased participation and support of people with disabilities in Australian higher education. However, there are still significant exclusions. Those groups of people with disabilities who are still excluded from Australian higher education can be characterised as those who are also excluded from broader Australian society. Alongside the changes in disability support and participation, there have been significant major structural changes in the sector. In the thesis I have examined these relationships; I summarise these below.

Key Findings

The prosthetic model

One of the key findings of the study is that there is a model of disability support within Australian universities that is close to universal. It is based on the provision of technical supports that do not call into question the underlying pedagogical assumptions in Australian higher education. These technical supports fall into three major parts, with the primary part being an assessment process to make decisions around the form of support to be provided. Arising from this assessment, materials are provided in alternative formats and the form of assessments is adjusted, without altering the underlying requirements of the assessment. These supports are structured in a non-ideological manner, which by its lack of questioning confirms the underlying pedagogical assumptions within Australian higher education. For example, while there are sound pedagogical reasons for questioning the use of exams for assessment purposes, current disability support practice does not raise those issues.

Evaluating the success of the prosthetic model as a policy measure in large part depends on which value of success is taken. These supports have been successful for a particular value of success. There are now significantly more students with disabilities participating in Australian higher education than there have ever been before. At the level of formal targets, these have come close to being met. The last major review of Australian higher education, the Bradley review, described disability support as such a success that disability was no longer a concern in higher education (Bradley et al. 2008). However, the statistics from which the initial targets were set were a significant

underestimation of the incidence of disability in the source population for Australian education.

The reason for this underestimation was an undercounting of the incidence of mental illness and a non-counting of the incidence of learning disabilities, which collectively are the two biggest causes of disability for people within Australian higher education. Therefore, while disability policy has been successful, there is still a significant level of exclusion of people with disabilities in Australian higher education. This exclusion is related to broader societal factors, rather than the particulars of detailed disability support. However, it is feasible that other measures may improve access to Australian higher education; for example, the use of intensive case management around social issues such as homelessness may improve access to Australian higher education.

Policy perspectives

In policy terms, there are three options for disability policy in Australian higher education: the *status quo*, more gradual changes that builds on the *status quo*, and a revolution. The *status quo* acknowledges that there have been improvements in Australian higher education and suggests that those improvements have been sufficient, either because the level of participation is sufficient or because the *status quo* will continue to provide improvements in the level of participation of people with disabilities in Australian higher education. This seems to be close to the consensus position of the federal government and expert opinion in the area, as evidenced by the Bradley review itself and the individual submissions from high-level university management to the review (Bradley et al. 2008).

The gradual approach suggests that the prosthetic model of reducing the issues of participation to individual technical tasks has been a successful approach. Therefore, to further improve participation, what is needed is more work using the prosthetic model. This would include both better funding of current support mechanisms and the framing of currently unsolved problems within the prosthetic model. For example, this would include technical strategies towards inclusive curriculum delivery and assessment practices. Finally, a revolutionary approach would be based on the point that, while the

prosthetic model has solved a number of problems, further problems remain, with their resolution requiring structural change within Australian society and the higher education sector. As is discussed below, if the core of issues around access to higher education are related to structural issues in broader society then measures need to be focused on wider societal structural changes.

Federal government policy and legislative changes, particularly *A Fair Chance For All* and the DDA, were necessary conditions for the increased participation of people with disabilities in Australian higher education. At a minimum, they prevented explicitly exclusionary policies being articulated within Australian universities. Further, they provided the formal frameworks in which most disability support activity has taken place. The DDA was influential in that it explicitly forbade certain behaviours, including direct discrimination such as failure to select on grounds of disability and separate treatment at events such as graduations; these have ceased over time. Secondly, it provided a framework for the elimination of indirect discrimination. A structural effect of *A Fair Chance For All* was to make sure that equity issues were still important within the university sector during a period in which the sector was under great stress. It was a risk that equity issues could have disappeared from the sector's agenda during this time. A further effect was that the reporting mechanisms on equity issues outlined in the Martin Report continue to be used up to the present day, although they are being supplemented with the more local measures outlined by the Bradley report.

