**Is it time to rethink the ‘inclusion’ approach for students with disabilities in Australian Universities?**

**Introduction**

The model of educational support for higher education students with a disability has changed dramatically over the years, but what if our current model is disabling in itself?  How do we move our current focus on deficit and deviance to one of rich and valued experience from which we can all learn and benefit? Provision for people with disabilities has changed from that of charity models to rights based and social models of disability (Barnes, 2010; Carling-Jenkins, 2007; Clear, 2000). This change has been reflected within higher education as well, with greater ‘inclusion’ of students with disabilities. More students with disabilities are accessing higher education options in Australia than have in past decades (Riddell & Weedon, 2011; Seale, 2006 and Australian Institute of Health and Welfare, 2014). This trend is likely to continue (Gale & Tranter, 2011).

David Mitchell and Sharon Snyder (highlighted in Tweed, 2014) have coined the phrase “*a weakened strain of inclusionism*” in reference to the inclusion of students with disabilities in higher education. The phrase implies that full inclusion is not a reality on university campuses. Mitchell, Snyder & Ware (2014) claim inclusion needs to be undertaken differently than is currently practised to include students with disabilities in higher education, and thus allow them to feel empowered, equal, valued and contributing members of the university campus. Dialogue on the issue of inclusion of students with disabilities in higher education is needed (Seale, 2006). This paper looks at the current support practices for students with disabilities at university and what needs to change.

**Background**

Students with disabilities account for around only 5% of the Australian university student cohort (AIHW, 2014). Whilst this is a massive participation increase from earlier decades (Clear, 2000; Riddell & Weedon, 2011; Madaus, 2011; Ryan & Struhs, 2004; Seale, 2006 and Hogan, Kyaw-Myint, Harris & Denronden, 2012) we still have not arrived at a place of full inclusion in higher education programs. The Australian Bureau of Statistics (ABS, 2013) report that around 16% of people aged 15 to 64 of the general population report having a disability. The Australian Government is aiming for only 8% participation of people with disabilities (AIHW, 2014). Sixty percent of students in Australian higher education institutions are aged 15 to 24 years, and around 7 to 10% of persons aged 15 to 24 years in Australia have a disability (ABS, 2010 & 2013). Forty percent of Australia’s tertiary student cohort is aged 25 and older and the disability ratios for the older population groups are progressively much higher, up to over 31% for those aged over 55 years (ABS, 2013).

Why the 8% target rate of participation was selected is not known (AIHW, 2014). Perhaps the 8% is closer to the representation ratio of the younger age group of students with a disability, though it certainly is not representative of general community ratios or the whole tertiary student cohort. Reported statistics for equity participation in higher education are not reported by age groupings, making it difficult to compare actual and target participation rates against population representation (Gale & Parker, 2013).

Higher education definitions of equity originate from the discussion paper *A Fair Chance for All* (National Board of Employment, Education and Training, 1990, p.8):

The overall objective for equity in higher education is to ensure all Australians from all groups in society have the opportunity to participate successfully in higher education. This will be achieved by changing the balance of the student population to reflect more closely the composition of the society as a whole*.*

If the objective is to reflect more closely the composition of the society as a whole, then the target participation rate set by the government does not achieve such equity. It is set lower, perhaps more achievable for government reporting needs and thus can assist in painting a picture that is better than it should look. The current 5% participation rate is certainly closer to 8%, but a long way from 16%.

The actual participation rate is repeatedly claimed to be higher than reported, based on the belief that students with disabilities do not always disclose they have a disability, even to receive supports (Gale & Tranter, 2011). Many students will disclose a disability *after* starting their studies, when they realise they need accommodations within a university curriculum ill prepared for meeting their needs (Gale & Tranter, 2012; AIHW, 2014). Disabilities service officers will make recommendations to accommodate student needs, like time extensions on assessment item submission, additional time in exams and a range of other measures, hopefully allowing students with disabilities to continue their studies when faced with difficulties. Not all students will disclose a disability for fear of being treated differently (Hadley, 2011), perhaps due to discrimination they have experienced in the wider community (Hurst, 2009).

