

SUPPORTING PERSONS WITH DISABILITIES TO SUCCEED IN HIGHER EDUCATION

EQUITY FELLOWSHIP REPORT



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Supporting persons with disabilities to succeed in higher education

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List of abbreviations

ADCET	Australian Disability Clearinghouse on Education and Training
ASGS	Australian Statistical Geography Standard
ASSD	Additional Support for Students with Disability
ATAR	Australian Tertiary Admission Rank
CDA	Critical Discourse Analysis
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
DAAWS	Disabled Australian Apprentice Wage Support
DDA	Disability Discrimination Act (1992)
DSE	Disability Standards for Education (2005)
DSO	Disability Support Office/Officer
EFTSL	Effective full-time student load
Go8	Group of Eight
HEIMS	Higher Education Information Management System
HEPPP	Higher Education Participation and Partnerships Program
NCSEHE	National Centre for Student Equity in Higher Education
NDCO	National Disability Coordination Officer Program
RUN	Regional Universities Network
SES	Socioeconomic status
TESQA	Tertiary Education Quality and Standards Agency
UDL	Universal Design for Learning
UID	Universal Instructional Design
W3C	World Wide Web Consortium

Executive summary

This report details the findings and recommendations from the NCSEHE Research Fellowship entitled “*Supporting persons with disabilities from regional, rural, and remote Australia to succeed in higher education.*” The study explored how students with disabilities were supported in their higher education studies by trained, professional disability support officers and the wider institutional community. A key aim of the study was to investigate whether there were any significant differences between the experiences of regional and metropolitan Australia students with disabilities.

Key questions

The research was guided by the following questions:

- RQ1. Is there any evidence that persons with disabilities face barriers to participating and succeeding in higher education?
- RQ2. What barriers to success do persons with disabilities experience within higher education institutions?
- RQ3. What barriers to success do persons with disabilities experience externally to their higher education institutions that institutions can nonetheless ameliorate?
- RQ4. Are there any significant differences between regional and metropolitan students with disabilities regarding the first three research questions?

Research design

This study adopted a mixed-methods approach to data collection and analysis, including:

- statistical data provided by the Department of Education, Skills and Employment
- a national survey of higher education students with disabilities and higher education staff
- interviews via emails.

The national survey of students with disabilities was completed by more than 1,700 students, including more than 550 regional students. This response rate provided a strong foundation from which to draw findings and recommendations.

Findings

The key findings from the study are:

1. Despite increases in participation over the last decade, people with disabilities remain underrepresented in higher education and lag national averages for retention, success and completion. These indicators are generally lower for regional students with disabilities than metropolitan students with disabilities.
2. In the national survey, students with disabilities generally reported high satisfaction levels with disability support. However, there was also evidence that social barriers remain for some students with disabilities regarding:
 - attitudes towards students with disabilities
 - processes and procedures intended to support students with disabilities
 - the physical and built environment—in particular, the failure in some cases to follow principles of Universal Design for Learning (UDL)
 - communication—particularly how educational content is delivered, both in the classroom and online
 - social inclusion in both curricular and extracurricular activities.

3. In terms of satisfaction with support, there was little difference in ratings between regional and metropolitan students. However, regional students with disabilities face issues concerning:
 - access to specialist health services
 - the digital divide
 - the quality of support services at regional institutions.
4. COVID-19 has had a demonstrable effect on support levels, with both regional and metropolitan students with disabilities experiencing a decline in support in 2020.

Recommendations

1. That higher education institutions make greater efforts to adopt principles of the Universal Design for Learning

UDL ensures that buildings, technology, products, and services can be used by virtually everyone, regardless of ability. The greater the level of accessibility, the greater the number of students who will not need reasonable adjustments made to their educational experience. This should be a focus for the increasing use of online and remote learning technologies.

2. That higher education institutions move to adopt sector-wide, uniform standards for accessible web design

Given the ubiquity of web-based teaching and learning, uniform accessibility standards must be adopted. Accessibility includes using graphics with alternative text (alt text); audio; the need for a mouse or scroll bar; problems with large files hampering download speeds, refresh rates, and other computer functions; and disorganised text causing problems for users with a non-English speaking background or learning disabilities. Adopting minimum standards will benefit all students, particularly those studying online, where regional students with disabilities are overrepresented.

3. That higher education institutions should make disability awareness training mandatory for all higher education staff

Most students with disabilities report receiving relatively high levels of support and understanding from disability support offices (DSOs). However, stress and anxiety are generated through interactions with the wider higher education community (e.g., lecturers and administrative staff) due to their insufficient understanding of the needs of students with disabilities. If the teaching staff's awareness and understanding are insufficient—which is too often the case—then the support might be delivered insufficiently. As this report describes, support needs to be understood not generically, but in various contexts, namely:

- Attitudes
- Procedures
- The physical or built environment
- Communication
- Technology
- Social inclusion.

As understanding and awareness of disabilities are still developing, training should be refreshed regularly to ensure best practice is maintained. Retraining should occur at least once every three years. While the responsibility for training lies with the higher education provider, there is scope for the Federal Government to contribute, for example, by funding a national training strategy.

4. That the above recommendations be formalised in the Disability Standards for Education (2005)

Ideally, these recommendations should be enshrined in the *Disability Standards for Education (2005)* (DSE). This document is a critical interface between the overarching legal requirements set out in the *Disability Discrimination Act 1992* (Cth) (DDA), Australia's ratification of the United Nation's Convention on the Rights of Persons with Disabilities (UNCRPD), and specific policies and procedures enacted at the institutional level. The DSE sets the minimum, uniform requirements for the rights of persons with disabilities in higher education. The DSE should explicitly recommend that institutions move towards principles of UDL and that their progression towards the same be assessed as a criterion for ensuring compliance with the DSE. This should also apply to disability awareness training.

Recommendation 5

That the Department of Education, Skills and Employment Equity in Higher Education Panel (EHEP) investigate ways in which higher education institutions can demonstrate, transparently, their practical commitment and compliance with the Disability Discrimination Act 1992 (Cth) and Disability Standards for Education (2005)

Public accountability would help ensure that higher education institutions are:

- Meeting the minimum requirements of the DDA and DSE.
- Being proactive about addressing issues without an individual needing to take formal action or raise a complaint.
- Promulgating best practices throughout the institution and sector more widely.

Chapter 1. Project overview

1.1. Introduction

For more than a quarter of a century, Australian higher education equity policy has focused on principles of inclusion and proportional representation of all groups of persons, including persons with disabilities¹ (Andrews & Smith, 1992; Brett, 2016; Department of Employment Education and Training, 1990). In 1996, less than 12,000 persons with disabilities enrolled in higher education in Australia. The most recent number now approaches 75,000.² This is a significant increase, and in proportional terms, exceeds advances by other groups such as people from low socioeconomic status backgrounds (low SES), Aboriginal and Torres Strait Islander persons, people from non-English speaking backgrounds, and students from regional and remote Australia. Despite these gains, persons with disabilities still do not have proportional representation in higher education institutions. Further, the retention, success, completion, and graduate outcomes for persons with disabilities are still well below national averages.

Despite overarching policies and legislation regarding the rights of persons with disabilities to access higher education, institutions offer varying levels of support for students with disabilities (Koshy, 2019). persons with disabilities in Australia face significant inequality, which is compounded when living in regional Australia.³ Regional areas are characterised by low population density and limited access to larger service centres and transport routes. This can limit equity and access to services—the more remote the location, the greater the inequity (Department of Social Services, 2016). However, persons with disabilities account for a higher proportion of the overall population and the student population in regional Australia than urban Australia (Regional Education Expert Advisory Group, 2019). Some persons with disabilities living in regional Australia access higher education via a local institution. Other persons with disabilities choose—or are forced—to relocate to an urban destination. Many other persons with disabilities elect to study remotely or online, bringing specific challenges, including access to support services, digital and connectivity issues, and social isolation. Therefore, persons with disabilities in regional Australia face a range of specific challenges, including accessing the learning spaces (physical and digital), travel, accommodation and post-graduation employment (National Centre for Student Equity in Higher Education, 2017).

This project draws upon the voices and experiences of more than 1,700 higher education students with disabilities. It provides a high level of engagement and offers detailed information that is relevant to higher education stakeholders in government, universities and advocacy groups.

1.2. Project background

Despite numbering in the tens of thousands, students with disabilities have received relatively little attention in higher education equity studies compared to other groups. To address this, researchers with and without disabilities need to engage in research for the benefit of persons with disabilities. The foundation for developing allies for disability research lies in three steps: building awareness of disability issues, educating people about these issues, and developing the skills required to address the issues (Evans, Assadi, & Herriott, 2005). This research must be conducted with student participation. The principle of “nothing

¹ In this report, the language from the UNCRPD is adopted. Thus, the term “persons with disabilities” is preferred. However, it is acknowledged that the terminology is not universally accepted.

² Source: Department of Education, Skills and Employment, 2019 Section 16 Equity performance data: <https://docs.education.gov.au/node/55067>

³ For brevity, the term “regional” shall be used in this report to refer to regional, remote and rural Australia.

about us without us” is key to disability research studies (see, for example, Stack & McDonald, 2014; Stewart, 2017; Yeo & Moore, 2003).

Therefore, this Fellowship has utilised a methodology that prioritises students’ voices. This study aims to assist stakeholders to understand how they can support students in their higher education studies. More than 1,700 students responded to the largely quantitative survey. Of these, more than 800 engaged in the qualitative stage, resulting in over 500 extracts analysed.

Concomitantly, this Fellowship illuminates how allies can engage in collaborative, participatory research with persons with disabilities to benefit both groups. For many researchers without disabilities, disability research can be an anxious space, where “well-meaning people can be fearful of saying or doing the wrong thing when it comes to working with students with different types of disabilities” (Myers, Lindburg, & Nied, 2014, p. 1).

The findings from this Fellowship aim to support a wide range of higher education stakeholders to develop institutional structures and learning spaces that are more inclusive and empathetic to the needs of students with disabilities. Further, this study intends to encourage stakeholders towards greater partnerships with students with disabilities in future educational research, design, and practice.

1.3. Research questions

This Fellowship’s primary aim was to engage with persons with disabilities undertaking higher education studies and the staff who support them to reveal barriers the students faced to succeeding in higher education. The project also compared the experiences of regional students with disabilities against their metropolitan peers. The study was guided by the following research questions (RQ):

- RQ1. Is there any evidence that persons with disabilities face barriers to participating and succeeding in higher education?
- RQ2. What barriers to success do persons with disabilities experience within higher education institutions?
- RQ3. What barriers to success do persons with disabilities experience externally to their higher education institutions that institutions can nonetheless ameliorate?
- RQ4. Are there any significant differences between regional and metropolitan students with disabilities regarding the first three research questions?

The purpose of these questions was to focus on how institutions, perhaps unintentionally, limit the opportunities for students to succeed. By prioritising the student voice in this research, we can better understand how “taken-for-granted assumptions about people with disabilities influence interpretations and expectations of students with disabilities in ways that justify limiting their access to education” (Easterbrook et al., 2019, p. 18).

1.4. Research design

The research design adopted a three-stage, mixed-methods approach.

The first stage involved a statistical analysis of data relating to persons with disabilities in higher education. Data were provided by the Department of Education, Skills and Employment using the information from the Higher Education Information Management System (HEIMS). These data provided detailed demographic and higher education success information. These data were used to identify key commonalities and differences between students with disabilities and regional students with disabilities. Comparisons were made between the two groups and against the national student population.

The second stage involved a national survey of students with disabilities. The survey comprised quantitative and qualitative questions, although the focus was on quantitative findings. A total of 1,749 valid responses were received, giving a high degree of confidence to the quantitative findings. The survey questions explored students' perceptions of the support they received from their higher education institutions across various support domains. In line with RQ4, specific attention was paid to regional students' experiences. Further, given the survey's timing, specific questions were asked about the effects of the COVID-19 pandemic on institutional disability support.

The third stage of research involved qualitative interviews with students with disabilities, drawn from the larger group of students who completed the survey. The qualitative stage enabled a deeper, thematic analysis of the quantitative stage and provided an opportunity for students with disabilities to have their voices heard. Conducting the interviews via email allowed a large number of students to participate (over 800) and provided an efficient means of collecting codable data. This approach also overcame the restrictions arising from the COVID-19 pandemic.

Each stage of the research design addressed one or more of the research questions, as shown in Table 1.

Table 1. Research design and research questions

Research stage	Research approach	Research questions addressed
1	Statistical analysis (quantitative)	RQ1, RQ3, RQ4
2	Quantitative and qualitative analysis (student and staff surveys)	RQ1, RQ2, RQ3, RQ4
3	Qualitative analysis (student recordings)	RQ1, RQ2, RQ3, RQ4

1.5. Theoretical framework

Two key theoretical framings underpin this study: a social model of disability and student voice in the context of participatory research into disability. The social model of disability locates the “problem” of disability within inaccessible socially created environments rather than within the individual. Historically, medical models of disability have given power to professional third parties such as doctors, thus, diminishing the advice and experiences of persons with disabilities as “non-experts” (Brisenden, 1986). The social model of disability emerged in the mid-1970s when persons with disabilities argued that they were not disabled by their impairments but by the disabling barriers they faced in society (Oliver, 2013). As Barnes (2012, p. 18) puts it, “the social model of disability is a tool with which to provide insights into the disabling tendencies of modern society in order to generate policies and practices to facilitate their eradication.” The social model was ideal to critically examine institutional support structures in this study because the focus is on the disembodied, structural barriers that persons with disabilities regularly experience. Universities are legally and ethically—through their own, explicated values—required to consider their potential role in excluding students with disabilities. By adopting a social model of disability, support structures are understood not as a necessary adjustment to “compensate” for an individual’s disability but as evidence of existing—and often unnecessary—social barriers that must be overcome.

Equally, the student voice plays a critical role in this study’s approach. There is often a gap between the rights afforded to students with disabilities and the level of support they receive. One way of bridging this gap is to listen to persons with disabilities and actively engage them in the research process (Lane, 2017). However, this is not a straightforward process because the relationship between the researcher and participants is unequal in terms of power (Cooke & Kothari, 2001). Under existing ontological understandings of scholarly research, this gap has not yet been completely bridged. This study hopes to contribute to

bridging the gap by explicating the importance of the student voice and including students with disabilities in the research process.