Another finding of this study is that the universities share a common mode of practice, with disability support within each tertiary institution being closely related to the culture of that institution. This provides one of the tensions in the DLO's role, and one of the paradoxes in higher education disability policy; almost all 'disability policy' within Australian universities is technocratic. Specifically, disability policy is concerned with technical issues about how to do practical tasks; for example, working out a formula about how much extra time to provide to support a student, or how to get a particular piece of software to work to meet a particular student's needs. However, determining whether support will be successful or unsuccessful are related to organisational culture issues. For example, it is important that teaching staff believe that providing disability

support is academically valid, or that library staff see providing information access to somebody with a print handicap as a core part of their job. Amongst the benefits of the DDA and other federal government policy, is that they provide opportunity for the discussion of values and their translation in organisational culture in relation to disability support.

Differing but Commensurable Narratives

A recurring theme arising out of both the interviews and documents is the persistence of some narratives. Throughout both the interviews and policy documents, broader narrative issues and individual stories kept arising. In one sense they describe the events already discussed but the fact that they do it in narrative form is also of interest. These range from the broadest documents such as university strategic plans, through to individual disability stories of success and failure. An ending point for a discussion of narratives about disability in contemporary higher education is one sort of story. Prior to 1990, an often-told, perhaps even dominant, story of disability in higher education was that of the ‘super-crip’—the person with a disability who, through their and others’ heroic efforts, overcame all barriers, and not only entered, but was highly successful at university. Examples of this story include Christopher Newell’s (2006) account of his escape from the chicken factory into the university system; or alternatively, Elizabeth Hastings’s (1993) account of having to be carried upstairs to be able to get to class (Parsons, 1999; Thomas, 2007.) This type of account has diminished to the point of disappearing. The dominant stories are now about bureaucracies and being a ‘good’ student. While the bureaucratic stories may be less engaging, they do track a definite improvement, from a small number of heroic individuals, to mass participation by people with disabilities.

The first group of stories told about disability in higher education in the study are those told by the federal government. These stories, both in the statistics and the documentary material, are overwhelmingly positive. They track the increased participation of students with disability within higher education (Federal Department of Employment Education and Training, 2005; Department of Education, 2009; Federal Department of Education,

2007, 2008a, 2008b). These stories, while based on quantitative analyses, also fit the form of a progressive narrative of steady progress. This contrasts strongly with the next narrative: that of stress and failure. Rooted in the lived experiences of DLOs at the university level, there is a strong narrative of stress and tensions. This is also linked to a strong scepticism from DLOs about the progress narratives.

Part of the reason for these tensions is an expansion in the workload of the DLOs without an increase in resources. This is also related to a period of rapid and continual change in the sector over the last 20 years. One of the consequences of this has been a set of narratives around institutional and sectoral decline, with, for example, a Senate enquiry into the sector titled 'Universities in Crisis'. In addition, there have been some influential narratives within broader society in the period under study. One of these has been the development of a cluster of narratives around rights. While some of these have been legal rights as exemplified in the narratives around the DDA, others have been focused on individual rights, such as those around the decline of institutional care.

These narratives provide both possibilities and limitations for change in the sector. They suggest the possibility of writing a new story where we disagree with the old one. Moreover, given the long history of some of the stories in the sector, such as The University of Melbourne's narrative of being a great university for over 100 years, it is clear that some stories cannot be disposed of, but rather that rewriting them may be the best that can be hoped for. Alongside this understanding of narratives in the sector, using the work of MacIntyre (1977, 1984), there is a further subtext of the narratives forming both the epistemological and ethical framework for the higher education sector.

A new narrative of disability and higher education

Treating the subject matter as a series of nested narratives provides the following frame: a meta-narrative around Australian society, Australian higher education, increasing participation of people with disability in Australian higher education, the experience of DLOs and finally, continued exclusion and inclusion of those with disability in its broader definition.

In the 20 years covered by the study, there has been a broader inclusion of people with disabilities into Australian society. As part of this broader inclusion, there has been the implementation of the DDA and a broader cultural agreement about the increased participation of people with disabilities in Australian society. Alongside this broader trend in Australian society, there have been major changes to Australian higher education, including what has been described as the managerial university, with a focus on managerial reports and accounting. This change was signposted by a series of government enquiries and reports, including the Dawkins reforms and the Martin Report. The Martin Report in particular had a dual purpose of increasing federal government control over Australian higher education and providing a particular form of statistical reporting which became the dominant narrative for writing about equity groups in Australian higher education. Alongside this formal reporting, a genre of writing about universities in crisis was created (for example, Cain & Hewitt, 2004; Senate, 2001).