The practice of disability support in higher education is embedded in an individualistic and highly medical model, as reflected in the various universities’ policies and rules for meeting student needs (Tinklin & Hall, 2009; Seale, 2006, Goode, 2007). Students must seek out a separate, segregated service (segregated - as it is only for students with disabilities), they must disclose and ‘prove’ their disability (outline what is broken, what does not work according to medical terminology and written medical proof), then the disabilities service officer will negotiate adjustments to meet the student’s needs. Such processes and policies are not empowering (Linton, 1998; Hadley, 2011).

The accommodations recommended and implemented are really a tweaking and retrofitting of educational delivery to allow students with disabilities to meet the normal accepted standards (Liasidou, 2014). The curriculum itself does not change; the pedagogy of higher education curriculums does not change to recognise people with disabilities as a normal part of the diversity of student cohorts. Students with disabilities are expected to change, to adapt, and to conform to the norm (Mitchell, Snyder & Ware, 2014). Many students with disabilities will accept they have to ‘conform,’ as they fear being treated differently (Fuller & Healey, 2009). Students have to assimilate. This is not inclusive education or even an equal opportunity (Crisp & Fox, 2014). This practice does not recognise the normality of the lives of people with disabilities, it sets them apart as different, and not a normal part of the student cohort (Oliver & Barnes, 2012).

**Discussion**

**The current model**

Students requiring accommodations, even obvious accommodations such as electronic textbooks for blind students, must verify their disability with supporting medical documentation before any adjustment can be provided. This is not just a diagnosis of a medical condition by terminology but includes an outline of the functional limitations of the individual. Such a process highlights and reinforces the notion of disability being a medical issue, a pathological brokenness of an individual with a clear outline of the inadequate performance capacities of the individual. The process based on the medical model, implies that adjustments must be somehow earned. Even though the intent is to create greater inclusion, this is a reactive approach to access (Burgstahler, 2008).

Disabilities service officers follow legislative and government recommendations that highlight the development of ‘disability support plans’ which outline how to meet the needs of individual students with disabilities. This centres the issue of disability support as a response to the disability, a truly medical model. The focus is not on the inaccessibility of the curriculum and *its inability* to accommodate the diversity of all its students.

The process used is not congruent with current social inclusion theory and practice. The current process is focused upon the individual, and making adjustments (retrofitting) to provide ‘access’ for those who cannot access the ‘normal’ curriculum. The social model of disability on the other hand puts the lack of access as a fault of society (i.e. the curriculum, learning activities, buildings for example), and not the fault of the individual (Oliver, 2009). The current practice, while working to include students with disabilities is not embracing students with disabilities and in effect expects that students with disabilities “*submerge their disability experiences in order to pass as non-disabled*” students (Mitchell, Snyder & Ware. 2014).

The individualised, singling out of students as different, or deviant, leads to greater internalised oppression for students with disabilities (Liasidou, 2014 and Mitchell, Snyder & Ware, 2014). This oppression of students with disabilities, where students are reluctant to identify as having a disability, or to embrace their disability as part of their identity, or even seek needed help for fear of labelling and being treated as separate from their peers is well documented (Liasidou, 2014; Barnes, 2007; AIHW, 2014; Mitchell, Snyder & Ware, 2014 and Riddell & Weedon, 2011).

 **Focus on participation rates**

Higher education has been accused of playing lip service to access and equity inclusion rather than make real change in the design and delivery of higher education (Imrie, 2014). The Australian Government funds disability support in higher education institutions from the Higher Education Disability Support Program (AIHW, 2014). The HEDSP program has two components the Additional Support for Students with Disabilities (ASSD) and Performance-based Disability Support Funding. Performance funding is awarded on the basis of meeting targets and increasing participation rates, and building aspiration programs for future students (Gale & Parker, 2013 and AIHW, 2014). One million dollars in ‘performance funding’ was split between all higher education institutions in Australia in 2010(AIHW, 2014) - not a huge funding allocation and arguably not enough to encourage increased *performance*.