The social model of disability and the issue of student voice are explored in the literature review chapter of this study (see Chapter 2) and in the chapter outlining the research design (see Chapter 3).

Chapter 2. Literature review

2.1. Introduction

This chapter provides the relevant background to the research. It is organised in the following way:

- Section 2.2 outlines the relevant legislation and policies that direct how organisations, particularly educational institutions, must support persons with disabilities to ensure they are not discriminated against and can succeed in higher education.
- Section 2.3 analyses the 2019 National Regional, Rural and Remote Education Strategy for representations of persons with disabilities. This is relevant to the Fellowship's specific interest in supporting regional students with disabilities.
- Section 2.4 examines the financial support provided by the Federal Government to higher education institutions to support students with disabilities.
- Section 2.5 explores theoretical models of disability that have influenced how societies and their institutions define and conceptualise issues of disability and disability support. It discusses the social model of disability, one of the key theoretical framings for this study.
- Section 2.6 briefly summarises how participation and retention rates of students with disabilities compare to national averages, focusing on regional students.
- Section 2.7 examines the issue of student voice (“nothing about us without us”), which, along with the social model of disability, is critical to framing this project.
- Section 2.8 summarises the key principles of UDL, that is, designing environments, products, services, and communications to ensure they are useful for people with diverse needs and abilities.
- Section 2.9 investigates challenges for regional students with disabilities.

2.2. Relevant legislation and obligations for supporting students with disabilities

2.2.1. *Disability Discrimination Act 1992 (Cth)*

The DDA protects persons with disabilities against discrimination in many areas of public life. The DDA was preceded by several state-based pieces of anti-discrimination legislation, emanating mostly in the early 1980s (Tyler, 1993). Regarding education, the DDA makes it unlawful to discriminate on the grounds of a person's disabilities:

- by refusing or failing to accept the person's application for admission as a student or in the terms or conditions on which it is prepared to admit the person as a student
- by denying the student access, or limiting the student's access to any benefit provided by the educational authority; expelling the student; or subjecting the student to any other detriment
- by developing curricula or training courses having a content that will either exclude the person from participation or subject the person to any other detriment, or by accrediting curricula or training courses having such a content. (*Disability Discrimination Act 1992 [Cth]*)

The definition of disability used within the DDA is broad. It includes, for example, imputed disability and the presence of viruses capable of causing disease (Brett, 2016). While all higher education institutions are bound to the DDA, the quality of the support provided varies greatly between institutions and across different physical, psychological, and emotional illnesses or conditions (K. Hughes, Corcoran, & Slee, 2016). For example, a randomised trial in Switzerland revealed differential treatments of requests for information about admissions

and special provisions for students with disabilities, depending on the (fictitious) disability reported by the applicant (Deuchert, Kauer, Liebert, & Wuppermann, 2017).

2.2.2. *Disability Standards for Education (2005)*

The DSE (The Standards) are formulated under the DDA and clarify and elaborate the legal obligations in relation to education. The Standards specify how education and training are to be made accessible to students with disabilities. They describe the rights of students with disabilities, the legal obligations of educational institutions, and the measures that “if implemented, will be evidence of compliance with the legal obligation” (Department of Education Skills and Employment, 2005, p. 6).

According to the Standards, an *adjustment* is a measure or action taken by an education provider to assist a student with a disability with admission, enrolment, participation in a course, or access to institutional services and facilities more widely. Adjustments ensure that the student with a disability can enrol, participate, and study on the same basis as a student without a disability. An adjustment is considered reasonable if it “balances the interests of all parties affected” (Department of Education, Skills and Employment, 2005, p. 12). Therefore, judgements regarding reasonableness are affected by the particular circumstances of the student, institution or adjustment. Adjustments can be thought of as “additionalities”; that is, what is required to adjust to the experience of disability, both socially and individually (Reindal, 2008). Students have reported that negotiating and implementing reasonable adjustments can be complex and variable (Fossey et al., 2017).

Adjustments that would compromise essential elements of a course that all students must meet are not allowed. However, these elements are not always self-evident, are stated in ways that are often unclear or inconsistent, are developed without adequate discussion with relevant stakeholders, and are not properly monitored regarding the effects on students with disabilities (Brett, Harvey, Funston, Spicer, & Wood, 2016).

In 2020, the Standards were reviewed and several recommendations were made. Several related to the need to provide students with greater information on their rights, or for education providers to be better informed as to their responsibilities. Specifically in regard to higher education, the review recommended:

That the Australian Government Minister for Education ask the Department of Education, Skills and Employment Equity in Higher Education Panel to examine ways to embed the Standards in higher education institution policies and practices across the student lifecycle (pre-access, access, participation, attainment, and transition out) at both an undergraduate and postgraduate level, as well as in workforce capability policies, as part of its development of the *Student Equity in Higher Education Roadmap* (Australian Government Department of Education Skills and Employment, 2020, p. viii).

It is therefore worthwhile noting that, at the time this Fellowship was being finalised, the review of the Standards had identified certain areas of disability support requiring attention and improvement.

2.3. **National Regional, Rural and Remote Tertiary Education Strategy (2019)**

In 2019, the Commonwealth Government released its National Regional, Rural and Remote Tertiary Education Strategy (the Strategy). The development of the Strategy built upon the government’s response to the *Independent Review into Regional, Rural and Remote Education* (Halsey, 2018). The review only made one brief mention of disability, with nothing specific to regional higher education students with disabilities.

The Strategy itself stated “at its heart, this Strategy is about equal opportunity and educational equity” (Commonwealth of Australia, 2019, p. 1). The Strategy identified that there was “insufficient targeted support for underrepresented groups who experience multiple, compounding challenges [including] students with disability” (Commonwealth of Australia, 2019, p. 5). The report found that persons with disabilities accounted for a higher proportion of the overall population and student population in regional Australia than metropolitan areas. This was most notable in inner-regional areas. Initiatives to support students with disabilities included the Higher Education Disability Support Program, National Disability Coordination Officer Program (NDCO), and the Disabled Australian Apprentice Wage Support (DAAWS) (Commonwealth of Australia, 2019).

The Strategy made the following recommendations, which related in whole or part to regional students with disabilities:

- modifying the Higher Education Participation and Partnerships Program (HEPPP) to better target funding to cost-effective regional programs
- establishing tailored initiatives for equity groups, such as students with disabilities.

Concerning the latter recommendation, the Strategy recommended that “in general, tailored support for [regional] students with disability, and other equity groups, should be designed into wider initiatives at the outset” (Commonwealth of Australia, 2019, p. 51).

The government’s response to the Strategy did not specifically refer to persons with disabilities; however, each element in its package had potential benefits for regional students with disabilities. These included: additional funds to support relocation costs for students from outer regional and remote areas; funding for university programs that supported Aboriginal and Torres Strait Islander, regional, and low SES students; funding for additional regional university centres; and additional funding to support higher education enrolments at regional campuses compared to urban campuses (Tehan, 2020).

Although not a formal policy paper, a recent review of the NCSEHE-funded research by Cunninghame, Costello and Trinidad (2016) synthesised the findings from nine projects funded by the NCSEHE relating to students with disabilities. The authors identified seven broad recommendations:

1. better data collection and performance indicators for students with disabilities
2. improved inherent requirement statements
3. improvements to teaching methods, materials, and technology
4. more, and better, disability awareness training
5. greater flexibility in self-reported disability
6. a more holistic approach to support for students with disabilities
7. more flexible options for support services and study terms.

2.4. Disability Support Program

The Australian Government Department of Education, Skills and Employment administers the Disability Support Program, which has three components:

1. Additional Support for Students with Disabilities (ASSD)
2. Performance-Based Disability Support Funding
3. The Australian Disability Clearinghouse on Education and Training (ADCET).

2.4.1. Additional Support for Students with Disabilities

The objectives of the ASSD component of the program are to:

- provide funding to eligible higher education providers to assist with the high costs incurred in providing educational support and equipment to students with disabilities to enable them to participate in higher education
- encourage efficient and effective use of equipment and education resources to support students with disabilities.

Eligible higher education providers can apply for a reimbursement of their ASSD expenses incurred in the previous calendar year. However, institutions must meet at least the first \$500 of each student's needs for educational support. For equipment items, the proportion of the total cost to be paid is determined after all claims have been received and analysed (Higher Education Support Act 2003 (Cth), Other Grants Guidelines (Education) 2012). Therefore, the ASSD is unlikely to cover the full costs of eligible items.

2.4.2 Performance-Based Disability Support Funding

The Performance-Based Disability Support Funding component of the Disability Support Program aims to encourage higher education providers to implement strategies to attract and support students with disabilities. The performance-based component relates to the funds remaining after allocations are made to eligible providers based on the number of domestic students with disabilities enrolled at each higher education provider, weighted for the retention and success of these students. The total pool funding is less the amount allocated to the ASSD and the ADCET components (Higher Education Support Act 2003 (Cth), Other Grants Guidelines (Education) 2012).

2.4.3. The Australian Disability Clearinghouse on Education & Training

The Australian Government provides funding under the Higher Education Disability Support Program to maintain the ADCET website, currently hosted by the University of Tasmania. This site provides information and resources to promote inclusive practices for persons with disabilities. The Minister determines the available funding (Higher Education Support Act 2003 (Cth), Other Grants Guidelines (Education) 2012).

2.5. Models of disability

For decades, the medical model of disability dominated policy and practice. Disability was situated within a hierarchy of conditions, including disease, disorder, impairment, and handicap (Hutchison, 1995). The medical model was useful for describing loss of function or restrictions experienced by individuals. It has been standard for disability classification for educational purposes for centuries (Triano, 2000). The word “disabled” is used as a blanket term for many people who have nothing in common except that they do not function in the same way as “normal” people (Brisenden, 1986). This model does not adequately address the various social structures—including attitudes—that restrict persons with disabilities beyond the functional realities of their personal circumstances (Hutchison, 1995). This is because the medical model conceptualises disabilities in terms of individual impairments, thus, locating the “problem” within the person (Zarb, 1995).

In contrast, the social model of disability understands that challenges are shared between the individual and society. There has always been tension between the medical model of disability, which emphasises an individual's physical or mental deficit, and the social model of disability, which highlights the barriers and prejudice that exclude persons with disabilities from fully engaging in society and accessing appropriate health care (The Lancet, 2009). The social model of disability emerged in the mid-1970s when persons with disabilities argued that they were not disabled by their impairments but by the disabling barriers they

faced in society (Oliver, 2013). Critics of the social model have suggested it risks implying that impairment is not a problem because of its notion that people are disabled by society, not by their bodies (e.g., Shakespeare, 2006). In response, advocates of the social model deny claiming that the social model was an all-encompassing framework to replace the individual or medical model (Oliver, 2013). Rather, it seeks to highlight the deficiencies of this approach, or, as Barnes (2012, p. 18) puts it, “the social model of disability is a tool with which to provide insights into the disabling tendencies of modern society in order to generate policies and practices to facilitate their eradication.”

Increasingly, educational institutions are adopting functional approaches to supporting students with disabilities. The functional approach has also been referred to as the interactional approach (Smart, 2009). This approach focuses on the accommodations required to ensure all students can access and participate in education at the same level. This approach recognises that disability “is a contingent phenomenon imposed on the individual by social hindrances and restrictions *on top of* the social effects impairment may bring about for the individual” (Reindal, 2008, p. 144). This approach is based on support structures “that do not call into question the underlying pedagogical assumptions in Australian higher education” (Williams, 2016, p. 8). The focus is on the adjustments required, not the disability itself. Nonetheless, the procedures designed to support a functional approach invariably revert to some medicalisation, for example, by requiring the student to provide evidence (e.g., a doctor’s certificate) to support their adjustment request.

2.6. Access, participation, and success for students with disabilities in higher education

There is a wealth of literature demonstrating that, internationally, students with disabilities generally experience lower rates of access, participation, retention, and success than students without disabilities (e.g., Getzel, 2008; Herbert et al., 2014; Kilpatrick et al., 2017). Annual data reported by Australian higher education institutions to the Department of Education, Skills and Employment confirms that this is also the case in Australia (Department of Education, Skills and Employment, 2019). In Australia, participation rates for persons with disabilities have been steadily rising in the last decade. In 2009, the participation rate for persons with disabilities at Table A institutions (see Appendix A) was 4.27, rising to 6.96 by 2018 (Department of Education, Skills and Employment, 2019). However, these numbers are likely an underrepresentation given that some persons with disabilities choose not to disclose. This is also true internationally. A study by Grimes et al. (2017) estimated that the participation rate of persons with disabilities in Australia might be as high as 19% for at least one institution. The paper cited international studies to suggest the same pattern of underrepresentation existed in the UK and US (Aronin & Smith, 2016; Gabel & Miskovic, 2014; Miskovic & Gabel, 2012; Newman & Madaus, 2015, as cited in Grimes et al., 2017). The most common reasons for underrepresentation internationally are insufficiently adapted infrastructure, a lack of appropriate teaching and learning materials, and funding problems (Lane, 2017).

In 2017, Nelson et al. examined the completion rates of student cohorts enrolled in Regional University Network (RUN) universities. These universities had a higher percentage of equity group students enrolled compared to metropolitan universities. Regarding students with disabilities, the researchers found that:

- The overall completion rate for students at the regional universities nine years after commencement was 55.2%, compared to 76.5% for the metropolitan students.
- The completion rate for students with disabilities was 46.2% at the regional universities, compared to 68.4% for the metropolitan students with disabilities (Nelson et al., 2017).

Therefore, the completion rates for regional students with disabilities were lower than other regional students in general and metropolitan students with disabilities.

Students with disabilities are less likely to be satisfied at university than students without disabilities, especially regarding student support (Li & Carroll, 2017). Results from the latest (2020) Student Experience Survey⁴ showed that, compared to students without disabilities, students with disabilities reported lower levels of satisfaction with the quality of their entire educational experience. This also held for each of the five, specific focus areas reported, namely:

- Skills development.
- Learner engagement.
- Teaching quality.
- Student support.
- Learning resources.