The statistics based on the Martin Report in the period under study demonstrate a continued and significant improvement in the participation of people with disabilities in Australian higher education. This indicates that the targets are being met. However, the definitions of disability used to set the targets for participation are different from the definitions used to count the number of students with disabilities actually participating. This leads to a discontinuity between rhetoric and practice, as much of the rhetorical tropes around disability are based on images of physical disability such as the wheelchair symbol, whereas the vast majority of people classed as having a disability within universities have invisible conditions. However, while the improvements in participation of students with a disability in Australian higher education are not necessarily of the magnitude that statistics or the bureaucratic consensus would suggest, there have been major improvements despite no significant increase in funding.

Examining the various narratives around disability in higher education support provides a framing for future action. On one hand there is the view that gradual change within higher education has led to greater participation of people with disabilities in Australian higher education. On the other hand there is the view that to bring those who are

currently excluded from Australian higher education into tertiary study will require major structural changes. To craft policy for the future in this area, it is necessary to decide which path to follow.

Reviewing the social model of disability

In this study, I have been working with a modified social model of disability. Here, I review this model. The starting point for this review of the social model is that human variation is universal; that is, as social beings, we all have a range of abilities and lack of abilities. Therefore, as social beings, we all require help with certain tasks and at different levels throughout our lives. From this perspective, disability is a need for a particular type of help, provided in socially determined ways. Therefore, the particular type of help and how it is provided will differ over time and in social contexts. For example, if writing is not an essential part of being in a society, not being able to write will not be a disability. Where it will be a disability, is in a society with an assumption of literacy. This fits with the fact that learning disabilities around reading and writing directly parallel the history of mass literacy. For this study, we are dealing with a time when tertiary education is becoming a prerequisite for engagement in broader society. Therefore, lack of access to education becomes more of a disability, and as a result, differences that may not have been noticed are becoming defined as disability. This explains the increased reporting of learning disabilities in Australia. Further, one of the overall trends in Australian higher education policy has been attempts to increase the overall access to Australian higher education. In this context, the impacts of disability as a barrier have become more visible.

Historically, the support provided under the category of disability was associated with notions of charity and doing good. One of the social changes around disability since the advent of the welfare state was a move towards more 'rational' modes of support based around bureaucratic and scientific ways of doing things. The value judgments are still implicit in the modes of support for disabilities; however, they now have a 'rational' rather than a moral justification. However as part of disability support is still associated with charity and doing good, there is a connection between providing disability support and gaining cultural and financial capital. This dates back to at least medieval times

(Metzler 2006; Wheatley 2010), with the care provided by monasteries and other church institutions supporting both their fundraising and their virtue. In the industrial era, there were strong connections between the cultural and financial capital around the creation of the large asylums with, for example the founders of the American Red Cross, also being involved with founding of the asylums (Coleborne and MacKinnon, 2003; Goffman, 1962; Oliver, 1990; Thomas, 2007). In the era of mass media, the form of this relationship changed, gaining expression in institutions and events; an example of this is the invention of the telethon as a way of doing good while being entertained ,or particular forms of advertising that depict those with disabilities as pitiful (Hevey, 1992; Longmore, 1997). In addition, the care institutions supported by events such as telethons are major producers of knowledge and cultural capital which then reinforces the presage of the charity/event (Haraway, 1981, 2008; Hevey ,1992; Oliver, 1992). One of the interesting and different elements of disability support within Australian higher education is the reframing of the moral issues around disability into issues around being a 'good student' rather than broad moral judgments.

In reformulating the model of disability, there are both physical and social drivers around the need for help. The need is not an illusion; it is caused by physical, medical and social factors. However, how the help is provided is socially defined. Therefore, the increase in 'disability' as defined by national surveys is an international phenomenon with increases in both first- and third-world countries. This model explains the combination of increased impairment and the rise in contexts that are not matched with peoples' abilities.

