

Students with disabilities are one of the success stories of government equity policy over the previous decade. Access, participation, retention and success indicators have seen major improvements since data was first collected in the mid-nineties. This group however, is relatively absent from the first year experience and transition literatures. Equity indicators demonstrate that the strategies developed by Universities have enabled the successful participation of students with disabilities. However, there is a significant need to evaluate the first year experience for students with disabilities, and identify the key issues for their successful participation and transition. This paper utilises a case study approach to demonstrate the utility of segmenting students with disabilities according to the timing of their disclosure. Strategies are recommended that enable the equitable participation of each of these segments.

## **Are a few veggie burgers enough?**

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This paper endeavours to highlight the complexities of enabling the participation of students with disabilities. The title of this paper relates to an incident which is used to illustrate these complexities. The story relates to a University sanctioned BBQ, the mainstay of on campus student cuisine. A student organising the catering endeavoured to meet the requirements of University policy on inclusive events by purchasing some veggie burgers and salads. A student with mental health issues, and chemical and dietary allergies expressed their disappointment quite assertively that their needs were not met by such a cursory attempt at inclusive catering, leading to the question, to enable the participation of students with disabilities, are a few veggie burgers enough? Although this is not the most common issue experienced by Disability Services, it is useful to illustrate that for students with disabilities transitioning into the University life, the environment that they find themselves in is complex, and where this interacts with complex needs, without a good institutional understanding of disability issues, problems are inevitable. This paper highlights that although disability is a significant issue, it is relatively absent from the first year to higher education literature. This session also provides insight into the experience of students with disabilities transitioning into higher education, segmenting students into groups characterised by the timing of their disclosure.

It is useful to conceptualise disability prior to reviewing the participation of students with disabilities in higher education. Under the Disability Discrimination Act (1992)<sup>1</sup> a disability is defined very broadly and includes temporary conditions and the presence in the body of

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<sup>1</sup> [http://www.austlii.edu.au/au/legis/cth/consol\\_act/dda1992264/](http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/)

organisms capable of causing disease (such as Hepatitis or the Influenza virus). The definition is broader than a narrow range of conditions that are traditionally associated with disability, colloquially referred to as a wheelchair and white cane approach. The World Health Organisation Classification of Functioning Disability and Health<sup>2</sup> conceptualises disability as an umbrella term that includes impairments, participation restrictions and activity limitations which interacts with internal and external environmental factors with both negative and positive effects. In the context of broader conceptual understandings of disability, it is recognised that disability results in significant barriers to the equal enjoyment of human rights across a range of activities including access to premises, transport and education. For these reasons we have anti-discrimination legislation and disability is categorised as an equity group by DEST.

Statistics on the participation of students with disabilities have been collected since 1996. The access share has increased from 1.94 in 1996 to 3.02 in 2002 (Krauss 2004). Although this figure has shown significant improvement the current participation rate of 3.42 in 2002 is well below the reference value for disability recently revised by DEST to 12.75 %. The data generated by DEST is generally collected at enrolment, and many students do not disclose at this stage. Medical issues are the largest sub-category within those that indicate a disability on enrolment. It is interesting to note that although *The First Year Experience In Australian Universities: Findings From A Decade Of National Studies* (Krauss 2005) does not include the word disability, it does refer to do health problems (both physical and emotional) as being important factors in the first year experience of students. There are several conclusions that can be drawn from this:

1. In a key paper relating to the first year experience for students, disability is conspicuous by its absence. This may well be because data on disability was not available in 1994 for the first year of analysis, but nonetheless demonstrates that an important equity group is fertile ground for further research.
2. Although not explicitly mentioned, health issues are seen as important in the first year experience, and when placing this in the context of anti-discrimination legislation and other conceptual models of disability, there is utility in placing some health difficulties in a disability paradigm for analysis.
3. Equity indicators on disability, although showing signs of improvement may not reflect the true experience of health and disability issues within the first year experience.

Increases to the participation of students with disabilities in higher education have occurred in the absence of a rich and vibrant research literature. There have been many programs, publications and initiatives centred on disability and higher education over the last decade or so, but these have generally been applied rather than evaluative in nature. Current examples of developments in relation to disability include Creating Accessible Teaching and Support and the Australian Clearinghouse on Disability Education and Training. Government programs are also in place through the Disability Support Fund, which includes Additional Support for Students with Disabilities and the Regional Disability Liaison Officer program. These initiatives have made a significant contribution to improved participation, but it is likely that further gains in participation will require a greater institutional commitment to inclusion and participation (Brett 2004). Placing disability along side mainstream educational issues such as the first year experience and transition should be part of a process of moving

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<sup>2</sup> <http://www.who.int/classifications/icf/site/icftemplate.cfm>

towards a more collective and inclusive approach to enabling the participation of students with disabilities.

Given disability in higher education is a broad concept that covers a tremendous array of issues, disability types and contexts, it is useful to segment disability in convenient transitional groupings. The impact of a disability will vary across groups and educational contexts. Physical impairments may range across severe mobility impairments and/or severe dexterity impairments which may have different consequences in subjects where the assessment is practical and/or written. Instead, if it is assumed that each institution has in place specific services (disability officers and unit), and policies in place to deal with many issues, it is better to look at disability and transition issues along the spectrum of disclosure.

### *Up front disclosers*

Steven began a Bachelor of Arts in 2006 and also has cerebral palsy – quadriplegia. Steven and his family contacted the Disability Unit during Open Day and again in December when his VCE results showed he would gain a place in his first preference course.