2.7. Student voice: “Nothing about us, without us”

Many students with disabilities believe that barriers to education are partly due to their voices going unheard by institutions (Lane, 2017). A participatory approach to research ensures that aggregated findings (e.g., rates of participation or attrition) can be contextualised through lived experiences and examples of policy in practice. For example, participatory research has revealed how higher education barriers were contextual, and experiences differed among groups of students within the broad construct of “disability” (Tinklin & Hall, 1999). The issue of student voice is particularly relevant when considering self-disclosure: whether to disclose a disability is a personal choice and is influenced by many attitudes, experiences, and considerations. For example, a UK study by Vickerman and Blundell (2010) found that a quarter of students with disabilities interviewed had not disclosed their disability on their application due to a perceived fear of not being offered a place in their course. In Australia, Kilpatrick et al. (2017) found that although most higher education institutions described socially inclusive policies and practices for students with disabilities, “few institutions involved students with disability in policy development” (Kilpatrick et al., 2017, p. xi.).

Student-centric approaches to teaching and learning are more likely to view the student as an active partner in their educational journey. A US study of 34 higher education students with disabilities identified self-determination as important to success in postsecondary education. Key components included problem-solving, self-awareness, goal-setting, and self-management (Getzel & Thoma, 2008). A similarly structured Irish study of 16 students with disabilities found that:

Within traditional access initiatives academic and professional success has tended to be confined to the individuals selected from the marginalized groups with little impact on the isolation of these groups within society. The inclusion of individuals from these groups does not radically affect the dominant procedures within higher education. (Shevlin, Kenny, & McNeela, 2004, p. 28)

As with teaching and learning, the participation of persons with disabilities is often lacking in research. Little research has been undertaken by persons with disabilities or by including their input in constructing the aims, research design, and communication of results (Yeo & Moore, 2003). Suggested solutions have included ensuring persons with disabilities are

⁴ Source: Quality Indicators for Learning and Teaching (QILT: Student Experience, 2020 data, <https://www.qilt.edu.au/qilt-surveys/student-experience>)

involved in commissioning and funding the research, being involved in the research process, prioritising projects that involve researchers with lived experiences of disabilities, and encouraging researchers to think critically and reflexively about their research (Chappell, 2000; Morris, 1992; Oliver, 1992; Zarb, 1992). Ultimately, the operationalisation of student voice in disability research involves diverse methodologies ranging from ensuring their inclusion as participants to challenging the idea that “experts”, such as researchers, decide who “should decide what topics should be researched and be in control of the whole process of research production” (Oliver, 1992, p. 102).

2.8. Principles of Universal Design for Learning

UDL can be defined as an educational approach where institutions are designed so that all students can participate and are treated as valuable (Moriña, 2017). It includes adapting the built environment, software and hardware, teaching methods, and organisational procedures to ensure the needs of the largest number of students are met without additional adaptation or support. This approach aligns with a pedagogical shift from “teacher” to “learner”-focused approaches (Bel & Bradburn, 2008).

“Empathetic modelling” is key to UDL, referring to the ability of the relevant designer to step into the role of the student. This requires more than just understanding their needs; it “necessitates being immersed in the lives, experiences and ways of living of diverse populations” (Altay & Demirkan, 2014, p. 5). If this understanding can be achieved, there is potential to design the educational experience so that students with disabilities will rely less on support systems secondary to the original design (e.g., the curriculum or built environment) (Silver, Bourke, & Strehorn, 1998). This can also help overcome social barriers experienced by students with disabilities who are ostracised for receiving support. For example, one study observed pejorative attitudes towards students with disabilities who were exempt from taking their final examinations alongside their peers because of support arrangements (Whitburn, 2015). This resulted in the arrangements not being mainstreamed.

By adopting UDL principles, higher education institutions can overcome challenges encountered when students choose not to disclose a disability for fear of stigmatisation. In a US study of more than 1,500 students with disabilities, more than half of those who identified their disabilities in their first year of study did not identify in the following year. As the authors observed, “disability identification is often assumed to be static [however] our findings suggest quite the opposite: a large percentage of students with disabilities are much more fluid in their identification” (Aquino & Bittinger, 2019, p. 11). The purpose of UDL is to ensure the majority of students can engage with the curriculum without having to seek adjustments.

Finally, the benefits of UDL principles often extend to those other than originally intended. For example, although captioning of lectures was initially taken up by higher education institutions to support students with disabilities (e.g., those who are hard of hearing or the Deaf), captioning also helps many other students to better absorb and review educational material (Kent, Ellis, Peaty, Latter, & Locke, 2017).

2.9. Regional students with disabilities in Australia

In 2019, The Regional Education Expert Advisory Group presented its National Regional, Rural and Remote Tertiary Education Strategy to the Federal Government (Regional Education Expert Advisory Group, 2019). Regarding students with disabilities, the report observed:

- higher university attrition rates for regional students compared to students in major cities
- persons with disabilities accounted for a higher proportion of the overall population and the student population in regional Australia.

The report advised that the government take action to ensure the specific support needs of students with disabilities “are taken into account as part of any wider initiatives to improve the quality, availability and range of support provided by tertiary institutions” (Regional Education Expert Advisory Group, 2019, p. 52).

It is common to find the issue of regionality discussed in the literature through the lens of online education. For example, students unable to attend classes because of disability or location may be enticed by the opportunity to study remotely (Henry, Pooley, & Omari, 2014). However, enrolment data only partially support this hypothesis. In 2018, 21.5% of all Australian higher education students studied externally or online. However, the proportion was *lower* for students with disabilities (18.7%). Conversely, it was higher for regional students (32.8%) and regional students *with* disabilities (28.5%) (see Table 3). This suggests a stronger correlation between the variables of regionality and online study than for disability and online study. That is, regional students with disabilities are more likely to study online than other students due to living in regional Australia rather than having disabilities.

Kent’s 2016 study, involving 356 online survey responses and 143 follow-up interviews, indicated that students with disabilities preferred to access higher education through Open Universities Australia than, for example, studying on campus. Within the cohort surveyed, there was a high prevalence of students with mental illnesses, medical impairments, and mobility impairments (Kent, 2016).

Students with disabilities studying online may be unaware of the support their institution can provide to make reasonable adjustments to their educational experience as required by the DSE. The survey of Open University Australia students with disabilities found that 43.9% of those surveyed were unaware of the types of accommodation that were offered, and a further 27.3% were unsure (Kent, 2016). This might be partly because some students do not believe certain services are relevant to them or that they can manage without assistance (Henry, 2018).

Institutional attitudes towards online teaching also pose challenges. Research conducted in 2017 found evidence that online education was regarded by many people within higher education institutions as less important or a lower priority than on-campus teaching (Stone, 2017). One participant reported, “I just feel like [online students are] getting a lesser experience. In fact, I know they’re getting a lesser experience than what my on-campus students are getting and that concerns me greatly” (Stone, 2017, p. 26). If students with disabilities are overrepresented in online study (e.g., Kent, 2016), they will potentially be disproportionately affected by any deficiencies in this delivery mode.

As higher education institutions embrace online and digital education delivery, there is the possibility of unintended, negative consequences for students with disabilities. A 2018 study of students at one Australian higher education institution found that although participants embraced digital innovations in general, persons with disabilities felt this might lead them to feel overloaded with information (McRae, Ellis, & Kent, 2018). An online approach does not automatically equate with accessibility (McRae, Ellis, & Kent, 2018). Although a “techno-deterministic” view of digital technologies may argue that persons with disabilities will be assisted, others observe that digital tools still reproduce many aspects of social and cultural exclusion (e.g., Moser, 2006; Pacheco, Yoong, & Lips, 2020).

2.10. Conclusion

There is clearly defined legislation in Australia to ensure persons with disabilities are not discriminated against in public life. This is further enhanced by clear standards for education, including higher education. Despite this robust legislative framework and increasing participation rates in Australian higher education, persons with disabilities are still experiencing below-average rates of success, completion, and satisfaction with their learning experience.

Although there has been a significant amount of research into higher education students with disabilities and regional higher education, in the Australian context, there is a deficit regarding:

- large-scale, quantitative research that prioritises the student voice
- research that focuses on the social barriers to persons with disabilities engaging with higher education
- research that specifically considers the intersection of regionality and disability.

This Fellowship aims to address these deficiencies by undertaking a large-scale study involving students with disabilities. It involves engaging with students with disabilities collaboratively and respectfully to examine their experiences of social and other barriers to success in higher education. This study focuses on students from regional Australia.

Chapter 3. Research design

3.1. Introduction

This project adopted a mixed-methods approach including three stages:

- Stage 1 comprised a quantitative analysis of demographics and student performance indicators comparing three populations: all students, students with disabilities, and regional students.
- Stage 2 used a national survey to collect quantitative and qualitative data from students with disabilities and higher education staff to examine challenges relating to supporting persons with disabilities to succeed in higher education.
- Stage 3 collected detailed qualitative data from student participants to further explore the issues identified in the national survey.

3.2. Stage 1: Analysis of demographics and student performance indicators for students with disabilities

Data for this stage were provided by the Department of Education, Skills and Employment for all domestic students enrolled in Table A institutions (see Appendix A). Data were provided for:

- all domestic students
- all domestic students with disabilities
- all domestic, regional students with disabilities.

The following demographic data were provided:

- gender
- age
- type of attendance (i.e., full-time or part-time)
- mode of attendance (i.e., internal, external, or multimodal)
- state or territory of higher education provider
- university grouping
- type of disability recorded
- level of course in which student was enrolled
- broad field of education in which student was enrolled.

The following student performance indicators were provided:

- student retention rates after the first year of study
- student success rates after the first year of study.

Data were compared to identify any significant differences between the three student populations.

3.3. Stage 2: National staff and student surveys

Stage 2 comprised a national survey of higher education students with disabilities and higher education staff. The surveys were conducted online between April and July 2020. The survey was a joint undertaking between this project and another NCSEHE-funded project. This was done to avoid participants experiencing survey fatigue. Therefore, the surveys included questions relevant to both projects. Only the results relevant to this project are reported. Copies of the student and staff surveys are provided in Appendix B and Appendix C. The surveys were disseminated via higher education institutions' DSOs, social media,

the NCSEHE website, and the ADCET mailing list. The surveys were open from May to July 2020.

The survey elements relevant to this project include staff and student ratings for dimensions of institutional support for persons with disabilities (six dimensions). The six dimensions of support were explicated in the survey to increase the chance that the respondent would consider the issue of support critically and carefully. For example, if participants had only been asked to rate support in general terms, an overly negative or positive experience in one dimension of support may have influenced the overall rating.

The six dimensions were established by searching for commonalities in a range of research and methodologies and focusing on dimensions most relevant to higher education. Particular attention was paid to nationally mandated policies or procedures. These included:

- the Australian Government's DSE,⁵ which includes attitudes, technology, curriculum delivery, social outcomes, and building work as areas requiring compliance
- the Government of Canada's Federal Disability Reference Guide,⁶ which refers to the need to provide physical, communication, technological and procedural accommodations (i.e., support)
- the Australian Human Rights Commission's *Access to Education for Students with a Disability: Barriers and Difficulties*,⁷ which identifies procedures, technological support, curriculum design, access to buildings, and attitudes or prejudice as potential barriers.

From these, six dimensions of support were formalised, as described in the following subsections.

3.3.1. Attitudes towards students with disabilities

Attitudinal support refers to how institutions respond to students with disabilities; the degree to which students feel supported can rely heavily on how they are perceived by others. Attitudes are acquired socially and experientially and are defined in this context by Tregaskis (2000) as "the summation of conscious and unconscious feelings, emotions and beliefs held by individuals about other people" (p. 345). In an educational context, attitudes towards students with disabilities can also be influenced by the level of support the educator is required to provide (Campbell, Gilmore, & Cuskelly, 2003).

Community attitudes towards people with disabilities are frequently negative and largely responsible for many of the barriers they experience (Mitchell, Zhou, Lu, & Watts, 1993). In higher education, positive attitudes towards students with disabilities were correlated with higher levels of disability awareness in general. This awareness was influenced more by personal interest in disability issues than institutional training or policies (Shevlin et al., 2004). Positive attitudes to students with disabilities are positively influenced by personal contact and relevant training and negatively influenced by the academic background of the staff member; staff without doctoral degrees expressed more positive attitudes towards persons with disabilities than staff with doctoral degrees (Leyser & Romi, 2008). Faculty staff in special education and the humanities were also more willing than others to provide accommodations for persons with disabilities (Leyser & Romi, 2008).

⁵ Source: <https://www.education.gov.au/disability-standards-education-2005>

⁶ Source: <https://www.canada.ca/en/employment-social-development/programs/disability/arc/reference-guide.html>

⁷ Source: <https://humanrights.gov.au/our-work/access-education-students-disability-barriers-and-difficulties>

3.3.2 Procedures designed to support students with disabilities

At the most fundamental level, procedural support is designed to ensure that persons with disabilities have their human rights protected. In Australia, many of these procedures are enshrined in the DDA. For the higher education sector, the DSE is the primary legislative vehicle. Procedural support refers to efforts made to ensure that (i) students are aware of their rights; (ii) students are aware of the types of support the institution can provide; (iii) students are provided with appropriate, timely and accessible information on how to access that support; and (iv) all relevant stakeholders within the institution are appropriately informed, educated and supported regarding the need to support students with disabilities.

Procedural support for students with disabilities includes preadmission activities (e.g., completion of application forms and interviews), admission decisions, accommodations and adjustments to curricular and extracurricular activities, and sanctions and dismissals (Thomas, 2000). As participation in online learning grows, so do concerns around how students with disabilities are served in virtual environments. This requires a shift away from accountability policies to policies of responsibility that encourage staff to better engage with students to understand and address their support needs (Rice & Carter Jr, 2015). Some higher education institutions are being too passive in how they engage with students in this regard (Fossey et al., 2017).