Briefly, due to a decline in mortality, there has been an increase in the rate of impairment, both from traumatic and chronic conditions. For example, improved battlefield treatments meant a lower mortality rate, but a greater rate of amputation. At the chronic level, the longer one lives, the greater is one's chance of acquiring a chronic condition. This is not necessarily directly caused by the aging process but an increase over time: that is the longer you live the more chance of events resulting impairment (ABS - Australian Bureau of Statistics, 2008; AIHW - Australian Institute of Health and Welfare, 2008; Wilkinson and Pickett, 2009). As the march of literacy created a class of

disabilities around print, it could be envisaged that the march of computer technologies will create a class of disabilities around computer use. Less optimistically, there is also a relationship between general employment and employment for people with disabilities, with people with disabilities generally being underemployed compared to the rest of the population (AIHW - Australian Institute of Health and Welfare, 2008, 2009; Cass et al. 1988).

One of the explanatory possibilities of this theorising about disability is that it questions assumptions of why and how help is provided, moving it from being a virtue to being normalised. Firstly, needing help becomes universal. Second, making this universal suggests that the power relations associated with providing and receiving help are not different in type from other power relations, and can be understood as part of a general theory rather than as particular ones. In the context of disability it means a move away from seeing people with disabilities as pitiful or heroic to something normal. This study has provided an explanation for some of the changes observed.

Resource Allocation

Appropriate resource allocation for student support in higher education is a critical issue. At a sector-wide level, there is a clear trend of increased student numbers and reduced funding per student for the length of the study (Bradley et al. 2008; CAPA - Council of Australian Postgraduate Associations 2008b; Marginson and Considine 2000; Parliament of Australia 2001). The practice of disability support, however organised, is a relatively new practice. In the period under study, disability support units went from unknown entities to being ubiquitous. This means that funding was diverted from elsewhere within the university setting to pay for this service provision. The federal government has not consistently provided extra funding for students with a disability, and when it has, this funding has been significantly below the real costs incurred (Federal Department of Employment Education and Training, 1990). One of the implications of this is that much of the enforcement of federal government policy has been based on anti-discrimination regulation, particularly the DDA, but also the higher education equity policy.

The stressed nature of the resourcing of Australian higher education has had an effect on disability support practice. While there is much evidence outside Australian higher education that one of the roles of disability services is to ration resources (Fulcher, 1989; Kohrman, 2003, 2004; Petryna, 2002), it is also clear that resource control in Australian higher education starts from the strained funding situation (Andrews, 1993). This immediately creates a tension between the demands of the Australian disability regulations; for example, the DDA requiring that all students with a disability be supported, and the fixed budgets of disability support units and broader university.

While the issue of resourcing may ultimately be reduced to a financial matter, in terms of actual disability support practice, the issue is more likely to manifest in terms of human resources. One of the recurring themes of the interviews was the workload-related stress of the DLOs. A further issue was around the lack of staff trained in certain areas. The key example of this was the undersupply of fully trained sign interpreters (AUSLAN interpreters), which leads to significant logistical problems and can result in high costs of service supply. Moreover, if the student does not attend when a support resource such as an interpreter has been arranged, this becomes an unnecessary cost for the university and a particular source of stress between staff and students.

Significance of the thesis

The intended audience for this study was fourfold: first, the research was undertaken as a contribution to disability studies scholarship; the second target audience were DLO's and disability support workers; and thirdly, it was designed as a contribution to higher education policy, disability policy and broader social policy. The final target audience were the active participants in the changes in the sector over the last 20 years; these include students and student activists, as well a wide range of relevant university staff.

The thesis is located within disability studies. This is a broad field, and the focus for this study has been on the sociological parts of the field. As disability studies is in part a performance of a particular understanding of society, this work can contribute to broader sociology. As well as thinking about disability studies as an academic discipline, disability studies also contributes to understanding of power and control; in

particular the control of people with disabilities over research performed on them, as well as, research empowering people with disabilities. In this study, this empowerment was achieved by focusing on policy as the problem, rather than the person with a disability.

This thesis is significant in a number of different ways. Firstly, the study has contributed to knowledge in the construction of disability in a particular setting; it has offered an understanding of disability in higher education moving from being an absence, except for heroic exceptions, to it being more normalised. However, despite the increase in participation of people with disabilities, disability in higher education is still associated with high levels of exclusion.