This focus on increasing participation rates to receive additional performance funding is a very ‘carrot and stick’ approach (Riddell & Weedon, 2011). There is no requirement or incentive to invest in inclusive design of higher education curriculums (Imrie, 2014). The government targets have not risen from the voice of students with disabilities, regarding their perceived difficulties with inclusion in higher education (Gale & Mills, 2013). Participation rates are easy to measure, whereas reporting on the success of a more inclusive curriculum where students do not have to report a disability is much harder to measure.

 **Making adjustments**

Riddell & Weedon (2011) highlight that admission into a higher education program is only part of the challenge of including students with disabilities. Once admitted, legislation requires that the student demonstrate disadvantage and disability before ‘reasonable adjustment’ accommodations *need* to be made (Commonwealth of Australia, 1992). The focus of making ‘reasonable adjustments’ is on the identified and verified deficits of the individual student, and not those of the system. The focus and reporting to government is not on how inclusion has been considered in the entire design of all teaching and learning within a higher education institution. Institutions do not have to report how many of their curriculums are now accessible and inclusive, or how they have incorporated universal design principles. Instead they report on how far forward they have progressed towards the 8% participation rate and how much money they have spent supporting these students.

Whitburn (2014) outlines the failure of Australian education inclusion policy and legislation as not being radical enough. He highlights how legislation is weakened by the opt out objects of “as far as possible” or “as far as practicable” that are used in the *Disability Standards for Education 2005* (Whitburn, 2014). There is an implication that it is not always practical or possible to include students with a disability and in the process separating them from consideration on the same basis as the rest of society (Whitburn, 2014).

Inclusion of students with disabilities is primarily dependent upon specialist staff in student service units making assessments of student needs and then perhaps (though not always) sharing these ‘adjustments’ with the student’s academic staff (Oliver, 2009). Academic staff are not always central to this process and one could say academic teaching staff in all their busyness are ‘saved’ additional work (Hurst, 2009 and Oliver, 2009). The teaching and learning environments (classes, structure, handouts, assessments and so forth) are left untouched, in other words the social structure that is disabling and exclusionary for students with disabilities has not changed or been challenged at all (Oliver & Barnes, 2012).

In this individualistic approach students with disabilities are assessed, highlighted as ‘different’, and challenged to change or work harder to meet the normal capacity of a student in a higher education institution (Oliver & Barnes, 2012). It is a process that needs to be repeated every student, both now and into the future as individually tailored solutions rarely become systemic (Mitchell, Snyder & Ware, 2014). Oliver and Barnes (2012) point out that negative assumptions and ideologies underlie this process and the policies behind them. People with disabilities are broken, they need things ‘fixed’ for them, and they are not a regular part of the student cohort, or the community. We have to ‘adjust’ things to meet their needs, although it is a burden to do so and educational institutions require specialist staff to do this.

**Social Participation**

A lot of research and discussion on the inclusion of students with disabilities in government reports and institutional polices focuses upon the participation rates, their academic achievements but not upon their social participation (Liasidou, 2014; Riddell & Weedon, 2011; Gibilisco, 2011 and Fuller, Riddell & Weedon, 2009). The discourse needs to move to include the ‘voice’ of students and change the need for students to reject, or choose not to disclose a disability or submerge their disability and ‘pass’ as normal (Liasidou, 2014; Mitchell, Snyder & Ware, 2014 and Oliver & Barnes, 2012). Perhaps students should have a voice in how to measure success, and advice on what does an inclusive educational environment mean for them.