Steven in many respects commenced his studies a step ahead of his peers. Potential transition issues were identified, negotiated and resolved prior to his commencement. Steven had meetings with each of his subject coordinators where his disability was discussed, but more significantly, Steven was able to gain an understanding of subject requirements, assessment expectations, and support practices, and develop a rapport with his academic staff. Results from his first semester were excellent, and above average for a first year student.

Although the Disability Unit was responsible for much of Steven's support structure in Semester 1, organising his timetable, contact with lecturers and personal support times, the success of Semester 1 has instilled a confidence in the support structure such that he now self arranges his support. Steven's experience is a good example of how with adequate time, preparation and communication, a student with complex needs can participate and make a successful transition to independent university study.

Steven is indicative of students who generally acknowledge they have a disability that will impact on their studies, and understand they will need to identify their needs early to allow sufficient planning for the implementation of adequate supports. This group "Up front disclosers" generally have high support needs and may have numerous additional transitional issues to consider. General transition issues occur alongside disability specific issues, but in many respects are secondary to ensuring that disability related requirements are met. There is little point for example, in considering inclusive catering for an individual with a physical disability and specific dietary requirements if there is no ramp into the venue in which it will be served. By a range of University staff investing time pre-semester, students within this group can be better prepared for a successful transition to University. Central to improving the participation for this group is early identification. Obtaining notification with sufficient time for implementation of support requirements can be complicated by the timing of offers of place and subsequent enrolment.

### *Fresh Starters*

Mary commenced a Bachelor of Law in 2005 and also has anxiety and depression. Mary obtained high marks in school and received a merit scholarship with entry into Law. The health issues experienced by Mary have been present for approximately 4 years and she decides that she wants to make a fresh start at University without everyone making a fuss. She is encouraged by her parents and school to utilise specific services, but is scared about what her class peers and lecturers will think of her if they find out she has some difficulties.

Mary's first semester goes well and she performs at a similar level to what she achieved in school. This was not however without its difficulties and she worked obsessively and for many hours to achieve these results, and was ill for some time during the semester break. In second semester she is unsure of how to tackle a specific assessment and her anxiety and depression deteriorate to a point where she misses 2 weeks of classes and is considering withdrawing from the course.

In speaking to a staff member in the faculty, she is granted an extension and is encouraged to seek the support of the Disability Unit. She arranges to have alternative examination arrangements, extensions where necessary and has a point of liaison who she can talk to when health issues start having an impact on study. Mary's results in second semester were again at a high level, but this time she has learnt that success does not need to come from a huge personal effort and cost.

Mary like many other "fresh start" students may have experienced support in previous educational contexts, but chose not to pursue these at University. In addition to this, the University does not actively support students in the way that some teachers will support students in the school environment. These students deal with their disability issues in isolation from support services and in addition to general transitional issues. Some succeed and develop good coping strategies along the way. Others disclose only when problems arise, resulting in a crisis management approach to support requirements. In some cases these problems may not manifest til later years of study at postgraduate level. Early intervention strategies for students who experience difficulties are important for this group. Central to early intervention is an awareness that some students may feel uncomfortable with talking about their needs. It is important therefore to create an environment that welcomes disclosure. The provision of quality self-help information can also support students who make a decision not to seek additional support.

### *New to disability*

Garry commenced a Bachelor of Science in 2006, and shortly after commencement was involved in an accident and sustained a brain injury. He applied for and was granted a Leave of Absence. As a result of his injury he now has a severe bi-lateral hearing impairment. Neurological tests indicate that there appears to be no long term cognitive damage apart from the hearing loss. Over the time of his year off Garry starts to learn sign language and develop lip-reading skills. Several of Garry's friends also come to University and will be in second year when he commenced his studies in 2007 on a part-time basis.

The University provides Garry with a range supports including captioning, interpreters and notetakers. Although accessing the academic curriculum, peer interactions have been limited and he is struggling to deal with the change in his personal circumstances.

The age of onset for many mental health conditions is in late adolescence and early adulthood. The implications of risky young male behaviour are often tragically realised in late adolescence and early adulthood. This group considered "new to disability" have multiple issues in their transition, not only into a new environment, but into a new sense of identity. They may require multiple transitions back to University. They may experience difficulties with peer interactions as their course progression is slower than their original cohort, and may have difficulties in relating to their younger peers. This "new to disability" group can benefit from interactions with other students who have experienced similar issues over a longer period of time.

Within this "new to disability" group are students who have a long standing health or disability issue, but who have not previously identified this as being an issue that warrants or is eligible for support under a disability framework. Encouraging these students to engage

with support when it is evident that they will benefit from some assistance can often be met with resistance. The transition into a new sense of identify that encapsulates a disability is another transition that should be considered for students with disabilities. Well structured self-help information can aid this transition and negate the need for additional services in many cases. Where support is an important part of success the act of referral from either academic or administrative staff should be handled appropriately and sensitive to the issues faced by the individual.

### *Institutional Implications*

Disability is an issue that can have a profound impact on the participation of students. Successful transition requires effective disability specific support services, clear support information targeted at students, flexible teaching and learning policies and staff who are aware of disability related issues. Having all of these issues working in an effective and integrated manner is difficult to achieve. Legislative and policy instruments are in place to facilitate this process, but as the title of this paper questions, for some students the outcomes are insufficient to enable their equitable participation. There is an absence of disability in the first year to higher education literature, and a clear need for more explicit evaluation of the experiences of students with disabilities. This paper offers a means of segmenting the first year experience for students with disabilities for further evaluation.

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