3.3.3. The physical or built environment of the higher education institution

Students with disabilities often encounter physical barriers to education such as transportation, roads and pathways, lighting, sound levels, furniture, and equipment (Chard & Couch, 1998; Heaven, 2004; Tudzi, Bugri, & Danso, 2017). To better support persons with disabilities, researchers, policymakers, and practitioners are calling for institutions to adopt UDL principles (Dalton, 2017; Nieminen & Valteri Pesonen, 2020; Scott, Loewen, Funckes, & Kroeger, 2003). UDL recognises that there is no such thing as a typical learner or learning environment, or as Dalton (2017) puts it, "Data and statistics can be standardized, but people cannot" (p. 18). UDL is a framework that focuses on accessibility, collaboration, and community (Rogers-Shaw, Carr-Chellman, & Choi, 2018). The principles of UDL include the built environment and other aspects of the education experience, such as course design and pedagogy (Griful-Freixenet, Struyven, Verstichele, & Andries, 2017; Nieminen & Valteri Pesonen, 2020). Further, UDL principles mean fewer students with disabilities would be required to disclose their disabilities, thus, avoiding potential prejudice, discrimination, and misunderstanding (Toutain, 2019).

3.3.4. Communication inside and outside the classroom

Communication support refers to accommodations made in the delivery of curricula, pedagogy, and assessment. This includes extra time, alternative assessment methods, accessible website design, clarification or simplification of texts, reading guides, and non-stressful learning environments or teaching styles. Extended time is one of the most common testing accommodations provided to students with disabilities (Lovett, 2010). Factors influencing the efficacy of these accommodations include staff knowledge of legal requirements, personal attitudes of staff towards students with disabilities, perceived institutional support, and level of comfort interacting with students with disabilities (Zhang et al., 2010). Students with "invisible" disabilities (e.g., mental health) can find it harder to gain appropriate accommodations (Deckoff-Jones & Duell, 2018). Further, some students create barriers by refusing to ask for accommodations through a desire to be independent and self-sufficient (Marshak, Van Wieren, Ferrell, Swiss, & Dugan, 2010).

3.3.5. Software and hardware technology, either provided or supported

Technological products, in the broadest definition, enable people to participate in and control their environments. In the context of disability support, “assistive technologies” have come to mean specialised (often medical) equipment designed for specific groups, including persons with disabilities (Desmond et al., 2018). This can reinforce these technologies “as a compensation for impairment rather than an enabler of participation” (Desmond et al., 2018, p. 437). Another problem with the assistive technological approach is its potential to generate policies that focus on complying with rules rather than how to best meet students’ needs (Seale, 2006). In 2003, a literature review identified five themes of research about assistive technologies: the use of technology for cognitive support, the availability and high cost of assistive technologies, abandonment of purchased assistive technology devices by students, training needs related to the use of technology and assistive devices, and eligibility questions (Mull & Sitlington, 2003).

However, technological advances and the intersection between technological and cultural adaptation are rapidly changing spheres of influence in disability studies. There is increasing interest and discussion around lower costs and mainstream technologies and how institutions can better incorporate external technological solutions that persons with disabilities bring with them. These technologies include smartphone apps to help students schedule tasks (Lancioni et al., 2017) or maintain focus (Cook & Sayeski, 2020), podcasts to deliver teaching to low-vision students or students who are blind (Retorta & Cristovão, 2017); and the use of mobile phone applications and QR codes to assist with work-integrated learning for people with Down syndrome (Gomez, Torrado, & Montoro, 2017). These types of “mobile” learning have the potential to expand the equity and reach of education, facilitate personalised learning, provide immediate feedback and assessment, and in many cases can provide specific applications designed to support persons with disabilities (United Nations Educational, Scientific and Cultural Organization, 2013).

3.3.6. Social inclusion

Social inclusion means ensuring that persons with disabilities have full and fair access to activities, social roles, and relationships alongside citizens without disabilities (Bates & Davis, 2004). The role educators play in ensuring students with disabilities are fully included is important (David & Kuyini, 2012). Maximising the interaction between students with and without disabilities is generally considered an important aspect of inclusion (Koster, Nakken, Pijl, & Van Houten, 2009). Further, a positive social relationship between students with disabilities and staff is considered a prerequisite for truly inclusive learning (Veitch, Strehlow, & Boyd, 2018).

In 2009, a qualitative meta-analysis of research reports identified six themes relating to the social inclusion of persons with disabilities: being accepted; relationships; involvement in activities; living accommodations; employment; and support systems (Hall, 2009). One study explicitly considering social inclusion found that students with disabilities were more likely to focus on gaps in resourcing and UDL technologies, while the educators were more focused on social inclusion (Claiborne, Cornforth, Gibson, & Smith, 2011). This does not necessarily imply that students with disabilities are not concerned with social inclusion; rather, it might indicate that social inclusion can be a secondary issue when more material needs are not being met.

3.3.7. Survey design

Respondents were asked to rate the overall level of support provided by their institution before and after the COVID-19 pandemic. This question was asked after the earlier questions regarding dimensions of support to increase the likelihood that the participant would consider overall support more thoughtfully.

Respondents were asked to rate each type of support using a seven choice Likert scale:

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

Participants were also allowed to expand upon their rating for each support element, allowing qualitative data to be collected.

3.3.8. Student survey

A total of 1,794 students completed the student survey. Only 25 students identified as having no disability; these students did not complete any survey questions, and their surveys were removed. A further 20 participants provided consent to participate but did not complete any questions, so their surveys were also removed. This left 1,749 responses. Students from 35, Table A, universities participated. Students from all levels of courses (e.g. undergraduate, postgraduate), domestic and international, were included in the survey.

The high level of student responses suggests the sample was representative of the overall population of university students with disabilities. Response estimations, provided by Qualtrics using 95% confidence intervals, indicated that if repeated samples were drawn from this population, there would be 95% confidence that the results generated would match the general student disability population. The margin of error in the sample was $\pm 5\%$. The most common self-reported disability from students participating in the survey was a mental health condition (33.43%), followed by a medical condition (18.01%) (see Figure 1).

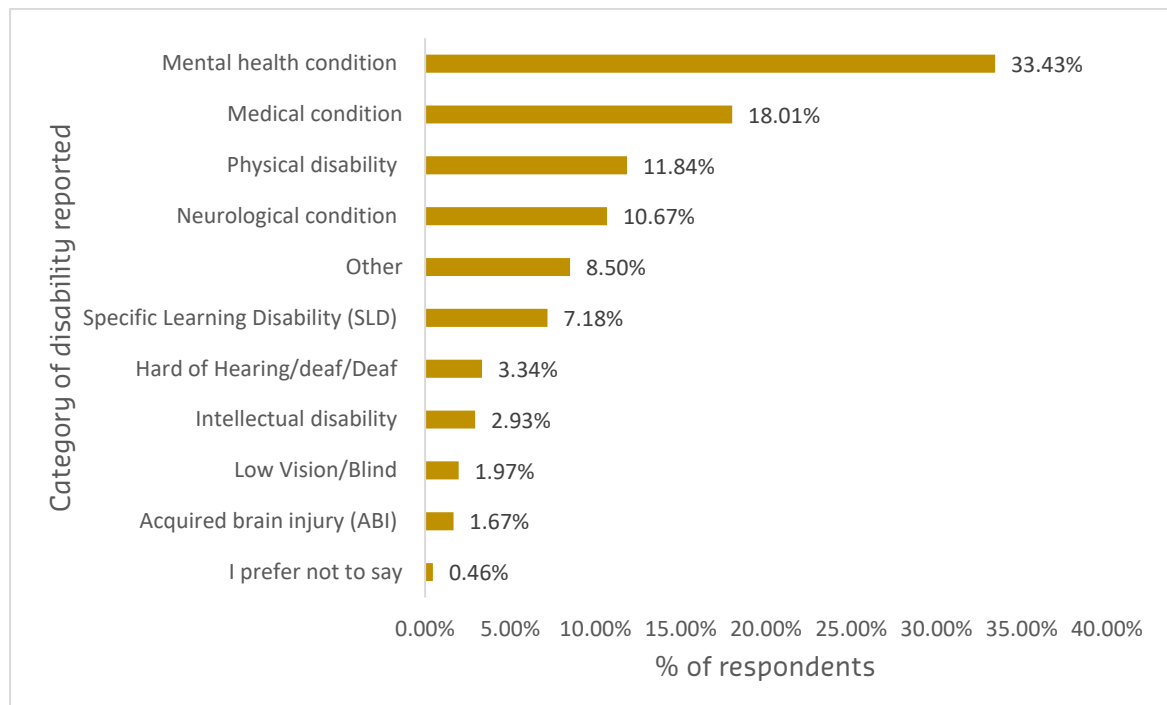


Figure 1. Students' self-reported disability types (n = 1749)

3.3.9. Staff survey

A total of 209 responses were received for the staff survey. Of these, 188 staff from 37 institutions worked in a higher education institution when the survey was taken. Of these, 66 (35%) were working in a regional university.

Excluding those who did not define their professional role, most survey participants identified as being a careers education practitioner (19%), followed by teaching staff (17%) and DSOs (12%) (see Figure 2).

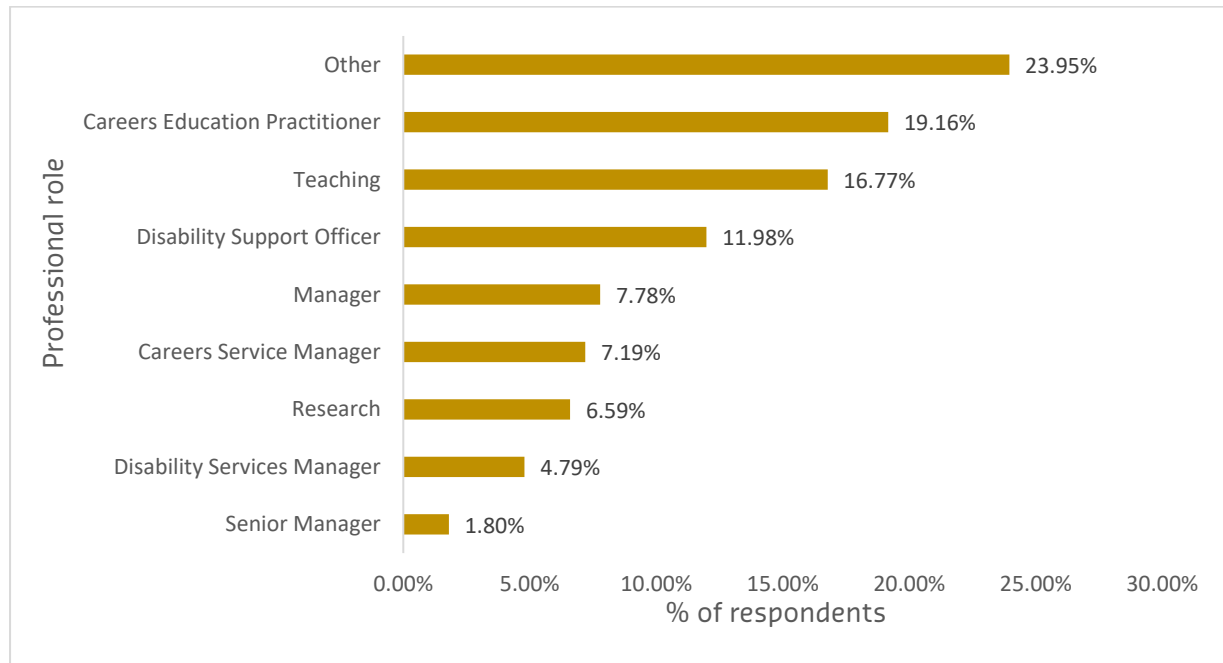


Figure 2. Self-reported job description of staff surveyed (n = 167)

Due to the overall number of staff participating in the survey, these results should be considered indicative only.

3.4.1 Qualitative stage: Interviews with students

In the qualitative stage, the voices of students with disabilities were prioritised in line with the “nothing about us, without us” philosophy of the project. The original project envisaged focus groups as the primary means of data collection for the qualitative stage. A relatively low response rate was anticipated for the survey and the request to provide further, detailed information. However, two events resulted in a change to this design. First, the response rate was overwhelming. Of the 1,749 survey respondents, 1,096 students agreed to take part in follow-up discussions. Second, the COVID-19 pandemic meant that in-person focus groups were not possible. Therefore, the research design was changed to collect qualitative information via email. Of the 1,096 students agreeing to participate in this stage, 818 elected to do so via email. This approach allowed a large number of respondents to participate in a safe environment, thus, maximising the student voice. Unfortunately, students who would have preferred another communication method (e.g., phone call or videoconference) were unable to contribute. The data collection method was chosen based on allowing the most students to participate within the project’s restrictions (i.e., time and cost).

The data were collected over a series of emails, each focusing on one key issue. These involved:

1. Asking students to give a key piece of advice to their former self to be better prepared for university: This question was designed as an icebreaker and also to collect valid information and test the effectiveness of the email method of data collection.
2. Discussion around attendance mode (e.g., on campus, online, or mixed mode): this was used to establish whether there were key differences in support needs.
3. A question for regional students asking them to address the issue of regionality specifically.
4. Individual emails focusing on the six distinct types of support: attitudes, procedures, built environment, technology, communication, and social inclusion.
5. A discussion around the effects of the COVID-19 pandemic.

Emails included prompts to help explore the issue and, where applicable, findings from the research project or other research to help the students engage with and benefit from the interaction. This approach allowed questions to be directed more specifically, allowed students to opt-out of certain issues they did not want to discuss, and also avoided overload.

Most importantly, this approach allowed information to be processed and communicated effectively. Questions were written in an informal tone, always stressing that replying was not compulsory to minimise anxiety. Simple, one-concept questions were used wherever possible, and extra information was elicited by engaging in extended follow-up emails.

In some cases, students elected to respond to particular issues in great detail. Some of these responses provide rich detail regarding specific issues. Where appropriate, these have been included verbatim as commentaries. The use of these commentaries is explained in Section 3.4.2.

A copy of the email questions is provided in Appendix D.

3.4.1. Qualitative feedback from staff

The staff survey gave respondents the choice of providing a free text response to the following question:

“Is there anything else you would like to add about how your university supports students with disabilities?”

The question was constructed to be open and not leading in any respect other than to direct the respondent to reflect on disability support. Of the 209 staff respondents, 49 (23.4%) provided an answer. As with the student interviews, data were coded thematically.