Liasidou (2014) highlights that students with disabilities achieve much better when they are comfortable disclosing their disabilities and receiving required the support services. She also explains it is the “pervasiveness of normalcy within the institution*”* that hinders achievement and stops students from disclosure of need (Liasidou, 2014). Mitchell and Snyder (2012) state that the energy used by students with disabilities to follow ‘normal’ curriculums and appear just as able-bodied as their peers take so much attention that academic achievement takes a back seat, thus students are sacrificing their education to the greater social task “of concealing their differences.” AIHW (2014) report also highlights that 19.5% of students with disabilities who withdraw from higher education courses do so due to the social isolation on campuses. A further forty per cent site inflexibility within assessment and workload demands that do not fit around needs their disability (AIHW, 2014).

**What is *success*?**

In higher education inclusion, outcomes are measured by the percentages of students with disabilities at various degree levels, by access and completion rates. There is a real need to change the lived oppression that people with disabilities continue to experience (Goggin & Newell, 2005; Charlton, 1998) but this is not generally happening within the teaching and learning process. Current graduates will still enter a world of high unemployment for people with disabilities. They will still be exposed to higher levels of poverty, thus affecting their long term health and they will continue to struggle to have their voices heard if they are not included in the ‘disability dialogue’ (World Health Organisation, 2011; Oliver & Barnes, 2012).

As the Australian Government forges ahead with the aim to reduce the costs of welfare it demands recipients, where able, to earn or learn (Andrews, 2014) and ultimately assist in the goal of reducing not only welfare dependency but also government debt levels. This push is likely to see more students enter training and education. As expressed by government ministers ''the age of entitlement is over, and the age of personal responsibility has begun'' (Kenny, 2014). The National Disability Insurance Scheme (NDIS) also has the aim of improving the sustainability of Australia’s welfare system – thus improving the opportunities of people with disabilities to access training and employment options with increased support options (Bonyhady, 2014). The implementation of the NDIS and proposed reforms to the welfare system will profoundly impact the options that people with disabilities have. The option of accessing higher education will become a reality for some.

Higher education institutions have a responsibility in preparing these students for the world after university. Not just ‘successful’ students who through persistence arrived at the end point to a degree, and not just with the academic qualifications within their chosen field, but with the skills and potential to navigate their greater inclusion in society.

**If what occurs now is so wrong, what needs to happen?**

Inclusive educational discourse should acknowledge the necessity of responding to learner diversity - all learners - not just those enjoying dominant normative expectations (Liasidou, 2014 and Mitchell, Snyder & Ware, 2014). Mitchell, Snyder & Ware (2014) discuss curriculum changes (*cripistemologies*) that allow people with disabilities to recognise their existence as another way of experiencing and knowing. Gale and Tranter (2011) refer to ‘epistemological equity’ to explain how certain kinds of knowledge are legitimised at the expense of others. They go on to explain that those from equity groups (including people with disabilities) have different ways of ‘knowing,’ and that curriculums need to include these different experiences. Such research indicates we need to stop addressing the needs of students with disabilities as *different*, and rather include their needs and experiences as part of the normal student experience.

Research also highlights that when students openly embrace their disability status as a defining aspect of their own identity, the student performs at a higher rate than students who expend energy concealing their disability (Mitchell & Snyder, 2012). Liasidou also outlines that there is considerable evidence that shows when students with disabilities have the support they need without having to expend enormous energy to get it, they can achieve on a par with students who do not have disabilities (Liasidou, 2014).

Discussion on inclusion in higher education for students with disabilities needs to move away from the compensatory retrofitting adjustments to make curriculums ‘accessible’ for students to advancing inclusive pedagogy to meet a wider student diversity, including students with disabilities (Liasidou, 2014; Mitchell, Snyder & Ware, 2014; Gale & Tranter, 2011; Riddell & Weedon, 2011; Oliver & Barnes, 2012 and Crisp & Fox, 2014). Accessible learning materials do not always equal inclusive learning environments, though they should be our starting point. Higher education institutions are committed to meeting more than just minimum legal obligations to include students from other equity groups (women, indigenous student populations, students from non-English speaking backgrounds, LGBTIQ –gay, lesbian, bisexual, transgender, intergender and queer populations for example) students with disabilities should be no different (Cory, 2011).