Secondly, the thesis is significant in terms of its review of theory of disability, in particular theory focused on the contemporary setting and demonstrating a positive change, rather than a focus on abuse and deficits. The oppression associated with disability in Australian higher education is indirect and structural. It is not the type of oppression of being excluded from society such as the over representation of people with disabilities in prison; however it is a choke point to power and wealth, and hence a range of other goods and services. The consequences of excluding people with disabilities from universities spread far outside the confines of the sector; for example, the role universities play in the training of professionals as well as the sector's broader role in cultural production.

Thirdly, the study provides an understanding of disability support practice. DLOs are a relatively new profession, and this study has provided insight into the work of DLOs and the tensions they face. The study has described the level of stress and distress faced by the DLOs, in the context of universities also under strain. The improvements to disability support have occurred in an environment of persistent restructuring and declining per capita funding. Within this setting, it is important to give voice to the DLOs at the coalface of disability support provision.

Study limitations

In this section I address the limitations of the study, before pointing to possible future research. The limitations are related to the field of disability support, methodology and timeliness of the research; these are addressed in turn.

One of the challenges of the disability support literature, particularly from a disability studies perspective, is that it is piecemeal, individualising and does not tend to take broader structural issues into account. This raised three major issues for this study: first, the lack of discussion of the structural causes of disadvantage in the disability support literature; and the second and third were gaps in discussions around race and gender in relation to disability. While this study has attempted, through its empirical and theoretical work, to address the structural issues around disability policy and practice, there is insufficient focus on gender and race with respect to disability in post secondary education. A partial justification is that as an Anglo Australian male, there are limits to how deeply I can engage with these issues. On race, and in particular indigenous issues, exclusion from higher education requires detailed work for concrete policy development. Although gender does not appear to be a major issue for the study, further work is required to more thoroughly investigate this.

The case study design was novel within disability studies and was a strength of the study. However there were methodological limitations. In relation to the document analysis the large volume of documents chosen favoured breadth over depth, and this limited the in-depth document analysis possible. Further the lack of sampling meant that there was lack of explicit choices made about documents. Another methodological limitation was the sampling strategy for the interviews. The choice of interviewing DLOs allowed a focus on the development of the DLO as a profession and their work practices. Only higher education based DLO's were interviewed, excluding a group of DLOs in TAFE's, and regional based sole practitioners. In terms of respondents among the university DLOs the majority were more experienced practitioners with only one of the respondents having less than two years experience. Further while the respondents had collective experience from at least six out of the eight public Victorian universities, the universities not represented were midsized universities; part of the reason for this

was at the time of recruitment those institutions were going through a phase of high staff turnover. A further limitation is that for logistical reasons only Victorian practitioners were interviewed. Although it does not appear that there were state specific differences (that is, each institution is different but these differences are a matter of institutional rather than state-based differences), without further national research it is not possible to be definitive. Current trends point to an increased role for private higher education providers; including this group could also have been valuable. An additional group of interview subjects could have been the casual and often low visibility disability support staff. An additional limitation was the exclusion of students with disabilities in the research. Although to hear directly from students with disabilities would have been beneficial, it would have changed the focus of the study from a structural approach to a more individualistic one as well as presenting procedural issues.

Timeliness

Due to a range of disability and personal issues, the research process has been longer than normally would be expected. As a case study of a particular time, 1990 until 2009, I have continued my close interest in the field and would argue that the subject matter has not aged unduly. Although to some extent I have followed the field since 2009, my level of professional immersion has decreased. It should also be noted that there have been relevant changes in the policy field. In addition to the change in federal government in 2013, there has been a fraying in the consensus at the end of the Bradley report that disability as a problem for higher education has been solved, and that the remaining problem is one of social exclusion (Bradley et al. 2008). This would have provided a neat conclusion for the thesis, with a partial agreement around social exclusion and a disagreement around the solving of disability. However at the time of writing the direction of Australian higher education policy is unclear. There is a continuing reduction in higher education funding and an increase in competition, and a greater use of private providers seem likely. Another significant policy issue is the NDIS. The NDIS has been designed to solve some of the contradictions of support for people with disabilities in Australia; underlying its development is an acknowledgement that disability support is both underfunded and high cost, as well being highly complex

and non transparent. The NDIS is currently being trialled and still follows the design of the Productivity Commission; however, it has yet to go full scale (Productivity Commission, 2011). The consequences of the full roll out of the NDIS nationally on disability support in higher education are yet to be realised.