3.4.2. Theoretical framing guiding the qualitative analysis

To explore the social model of disability and the issue of student voice, the qualitative stage of research adopts a critical discourse analysis (CDA) approach (Fairclough, 2000, 2013; Van Dijk, 1999, 2008). CDA is a broad field that analyses written and spoken texts to uncover discourses of power and inequality. CDA is concerned with understanding the social dimensions of discourse, advocating for “a detailed study of the structures of text and talk and their interactional and social functions” (Van Dijk, 1999, p. 480). Although early approaches to the use of CDA focused on specific linguistic devices such as clauses and grammatical and lexical analysis, later contributions are more attentive to high-level, organisational properties of texts (Fairclough, 1995). However, there is no overarching, consistent approach to CDA. CDA has three dimensions. The first is *discourse as text*, which focuses mostly on the linguistic features and organisation of the text. The second dimension is *discourse as discursive practice*, focusing on text’s coherence and intertextuality and how

context changes speech. The third dimension is *discourse as social practice*: how wider social power is reflected within specific texts (Blommaert & Bulcaen, 2000; Fairclough, 1992). This study focuses on discourse as social practice as it aligns well with the study's focus on the social model of disability and student voice.

The social model of disability challenges the medical model, which situates disability within a hierarchy of conditions, including disease, disorder, and handicap (Hutchison, 1995). By positioning disability as a corporeal issue, the medical model identifies persons with disabilities as different and positions power with the "professional"—that is, the doctor. Further, a diverse population is considered one group whose defining feature is that it contains all those who do not function in the same way as those people who are called "normal" (Brisenden, 1986).

The social model has been critiqued as the "de-biologisation of discourse about disability [which] is an emancipatory theoretical move [but in doing so] the body as a social and historical construct, and as a site of meaning and of purposive human action is lost. Debate about the body is silenced" (B. Hughes & Paterson, 1997, p. 330). It has also been critiqued more literally as not being a model because its two sole components are oppression and disability (Altman, 2001). However, as Barnes (2012) puts it, "the social model of disability is a tool with which to provide insights into the disabling tendencies of modern society in order to generate policies and practices to facilitate their eradication" (p. 18). A social approach to disability theory seeks to reclaim power for the individual. Thus, central to any form of the social model of disability "is the issue of participation; whether in disabled people's everyday lives and health care or in policies" (Owens, 2015, p. 388).

The issue of participation is a critical linchpin between the social model of disability and the issue of student voice. Broadly speaking, acknowledging student voice involves listening and valuing students' views about their educational experiences, treating them as equal partners in curriculum design and evaluation, and allowing them to be active when changes or improvements are suggested and implemented (Faux, McFarlane, Roche, & Facer, 2006; Seale, 2010). Voice is not just about speech:

It can mean identity or agency, or even power, and perhaps capacity or aspiration; it can be the site of authentic reflection and insight or a radical source for counter narratives. Voice can be a code word for representing difference, or connote a democratic politics of participation and inclusion, or be the expression of an essentialized group identity. (McLeod, 2011, p. 181)

Studies into student voice recognise that power inhabits all processes of social communication. Different groups or persons have different access to forms of communicative and institutional power, with some being privileged and others marginalised (Robinson & Taylor, 2007). Most relevant to this study is the widespread exclusion of people with disabilities from research that concerns them (Yeo & Moore, 2003). Greater inclusion of persons with disabilities in the research process allows disability to be understood as a normal human condition and allows greater self-determination over the resources needed to ameliorate disadvantage (Charlton, 2000). Through the research process, researchers without disabilities must consider what it means to be an ally. This involves considering the extent to which they seek to advocate for and contribute towards a positive difference, whether their understanding of disability identity is accurate, how to make personal connections, and how to communicate effectively (Ostrove, Kornfeld, & Ibrahim, 2019). Therefore, the search for student voice within the overall CDA paradigm presents an opportunity for the research to be critically self-reflective (Peters, 2010).

However, tension is created when the student voice approach intersects with CDA. Like other qualitative approaches, CDA requires the researcher to play an active role in determining which discourses are articulated and privileged from the information gathered

throughout the research (e.g., Kahu & Morgan, 2007). This is a particular issue for research involving students with disabilities who have a fraught relationship with disclosure. Disclosing a disability may lead to receiving support but potentially leads to discrimination. Similarly, agreeing to participate in a research project might lead to physical, mental or emotional stress. Further, participating and then not having their voice heard, or having it drowned out by others, can be detrimental to the participant. The process of synthesising information to determine dominant themes has the potential to disaffect participants who do not see their experiences reflected in these themes, or even worse, see the process as blocking their desire to challenge a “master narrative” (Aguirre, 2005, p. 117).

Accordingly, the researcher acknowledges that using CDA to investigate the social model of disability is a hermeneutic process. That is, the researcher is agentic in assigning meaning to the information gathered (Goodwin & Watkinson, 2000). However, compared to many other studies utilising a CDA approach, this project attempts to foreground the student voice, particularly through student commentaries. In general terms, a commentary is an expression of opinions about something, be it an experience or an event. In academic practice, commentaries infer that the author has specific knowledge or expertise on the subject (e.g., Rafaeli et al., 2017). Therefore, in the context of this study, student commentary refers to an unabridged account by a student with a disability based on their own lived experience and expertise.

Chapter 4. Findings

4.1. Introduction

This section presents the findings from the Fellowship, which adopted a mixed-methods approach to data collection and analysis to address the research questions posed in Section 1.3.

4.2. Statistical analysis

4.2.1 Introduction

This analysis draws upon demographic and educational data to investigate whether students with disabilities from regional or metropolitan areas are significantly different in demographics or educational backgrounds.

Importantly, the use of statistics to identify potential barriers for students with disabilities is *not* to “sustain artificial demarcations between ability and disability and the normal and abnormal when used by researchers and practitioners” (Shogan, 1998, p. 269). The quantification and classification process contains an inherent risk of objectifying persons with disabilities (Albert, McBride, & Seddon, 2002). Therefore, the use of statistics here is designed to elucidate social and institutional barriers towards greater advocacy and policy advancement that supports students with disabilities (Fujiura, Park, & Rutkowski-Kmitta, 2005).

4.2.2 Classifications, definitions and limitations

Unless otherwise specified, the participants are Australian domestic students, studying at the sub-bachelor, bachelor and postgraduate levels at Table A institutions. In the Australian higher education system, students self-identify as having disabilities. Therefore, it is likely that the levels reported are underestimated.

Until 2020, the Australian higher education sector used the following (self-identified) categories of disability:

- medical
- visual
- mobility
- hearing
- learning
- other.

Regionality is determined by the first address postcode provided by the student. The Australian Statistical Geography Standard (ASGS) is used to determine whether the address is classified as regional, remote or rural. The term “regional” is used to encompass regional, remote and rural unless otherwise specified.

4.2.3. Participation rates

Nationally, higher education participation for persons with disabilities has been steadily increasing for the last decade. From 2009 to 2019, numbers have more than doubled, from 32,156 to 73,242⁸. However, this significant rise must be considered with caution. Because students with disabilities self-identify, several factors may influence the reported number, including changing social attitudes regarding disclosure, greater awareness and acceptance of disability issues, and improved communication of services provided to students with disabilities. Therefore, the rise in overall numbers might be partly due to an earlier underreporting from students with disabilities.

With this caveat in mind, the data show the participation rate has improved for all students with disabilities and the subpopulation of regional students with disabilities. The proportional representation for regional students with disabilities is greater than for all students with disabilities (see Figure 3). However, the participation rate is still below 8.4%, the multistate reference value the Department of Education, Skills and Employment uses to denote proportional representation.

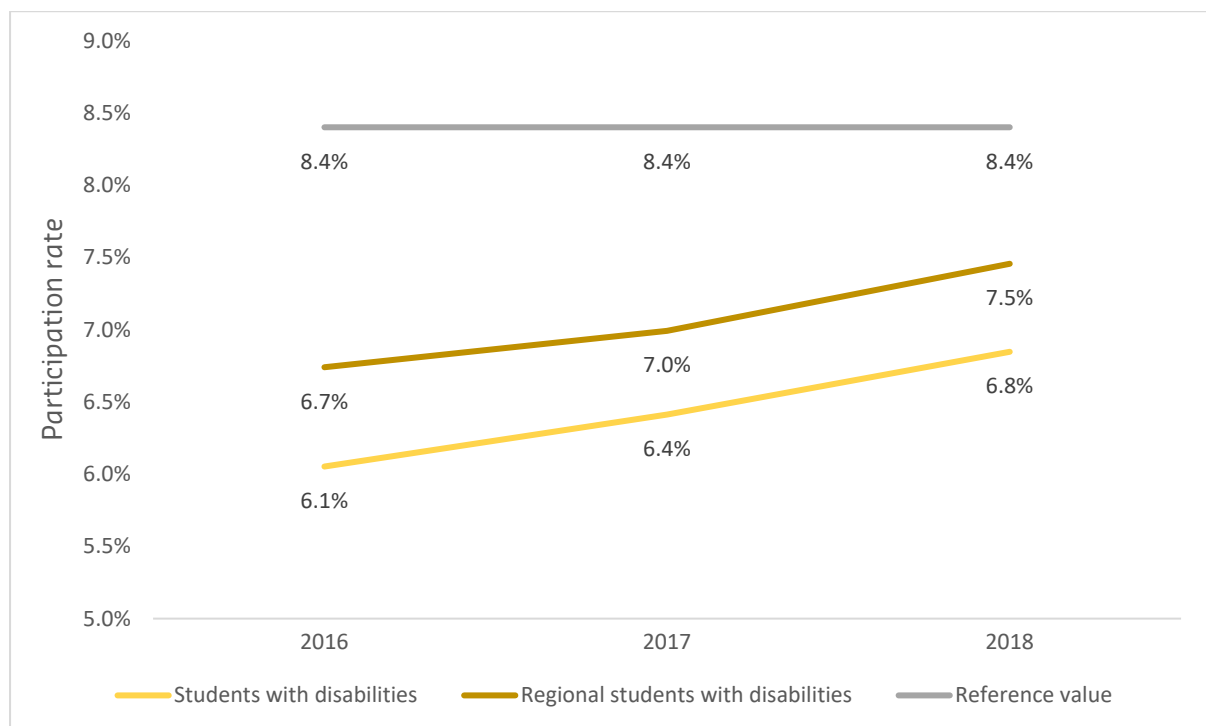


Figure 3. Higher education participation for persons with disabilities: 2016–2018⁹

Data provided for this project by the Department of Education, Skills and Employment.

4.2.4. Retention rates

Retention rates refer to the proportion of students still studying after a fixed period. In Australia, the higher education retention rate measures the proportion of students who continue their studies from the previous year.¹⁰ For this project, the *adjusted* retention rate was used, meaning students who moved from one institution to another in the following year were considered to have been retained. Retention rates for students with disabilities are below the overall student population, and the same trend holds for regional students with

⁸ Source: 2019 Section 16 Equity performance data. Table A institutions. <https://www.dese.gov.au/higher-education-statistics/resources/2019-section-16-equity-performance-data>

⁹ The rate for students with disabilities is the proportion of all student enrolments. The rate for regional students with disabilities is the proportion of all regional student enrolments.

¹⁰ Source: 2019 Section 15 Attrition, success and retention data. <https://docs.education.gov.au/node/55066>

disabilities compared to all regional students (see Figure 4). Interestingly, the retention rate for all students with disabilities is higher than all regional students, meaning there is a greater correlation between regionality and lower retention than between disability and lower retention.

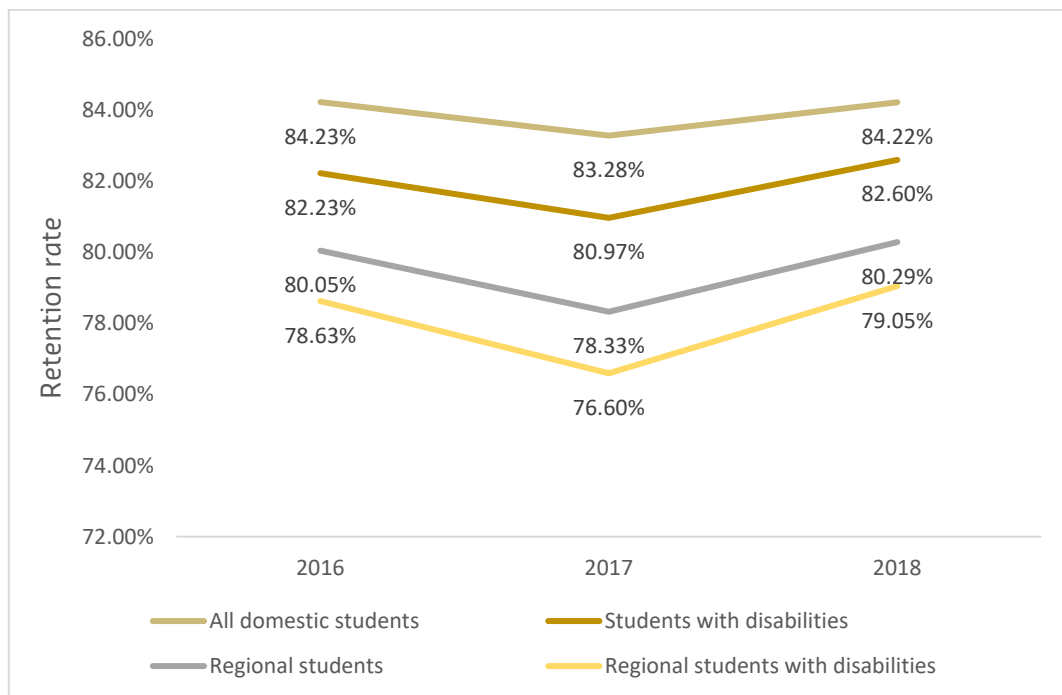


Figure 4. Student retention rates

Data provided for this project by the Department of Education, Skills and Employment.

4.2.5. Success rates

Success rates refer to the rate at which students are passing subjects. In Australia, the higher education success rate measures academic performance by comparing the effective full-time student load (EFTSL) of units passed to the EFTSL of units attempted. As with retention rates, success rates for students with disabilities are below the overall student population. The same trend holds for regional students with disabilities compared to all regional students. However, unlike retention rates, there appears to be a greater correlation between disability and lower success rates than between regionality and lower success rates (see Figure 5).