It has been well documented that good design for people with disabilities, is good design for everyone (Cooper, 2006). Universal design has shown how its application to buildings and commercial products has increased accessibility not only for people with disabilities but also for everyone (Burgstahler & Cory, 2008). Examples include lifts in buildings and curb ramps which assist many people, not only those with disabilities. Ensuring the learning materials are accessible for all students has to be the absolute minimum starting point.

Applying universal design to learning holds that same promise of making the learning more inclusive for everyone, including people with disabilities. Fuller, Riddell & Weedon (2009) explain how all students have differing needs and differing learning styles. They argue if higher education pedagogy is adjusted to take on board the needs of students with disabilities the learning programs become a richer experience for everyone. If assessments and learning were designed to be inclusive of all students from the start, using universal design principles, the need to distinguish between students with disabilities and students without disabilities would be lessened (Fuller & Healey, 2009). This would lessen the need to treat students with disabilities as a separate category of student. Academic diversity is a characteristic; it is not a flaw (Edyburn, 2011). When universal design of learning is implemented disability services within student service units could be seen as a value added provision rather than an additional institutional expense (Hurst, 2009). Sharon Kerr remarks in the Macquarie University project on Accessible eBooks within an Indigenous higher education program that institutions can save costs and greatly reduce pressure upon students by implementing universally designed curriculums (Macquarie University, 2014).

While universities are currently doing their best to comply with legal mandates, and meet participation targets they could do more to assist students with disabilities in the development of their independence, leadership and self-determination skills (Hadley, 2011 and Powers, Ward, Ferris, Nelis, Ward, Wieck & Heller, 2002). Universities need to find ways to empower students with disabilities to be included in the ‘dialogues of disability.’

Whilst there is a risk of adding to the segregation and subsequent perception of deviancy, there are potential benefits in offering learning and networking opportunities for students with a disability and academic faculty. Perhaps The University of Connecticut’s idea of “*Lunch and Learn*” sessions where workshops are informally held at regular intervals promoting inclusion and encouraging conversations regarding students with disabilities is one such worthy idea (Korbel, Lucia, Wenzel & Anderson, 2011). Including students with disabilities in sessions of awareness for staff, as well as conducting sessions for students with disabilities, empowering them to discuss disability and identify with their own disabilities (Hadley, 2011; Linton, 1998).

Syracuse University hold an annual conference for future and current students, which includes sessions on legislation, disability identity, and student advocacy along with study survival type workshops (Syracuse University, 2014). Looking at the *Dare to Dream* program for 2014 it is clear this event is not only an outreach event, open to high school students with disabilities as well as students of the university, it is also an encouragement for students with disabilities to stand tall and proud (see Appendix 1 for copy of program). Osler (2012) states that education in human rights is critical, as students cannot claim their rights unless they know about them. This should be the first step to empowering socially disadvantaged students (Osler, 2012). Building capacity for students to discuss their exclusion, build their social participation capacities need to be funded. Aspiration building programs like *Tertiary Education Experience* days (Griffith University, 2014), or leadership development programs (Griffith University, 2013) catering specifically to needs of students with disabilities, whilst on surface are segregating by offering but are inclusive by directing discussion and need to the specific needs of the cohort. These types of activities should be a part of the offering institutions can make available for students with disabilities.

Some might say that perhaps we are at a good starting point with what we are doing at present - but it is not enough (Cory, 2011). Even if we did reach equal enrolment rates on a par with population representation we are not guaranteed equal social participation. As important as participation is the need to make inroads into the basic infrastructure of the higher education pedagogy. By incorporating universal design for learning principles and acknowledging alternative ways of knowing, we will strengthen the effectiveness of inclusion of students with disabilities in higher education. We will provide greater opportunities for these students to develop their capacity further and to be truly included and valued.**References**

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