Future research

Both the key findings of this study, as well as its limitations, point to fruitful areas for further research. As discussed through the thesis, the definition of disability is problematic. At a pragmatic level, there needs to be a reworking of definitions to account for the more plastic understanding of disability associated with the current wave of invisible and chronic conditions. Without this there will be similar situations to those identified in higher education, policy being made with a set of targets based on one definition and data collection based on a different definition of disability.

The NDIS is currently in its trial phase. One of the first acts of the NDIS in its design phase was to focus the scheme on those people with the most severe disabilities. While this makes sense from a design point of view, it has a number of consequences. First, like any other set of choices around disability, this has the potential of creating in- and out-groups of people with disabilities, leading to potential dispute; this will present with particular difficulties for those with variable and invisible conditions. A more positive effect of the NDIS is the potential funding of personal care for people with disabilities in higher education. These consequences offer possibilities for a future research program. In addition, from a disability studies/science studies perspective (Haraway, 1981, 1997; Oliver, 1990, 1992), the NDIS offers the possibility of a different basis for research on disability. The study of disability has been strongly linked with the maintenance of charitable institutions and abusive situations, and the NDIS offers the possibility of a different social and hence epistemological base for future research.

Another possibility for further research is in the use of a case study design for other areas in disability studies. A case study design offers the advantage of being able to study social phenomena in their context; this may be particularly useful for areas such

as where context is particularly important such as disabilities arising from sport related brain injury or war wounds.

Sitting implicitly within the relationships between social theories of health, the epidemiology of impairment (particularly the relationship between social class and impairment), the social model of disability and broader understandings of society there is an interesting research area yet to be considered; this would involve bringing together social models of disease and disability, perhaps meeting at the intersection of power and the environment. While social models of disease and disability are different in both their intellectual history and content, consideration of their similarities and differences may be productive.

The limitations of the study previously outlined also highlight areas for future research. There is space to look at gendered conditions, particularly when one gender of people with disabilities cluster in a course or study area. Two anecdotal examples of clustering of disability and gender from disability support circles are self-harm among (female) nursing students and anorexia among those doing sports science. The case of anorexia is of particular interest in that the gendered nature of the condition may be shifting, with reports of it becoming also associated with men, but with differences in possible causes then that arising in women. Both examples highlight the agency of students with disabilities making sense of their worlds. On the exclusion of Aboriginal and Torres Straits Islander people with disabilities, while there is a clear need for more research in this field, it needs to come from Indigenous participants themselves. The question that arises is how to create an environment where Indigenous researchers are enabled and supported to do this research. In considering the general exclusion of people with disabilities from society as a whole, some key locations for future research includes nursing homes and prisons, with the high incarceration rate of people with disabilities (as well as Indigenous Australians). The issue of disability and prison is potentially linked to issues such as failure of the school system as well as later exclusions (Ikaheimo, 2009; Office of the Public Advocate, 2004; Productivity Commission,

2011). The issue of younger people with disabilities in nursing homes supports the NDIS as a site for more research.

At a theoretical level an unexplored issue is that of time in relation to disability. There are various different understandings of time such as therapeutic time (Messinger, 2010; Warren and Manderson, 2008), the issue of the nature of chronic illness, the provision of extra time as a method of support, and the differing bureaucratic time of government departments and universities. Examining the different understandings of time in relation to disability suggests further work in the area. This may be linked to issues of space for people with disabilities; for instance what accessible space is, what sort of space is considered in relation to campus space, and how both might change with the increase in virtual space.

Final remarks

I have argued that from the period under study, 1990-2009, there has been increased participation and support of people with disabilities in Australian higher education. This is particularly noteworthy as this happened in a time of decreasing funding. However, there are still significant exclusions with respect to people with disabilities in higher education. While there has not been a direct correspondence between policy and events, it is clear that policy has made a difference over the longer term. However even after 20 years of equity policy in Australian higher education, the ultimate objectives have not been met. People with disability are yet to participate in higher education in the same proportions they occupy in society. While there have been significant improvements, participation is still below the percentage of people with disability in society.