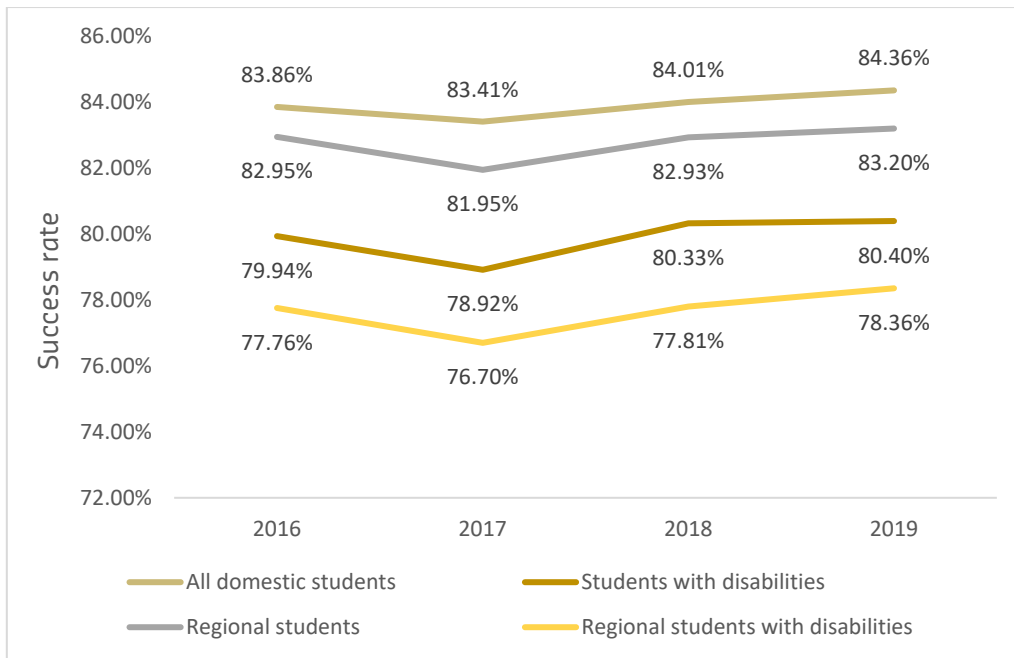


Figure 5. Student success rates

Data provided for this project by the Department of Education, Skills and Employment.

4.2.6. Completion rates

Completion rates are measured by tracking a cohort of students and seeing how many of them complete their studies after six years. Completion rates for students with disabilities are below those of all students, and completion rates for regional students with disabilities are below those of all regional students (see Figure 6). As with success rates, there is a greater correlation between disability and lower completion rates than between regionality and lower completion rates.

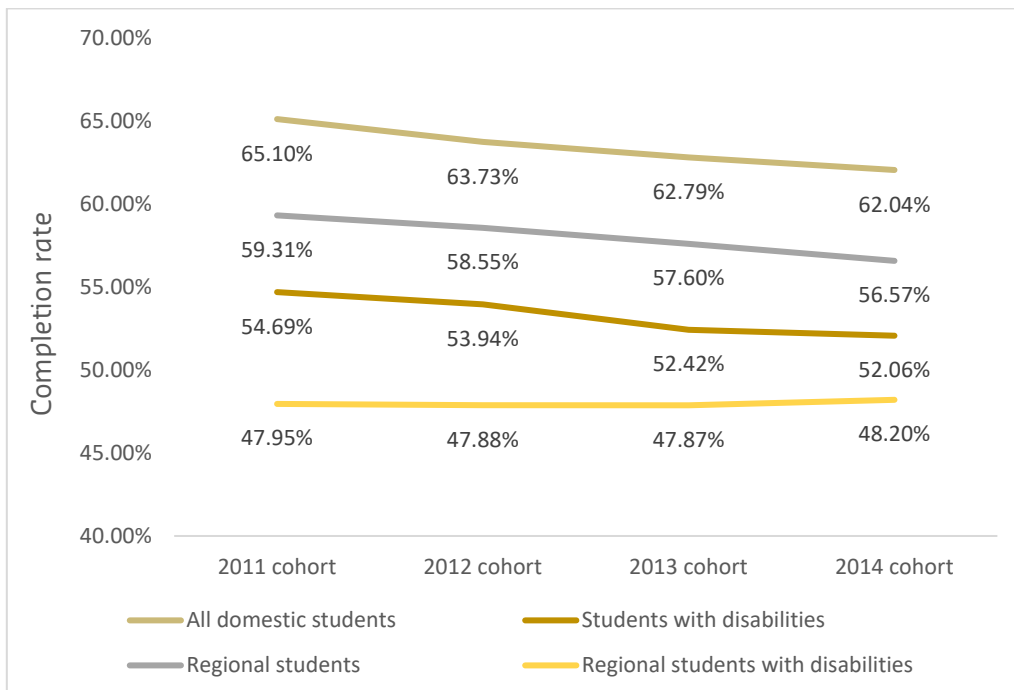


Figure 6. Student completion rates

Data provided for this project by the Department of Education, Skills and Employment.

4.2.7. Prior academic achievement

Prior academic achievement has been correlated with subsequent higher education success (e.g., Cherastidham, Norton, & Mackey, 2018; Harvey, Drew, & Smith, 2006; Richardson, Abraham, & Bond, 2012). In Australia, prior academic school achievement is typically measured by a student's Australian Tertiary Admission Rank (ATAR). As the name indicates, an ATAR indicates the student's overall position (rank) in relation to all other students in the same population.

Commencing students with disabilities have an average ATAR lower than the overall student population. Similarly, commencing regional students with disabilities have an average ATAR lower than all regional students (see Figure 7). However, the difference is small, between 2–3 points for all students and 3–4 points for regional students.

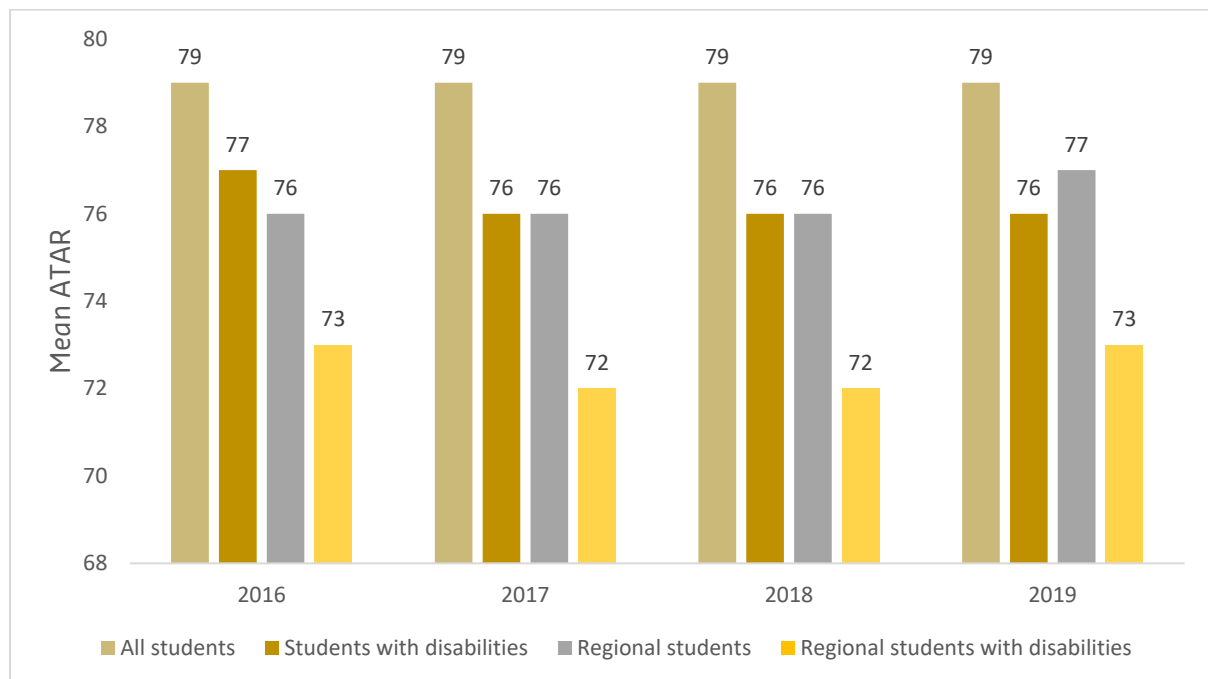


Figure 7. Average (mean) ATAR for commencing students (2016–2019)

Data provided for this project by the Department of Education, Skills and Employment.

A more accurate understanding can be achieved by comparing which groups of students fall into which ATAR bands (see Figure 8). A similar pattern to the average ATAR results is observed, with a greater proportion of students with disabilities falling into the lower ATAR bands. Again, the pattern is more distinct for regional students. The difference between student groups is greatest in the 91–100 ATAR band.

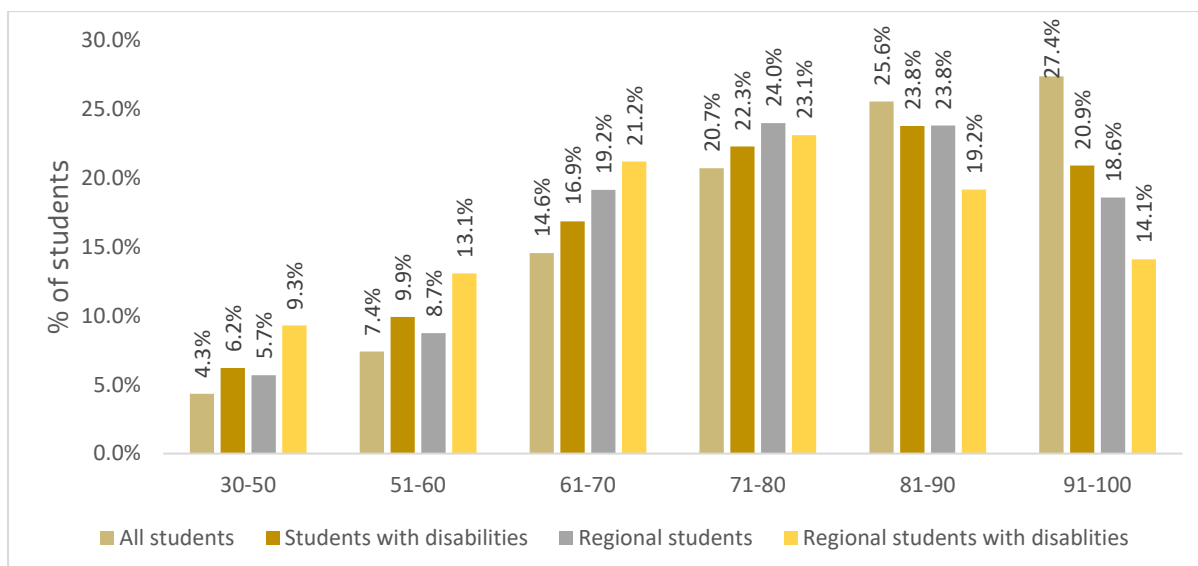


Figure 8. Commencements by ATAR range (2016–2019)

Data provided for this project by the Department of Education, Skills and Employment.

However, ATAR is not a direct measure of academic ability. It represents students' performance relative to their peers, ranking them from lowest to highest based on aggregate study scores. Since many students score in the upper-middle levels, ATAR exaggerates the academic differences between them (Cherastidtham et al., 2018). Further, students are increasingly using means other than ATAR to apply for admission to university. In 2020, only 40.8% of offers were made to Year 12 students,¹¹ and as detailed in Table 2, students with disabilities are overrepresented in the mature age category. Therefore, correlating the ATAR scores of a minority of students with the retention and success of all students would be unwise.

4.2.8. The relationship between disabilities and other indicators of social disadvantage

While this study focuses on disabilities and regionality, considering other indicators of social and economic disadvantage is beneficial, due to the effect multiple social barriers (disadvantages) can have on an individual. Multiple disadvantage can be understood in terms of breadth of need (e.g., reliance on multiple sources of support) and depth of need (e.g. how much support is required) (Cunningham & McCollam, 2001; Rankin & Regan, 2004; Sandu, 2021). Along with disabilities and regionality, being Aboriginal or Torres Strait Islander or from a low SES background also affects participation and success in higher education (Koshy, 2020).

Data from 2018 indicates that many domestic undergraduate students are classified across multiple equity groups and could therefore be impacted by the effects of compounding disadvantage. For instance, among all regional students in 2018, 30.2% came from low SES backgrounds, while 32.4% indicated they had a disability. These are much higher rates than the total domestic undergraduate population, where 17.9% of students were from low SES

backgrounds and around 18.8% were students with disability. Similarly 4% of regional students were Aboriginal or Torres Strait Islander peoples, compared with 1.9% of the total population.

¹¹ Source: <https://www.dese.gov.au/nci/resources/undergraduate-applications-offers-and-acceptances-2020>

Therefore, compared to the relevant wider population, students with disabilities had higher rates of intersection with the Aboriginal and Torres Strait Islander and low SES groups. The intersections were greater for regional students with disabilities.

4.2.9. Gender rates

Since the mid-1980s, women have participated in Australian higher education at a higher rate than men. In 2018, there were 1.43 female enrolments for every male enrolment. This rate was higher for female students with disabilities (1.76) and higher still for female regional students with disabilities (2.03) (see Figure 9). Given that the participation rate for female regional students was 1.78, female participation is higher for students with disabilities compared to all students and higher for regional students with disabilities compared to all regional students.

Nationally, there is no significant overrepresentation of women in the persons with disabilities category. Men are slightly overrepresented, with 18.1% of men reporting a disability in 2009, compared to 17.3% of women.¹² However, there are higher proportions of women than men in regional Australia aged 50 and above; the reverse is true for urban Australia.¹³ Further, students with disabilities are overrepresented in the mature age groups (see Table 2), and this overrepresentation is higher still for regional students. Therefore, the overrepresentation of women with disabilities in the higher education sector appears to be in line with the overall demographic trends of regional Australia.

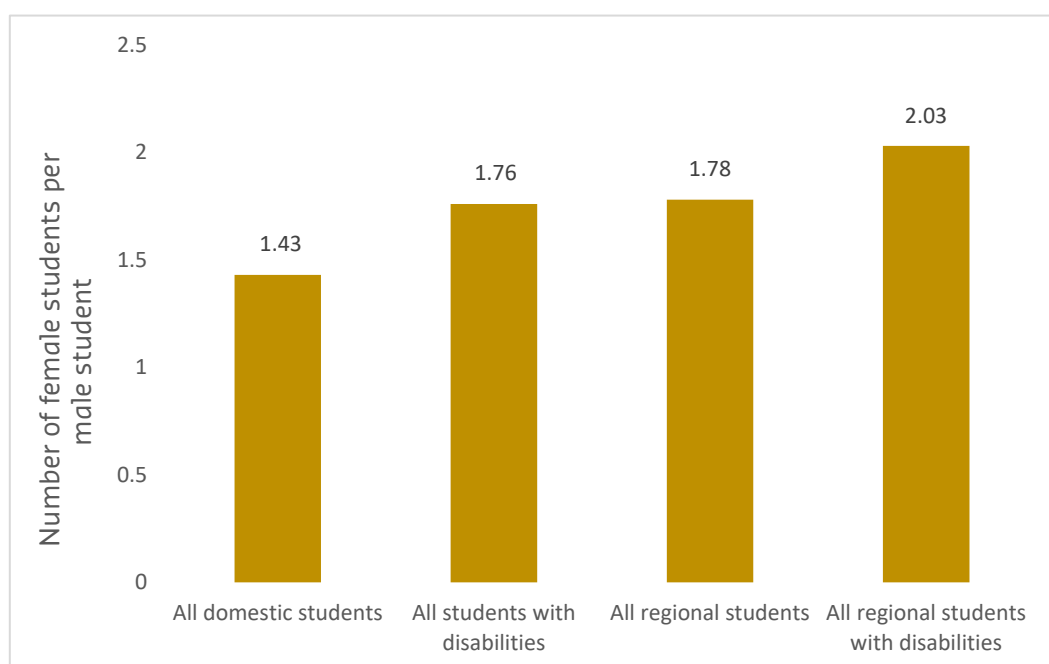


Figure 9. Rates of participation for female regional students with disabilities¹⁴
Data provided for this project by the Department of Education, Skills and Employment.

4.2.10. Age groups

A greater proportion of students with disabilities are older than the national average. For regional students with disabilities, the trend is more pronounced (see Table 2).

¹² Source: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4125.0~Jan%202013~Main%20Features~Living%20with%20a%20disability~3130>

¹³ Source: <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/latest-release>

¹⁴ Source: Department of Education, Skills and Employment. 2018 data.

Table 2. Enrolment by age group: 2018

Age group	All domestic students	Students with disabilities	Regional students	Regional students with disabilities
Under 30	73.9%	70.3%	68.1%	65.9%
30–39	14.2%	14.0%	15.6%	14.5%
40–49	7.7%	9.0%	10.3%	11.8%
50 and over	4.1%	6.7%	6.0%	9.8%

Source: Data provided for this project by the Department of Education, Skills and Employment.

4.2.11. Type and mode of attendance

Regional students, students with disabilities, and regional students with disabilities have lower rates of full-time enrolment than the wider student population (see Figure 10). In terms of attendance mode, most students enrol internally, meaning they study primarily on campus. The trend is highest for students with disabilities, 65.8% of whom study internally (i.e. on campus). This is higher than the national average (63.5%). Conversely, regional students and regional students with disabilities have lower-than-average internal enrolments (46.3% and 50.0%, respectively) (see Table 3). In summary, both regional and metropolitan students with disabilities are more likely to study on campus than their peers who do not report a disability. One possible conclusion is that disability has a greater influence than regionality on the type and mode of attendance.

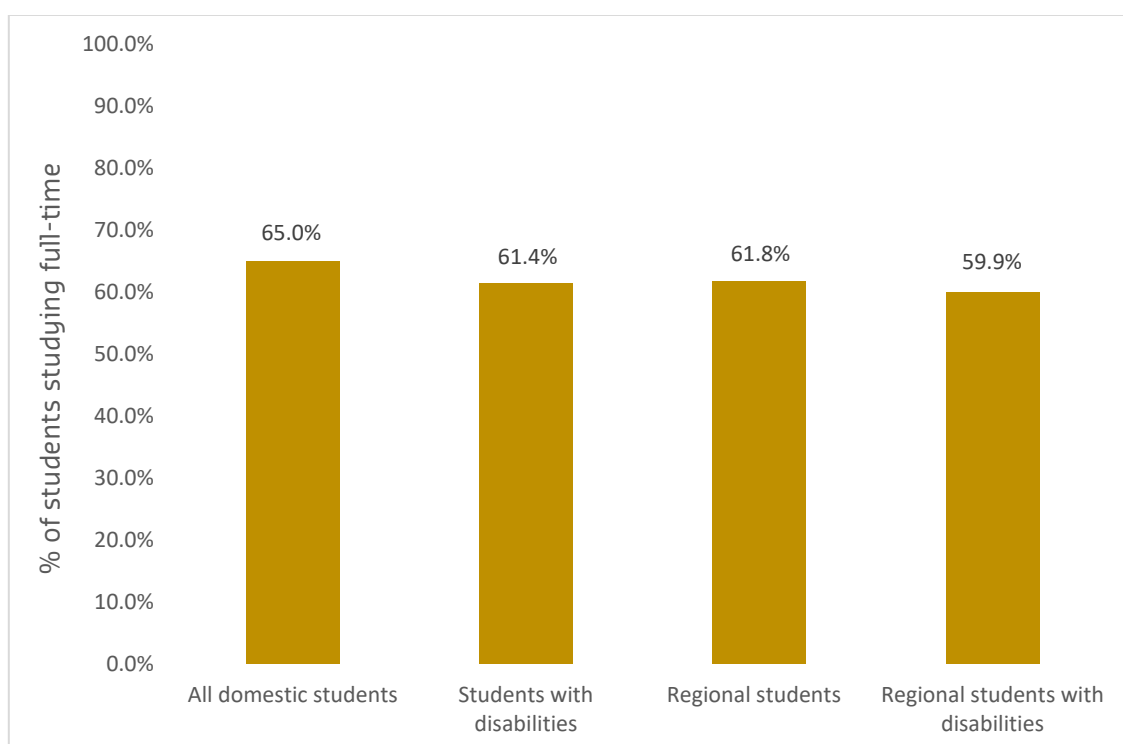


Figure 10. Proportion of students studying full-time

Data provided for this project by the Department of Education, Skills and Employment.

Table 3. Mode of attendance

Mode of attendance	All domestic students	Students with disabilities	Regional students	Regional students with disabilities
Internal	63.5%	65.8%	46.3%	50.0%
External	21.5%	18.7%	32.8%	28.5%
Multimodal	15.1%	15.5%	20.9%	21.5%

Source: Data provided for this project by the Department of Education, Skills and Employment.

4.2.12. Enrolments by course level

Regional students with disabilities were more likely to be enrolled at the undergraduate level and are underrepresented at the postgraduate level compared to the wider student population. Regional students with disabilities enrolled more in “other” courses, most notably enabling programs, which are courses designed to prepare students for higher education studies. Within the “other” category, 5.1% of regional students with disabilities were enrolled in enabling programs compared to 3.0% of all domestic students (see Table 4).

Table 4. Enrolment by course level: 2018

Group	Other	Postgraduate	Undergraduate
All domestic students	3.0%	22.2%	74.8%
Students with disabilities	3.4%	17.3%	79.3%
Regional students with disabilities	5.1%	14.2%	80.7%

Source: Data provided for this project by the Department of Education, Skills and Employment.

4.2.13. Enrolments by field of education

Students from all groups were most likely to enrol in courses related to the broad field of *Society and Culture* (see Figure 11). The next most preferred courses, again for all groups, were those in the field of *Health*. There were some divergences for other fields. Regional students with disabilities next preferred *Education* courses, then *Natural and Physical Sciences* and *Management and Commerce*.

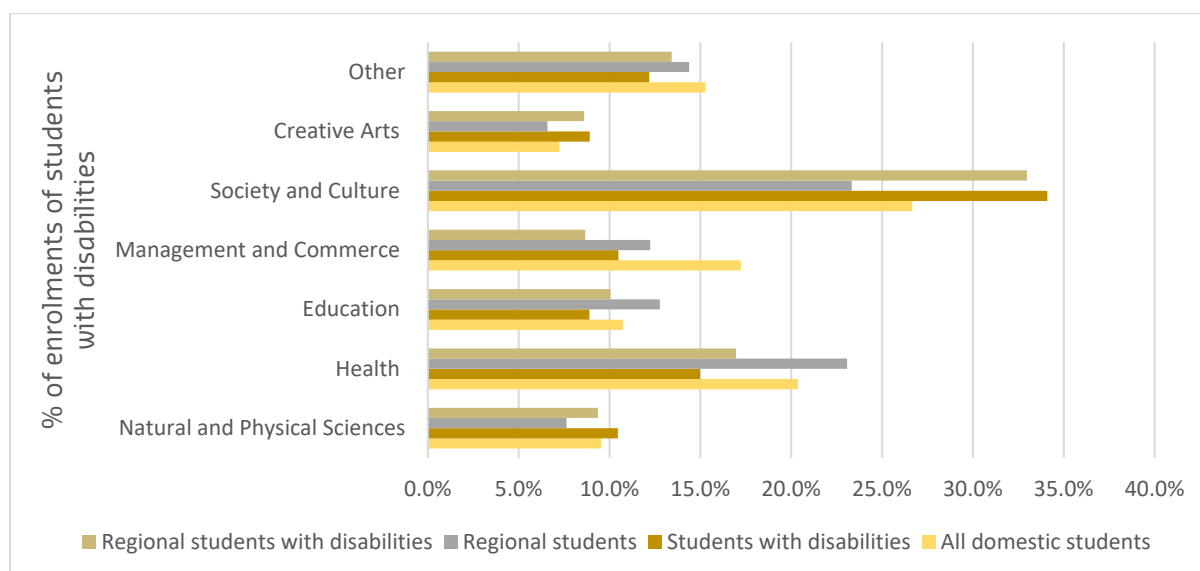


Figure 11. Enrolment by broad field of education

Data provided for this project by the Department of Education, Skills and Employment.

4.2.14. Disability categories

There was no significant difference between regional students with disabilities and all students with disabilities regarding the types of disability reported (see Table 5). Excluding the non-specific “other disability” category, the most common types of disabilities reported by regional and metropolitan students were medical-related issues, with approximately 39% of both groups reporting these. The least common, at approximately 6%, were hearing-related issues.

Table 5. Types of disability reported¹⁵

Group	Hearing	Learning	Mobility	Visual	Medical	Other Disability
All students with disabilities	5.7%	14.3%	7.3%	9.1%	39.0%	44.0%
Regional students with disabilities	6.5%	13.3%	7.9%	9.3%	39.5%	44.9%

Source: Data provided for this project by the Department of Education, Skills and Employment.

4.2.15 Students with disabilities requiring institutional support

Students with disabilities do not necessarily require accommodations to their learning environment or support needs. In addition to being asked if they have a disability, at enrolment, students are asked, “do you need institutional support?” As shown in Figure 12, there is very little difference between regional students with disabilities and all students with disabilities regarding the need for institutional support.

However, rates vary markedly at the institutional level, ranging from as low as 0.29% to as high as 95.69%. That is, while one institution reports essentially that none of its students with disabilities requires specific support, another institution reports that all of its students with disabilities do require support. This almost certainly reflects different organisational procedures than different student needs. Consequently, the information at least some of the institutions’ level may be highly inaccurate. For example, nationally the proportion of students with disabilities who report having a visual disability is around 9%. However, at one institution, this was approximately 59%. That is, more than half of its students who reported having a disability checked the “visual” category. An examination of their processes suggests that this might be due to how a question is worded on its enrolment form, meaning any students with disabilities wearing glasses or contacts might identify as having a “slight” vision impairment.

¹⁵ As previously described, in 2020 the Department of Education, Skills and Employment updated its disability category definitions, in consultation with stakeholders. However, data provided for this report relied on historical data, meaning the old categories were used for analysis.

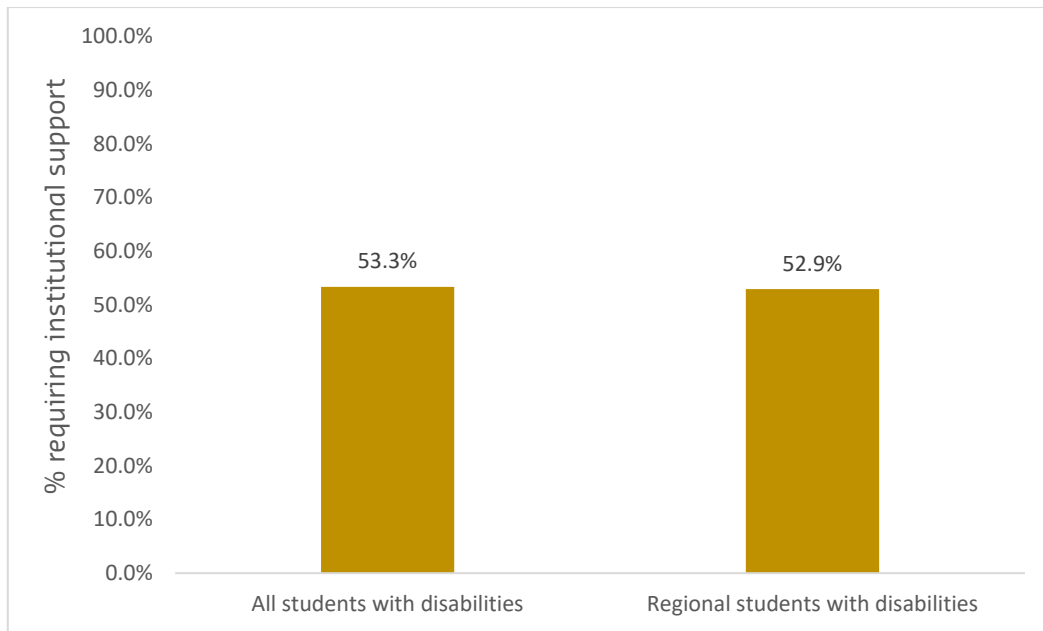


Figure 12. Students with disabilities requiring institutional support

Data provided for this project by the Department of Education, Skills and Employment.