The policy changes appear to have been successful at three levels. Firstly, the various equity and anti-discrimination policies have achieved a level of ideological closure. The issue of whether people from equity groups should participate in higher education has been resolved in the affirmative. There is a broad consensus, not only for a non-discriminatory entry policy, but also for a policy that actually encourages entry from equity groups. Secondly, these policies have led to a bureaucratic framework of funding

and reporting. Thirdly, what is normal has changed with estimate of participation shifting from literally one in a thousand to there being people with disability in every class(Andrews 1991, 1993; DEEWR - Federal Department of Education, 2008a). The first caveat around this progressive view is it is clear that who is counted as disabled has changed. There has been a shift from a definition of disability that focused on those in formal care settings to a definition that captured the more invisible and mutable of disabilities. As a result the underlying rate of incidence of disability in the university age population is probably double the initial estimates. The second caveat is that there is still a high level of exclusion. While there are strong links to broader social exclusion the causation is unclear. Finally, overall the prosthetic model has been successful in leading to sustained improvement in the participation of people with disability in higher education. While it may not be the only measure needed to continue the improvements it will remain a key strategy into the future.

Table 3.1: Commencing and All Domestic Students^(a) by Equity Group, 1998 to 2008^(b)[illegible]

Students from a Non-English speaking background	29,275	26,168	23,674	24,498	24,923	26,179	27,127	26,299	25,469	27,869	28,674
Students with a disability	17,574	18,084	18,926	21,307	23,720	25,277	26,228	27,969	28,603	30,244	30,872
Women in non-traditional area	121,312	125,624	125,354	134,999	139,096	139,827	138,484	134,455	134,024	135,497	135,934
Indigenous	8,031	8,367	7,682	8,656	8,860	8,964	8,865	8,337	8,816	9,329	9,490
Low socio-economic status(c)	91,557	92,779	93,012	104,336	106,805	106,374	104,362	103,156	105,908	110,695	113,442
Regional ^(d)	0	0	0	128,692	131,521	131,016	128,511	126,641	128,831	132,227	134,661
Remote ^(d)	0	0	0	9,279	9,072	8,873	8,552	8,115	8,109	8,251	8,105
Rural ^(e)	108,850	109,642	110,914	119,936	0	0	0	0	0	0	0
Isolated ^(e)	11,191	11,386	11,218	9,889	0	0	0	0	0	0	0
All Domestic Students	623,700	629,794	629,062	678,036	703,204	709,832	706,500	705,743	720,504	743,924	758,553

(a) Data excludes domestic students where permanent home address is overseas.

(b) Data for 2001 onwards are based on full-year enrolments. Prior years are based on enrolments as at 31 March.

(c) Low SES data for 2001 onwards are based on 2006 Census SEIFA. Prior years are based on 1996 Census SEIFA.

(d) Regional and Remote categories are derived from MCEETYA classifications, which replace the old Rural and Isolated categories.

(e) Rural and Isolated categories are derived from RRMA classifications.

Reproduced from Table 2.1, DEEWR Higher Education Statistics 2005–2008

Table 3.2: Commencing local students with disability (numbers and percentage)

Students	Commencing												
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All universities	261,196	239,814	237,289	240,089	241,485	255,732	263,776	256,991	251,193	256,665	265,320	276,769	288,228
All domestic students with disability	4,647	5,761	6,126	6,149	6,414	6,770	7,780	7,828	7,966	8,476	9,058	9,540	9,574
Percentage	1.779%	2.402%	2.582%	2.561%	2.656%	2.647%	2.949%	3.046%	3.171%	3.302%	3.414%	3.447%	3.322%

Modified from DEEWR Higher Education Statistics 2005–2008

Table 3.3: All local students

Students	All local												
Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All universities	580,906	595,853	599,670	603,156	599,878	684,975	711,563	719,555	716,438	717,681	733,267	756,747	771,932
All domestic students with disability	11,656	15,019	17,574	18,084	18,926	21,307	23,720	25,277	26,228	27,969	28,603	30,244	30,872
Percentage	2.007%	2.521%	2.931%	2.998%	3.155%	3.111%	3.334%	3.513%	3.661%	3.897%	3.901%	3.997%	3.999%

Modified from DEEWR Higher Education Statistics 2005–2008

Appendix 2: Documents analysed on disability in Australian higher education

Documents analysed: grouped by origin and purpose

Federal government legislation	Federal government policy	University responses to federal government	Disability how to	DLU working documents
Disability Discrimination Act (1992)			Reasonable Accommodations (1991)	RMIT DLU site (2009)
	Disability Discrimination Standards (2004, 2011)			Monash DLU site (2009)
	A Fair Chance For All (1990)	University of Melbourne Disability Action Plan (2004–2007)		Victoria University DLU site (2009)
		RMIT Disability Action Plan (2005–2008)		Swinburne DLU site (2009)
		Deakin Disability Action Plan (2000–2001)		ACU DLU site (2009)
		La Trobe Disability Action Plan (2005–2010)		Ballarat DLU site (2009)
		Swinburne		La Trobe DLU

		Disability Action Plan (2004–2007)		site (2009)
		ACU Disability Action Plan (no longer publicly available)		Deakin DLU site (2009)
		Monash Disability Action Plan (no longer publicly available)		Melbourne DLU site (2012)

Appendix 3: Contexts in which documents were first encountered

Document name	First encountered	Other encounters	Contexts
Reasonable accommodations 1991	1994 Given to me as advice in my role as a student	1995 RMIT disability working party	
Disability Discrimination Act DDA	1995 RMIT disability working party	Key source for my writing 1996 paper 'From fear to policy: the creation of a policy on psychiatric disabilities at a post secondary education institution'. First presented at Pathways 3 2001-10 Policy workshops on Disability at the CAPA	Federal government policy Template for university policy and reporting
A fair chance for all	1991 Swinburne disability working party	1991 Pathways conference 2000-2009 as CAPA disability officer 2001 -2009 institutional statistics	Local and national policy
Growing Esteem	2005 UMPA council/ research higher degrees committee	2006/8 reform process	Local policy

Appendix 4: : Themes extracted, sorted by source document

Strategic Plan (Davis 2005)	Cultural Diversity Policy University of Melbourne (<i>University of Melbourne, 2004a</i>)	The Equity and Cultural Diversity Audit (Martin 2004)	The University Disability Action Plan (<i>University of Melbourne, 2004b</i>)	Access Map (<i>University of Melbourne, 2002</i>)	The PhD Handbook (University of Melbourne 2004c)	Mayhem to Masters (University of Melbourne 2001)	Accessible Material Production Procedures (University of Melbourne, 2005)	Support for Students with Visual Impairment (2005)
Melbourne as a world leader; elite but not elitist	Cultural diversity as strength	Performance versus key indicators	The university shall	Access	Responsibiliti es	Disclosure	Timeliness	Rights and responsibilities
World class	Diversity	Improving performance	Implicit that the university discriminates	Safety/Securit y	Prescriptions (thou shall)	Self-image	Obligations	Technology
Measures	Valuing diversity	The university does	What the university is doing to fix	Accessibility	Disclosure	Teamwork	Shared responsibility	Information
Measures of success	Valuing diversity as a way of reducing conflict	Data	Rights and responsibilities		Candidature	Encouragemen t		Solutions
Power	University's programs are		Reasonable accommodations		Time	Available services		

Quality	of highest quality		
Research	Valuing inclusiveness	Information	Available people
Success		Disability essential/marginal	Success
			Self- management

Appendix 5: Interview guide

Closed questions:

Gender

Academic background

Work background

Title, DLO/other

Length of practice as DLO

Job classification; for example, professional staff/academic

Location within university; for example, student services/independent.

Interview themes/open questions:

What sort of students do you support? What systems do you have in place to support these students?

Can you describe the rhythm of your job to me—what is a ‘typical’ day?

What is the relationship between the university’s ‘disability policy’ and other policies?

How do broad university policy and actions of the university affect your job?

How do you measure and report your work?

Government policy:

For this section we are working from general policies to the specifics such as the DDA:

Have you any comment on broad government policy as affects your work?

What role does the DDA play in your work?

How does higher education equity policy affect your practice as a DLO?

Is there something else that you think is important for this study that I have not asked you about?

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