4.3 Student and staff responses

4.3.1 Introduction

This section details the findings from the national surveys of higher education students with disabilities and higher education staff. As outlined in Chapter 3, participants were asked to rate six types of support, namely:

- **attitudes** towards students with disabilities
- **procedures** designed to support students with disabilities
- the **physical or built environment** of the higher education institution
- **communication** inside and outside the classroom
- software and hardware **technologies**, either provided or supported
- social inclusion.

Each type of support is discussed in greater detail in the following sections. The quantitative findings from the national survey are disaggregated to show the responses from:

- regional students with disabilities
- metropolitan students with disabilities
- higher education staff.

The most common themes and findings for each type of support are discussed. An overall support rating is provided from students with disabilities. Each element includes an individual commentary in line with the “student voice” design of this project.

Next, several meta-themes are discussed to consolidate common issues with different support types and highlight broad social barriers to disability support.

Finally, findings specific to regional students with disabilities are discussed.

4.3.2 Attitudes

In the national survey, students with disabilities were most likely to rate attitudinal support within their institution as excellent. There was no significant variation between the ratings

provided by regional and metropolitan students. Higher education staff were most likely to rate attitudinal support as above average (see Figure 13). Therefore, the overall response was positive, with students being more positive than the staff.

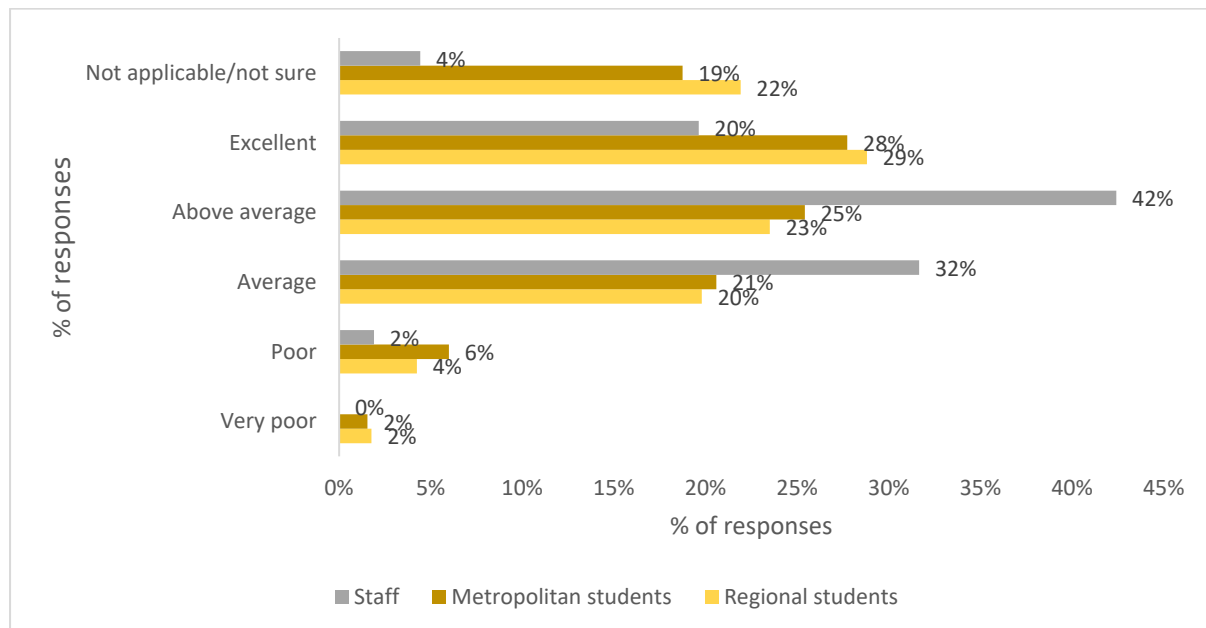


Figure 13. Rating attitudinal support for students with disabilities

The subsequent interviews revealed three primary themes relating to attitudes. First, participants shared a general belief in an overall positive attitude towards persons with disabilities in their institutions. As one student said:

Everyone at [my university] has been so open to helping me ... Because of teachers and demonstrators wanting to help me I was able to get a diagnosis and the help I needed. I have gotten so much help and my friends have helped me so much.

Many students explained that once they disclosed their disability, their institution did everything within their means to support them. Participants also talked about how disclosing disability was, in many instances, a “non-issue”. As one student said, “So all of my [fellow students] know that I [have a disability] and they just treat me like one of the boys. Which is very lovely.”

The second and equally dominant theme from the student interviews was that disability was “invisible” for many students. Therefore, positive attitudes were also a function of the student choosing not to disclose. One participant reflected, “My disability isn’t obvious—you can’t tell from the outside ... I am sure it would be fine: I don’t mind explaining, and I find most people are understanding and kind.” This response indicated that the student had generally experienced positive attitudes towards their disability. However, this experience was not universal. Agency, therefore, played a key role for many students managing attitudes and behaviours towards their disability. As one student said, “I can choose if I want people to know or not. Most of the time I choose to tell people if I am working with them in a group or if they are my friends and people are mostly fine with it.”

This finding was supported when the responses from online students were considered. Here, a greater proportion of them provided a “not applicable” or “not sure” response. It is difficult to rate institutional attitudes towards persons with disabilities when the student is either not willing or able to provide them. This in turn raises questions regarding institutional processes that, potentially, discourage or hinder communication between student and institution.

The third theme arising from the analysis of student interviews was that, in some institutions, positive attitudes towards disabilities and understanding the challenges for students with disabilities were not necessarily embedded throughout the institution. Support structures set up by professional disability support staff sometimes did not receive the same level of support in the classroom. One student observed:

Regarding attitudes, it's very subtle but it seems to me that staff often have quite dismissive views of disability ... I'm aware that academia also involves workaholism for a lot of people and I feel like staff try to instil that value rather than look critically at the ways their discipline is inaccessible.

In the interviews, students were more likely to identify professional disability support staff when providing positive examples of how they were supported and more like to identify academic staff (e.g., lecturers) when providing negative examples. In these institutions, disability support units and their staff functioned as the locus for best practice, with the potential for cultural change emanating like ripples that dissipate further from the locus.

The following commentary provides an unedited student's perspective of the attitudes around the support they received. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Attitudes

I have been very lucky with the lecturers and fellow students I have worked with over the years during my degrees. Although my disability is not recognisable physically, a lot of my study is about what I have and this in turn makes it a bit easier for fellow students to understand how I may at time become slower or unable to do certain things for long periods of time.

Chronic pain and anxiety associated with not being able to do what I need can lead to frustration. In this, my fellow students have supported me and encouraged me to take a little less on so they can learn more and help me in my learning. They ask me to tell them what it is I would do next rather than doing it physically and in turn I can try and recall processes necessary for that task even if I cannot do them. This helps when it comes down to exams as I have been able to reiterate my learning through instruction rather than demonstration.

I also sometimes need more time to complete my assignments as I tire easily from typing and writing (the only way my cognitive skills engage) and need to have breaks in between or often hurt myself if I do too much and then have to medicate in order to continue which sometimes affects my ability to concentrate.

As this is included in my [plan] set out by disability services, the teacher doesn't need to understand too much, but is happy to give me the extra time as outlined in my plan should I need it. Most of the time, however I try and get things done in the same timeframe as everyone else.

4.3.3. Procedures

In the national survey, regional and metropolitan students were most likely to rate procedural support as excellent (see Figure 14). Staff were most likely to rate it as above average. Students appreciated procedures that were simple to follow and systematically adopted throughout the institution. One student observed:

The disability services team make sure I am aware of my rights and provided me with information surrounding adjustments for my classes and exams. I can communicate with them if I need some help and they liaise with my academics to

ensure I get support. If I need my adjustments changed or if something is not working they encourage me to email and ask for assistance.

This response, and the responses to attitudinal support, demonstrate that DSOs and their staff were frequently referenced as the site of best practice. Another student said, “*the disability services team make sure I am aware of my rights ... they liaise with my academics to ensure I get support.*”

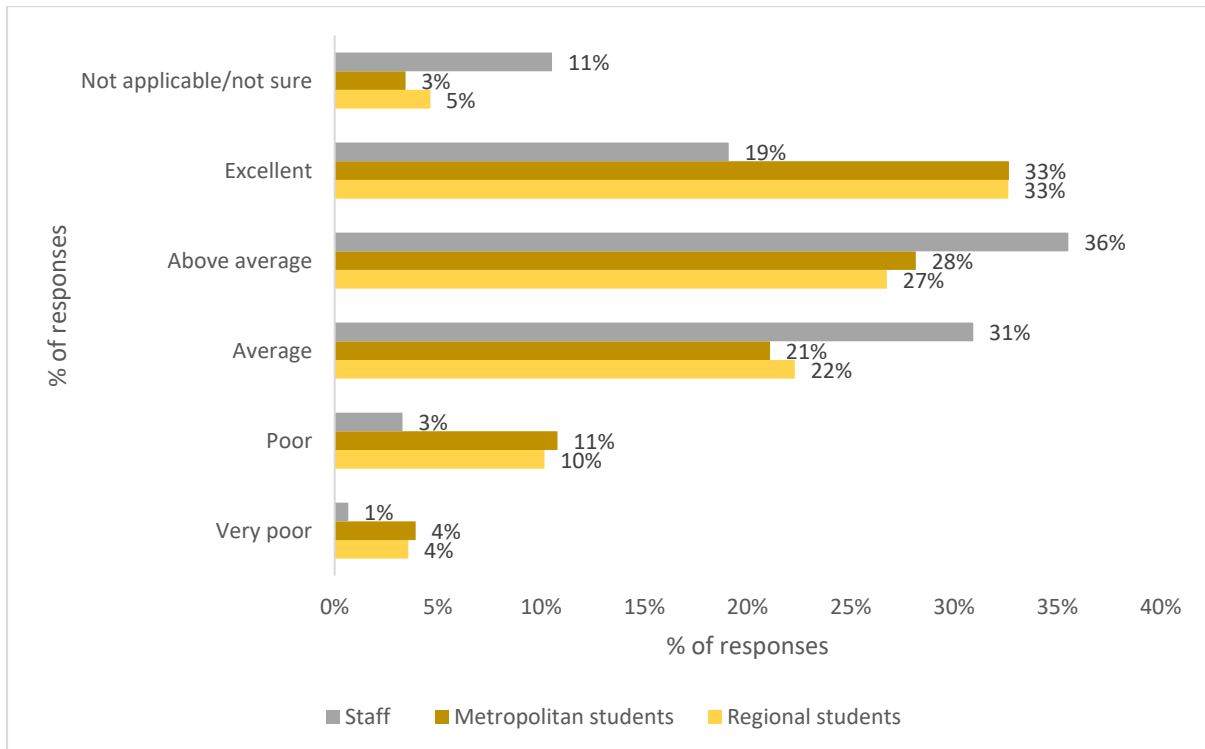


Figure 14. Rating procedural support for students with disabilities

The following commentary provides an unedited student’s perspective of the procedural support they received. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Procedures

I am a mature age student ... I went deaf 20 years ago but not up until seven years ago did it start to impact me. I was a recovery/ Anaesthetic nurse in busy public inner-city hospital.

My workplace had no support for disabled staff. I was told there was no disability policy for staff. No one in the organisation knew what job access was and so I had to do applications for assistive devices all by myself.

I was bullied and ridiculed. I had panic attacks at work—I didn't know all the things I was experiencing was anxiety and depression. HR would not help me—they told me to stop involving departments.

After a bad day at work, I tried to harm myself in March 2018—haven't been back since. I resigned Sept 2019. In the end I took my workplace to VEOHRC [Victorian Equal Opportunity and Human Rights Commission] for mediation—I wanted apology and a policy [and it turned out] they had one all along. They thought I wanted money—I didn't—they got external lawyers to threaten me. They told me I made things up—they even interviewed my manager who lied.

I was too mentally unwell and in consultation with my lawyer and mental health carers, I let it go. Best decision I made.

Two years later, I decided to go back to study as my mental health was OK. I live on a fine line but thought I'd give it a go. I got into my course—it was undergrad even though I have done postgrad but long time ago and kids etc., etc. came along. I was apprehensive as to how things would pan out as I always don't want to disclose my disability.

Can you imagine my delight when my uni sent me information outlining help for disability? I sent email, met with disability liaison, got Learning Plan and off I went!

Procedures are easy—I give facilitator and head of unit my [plan], let them know before any exam, quiz etc. and am given extra time. Group work has been very problematic, but I am able to do it solo if I want. It just depends on group as I lip read and with online it's hard if people don't have cameras on.

Information is easy to access due to email—so much easier than when I was at uni in 1984—I did a science degree before I did nursing at hospital. Lecturers easily accommodate my requests as long as I give them time and copy of [my plan].

I could get lectures transcribed if I needed to, lectures are taped—I may have to have a couple of listens but I get there. I also discussed my workload with disability officer early on and decided to study part-time. There is nothing they wouldn't do to help. It was so different from my work—I almost thought there was a “catch” it was so great.

I'm not saying every day is rainbows and sunshine—my anxiety and depression is labile—more so during COVID [-19] but it's very reassuring that support is there and easy to access and I don't have to organize, implement, tell my story—it's great.

The physical or built environment

In the national survey, both metropolitan and regional students were most likely to provide a “not applicable” or “not sure” response when rating the physical or built environment (see Figure 15). For those that responded differently:

- Metropolitan students were equally likely to provide an above-average or average rating (21% for both).
- Similarly, regional students’ ratings were almost equally split between above average and average (21% and 22%, respectively).
- Staff were most likely to select the average rating.

Regarding the high “not applicable” response rate from students, two hypotheses are offered. First, some students’ disabilities may not be affected by the built environment. Second, students studying online were not affected by an institution’s physical or built environment as much as students studying on campus.

The survey responses were filtered in three ways to test the hypotheses relating to the high number of “not applicable” responses. First, only the responses of online students were considered. Almost two-thirds (62%) of the responses from online students were “not applicable”. Second, the responses from students who indicated that they had a physical disability were excluded; that is, students who were, a priori, likely to have a greater reliance on built environment support. This resulted in a 27% response rate for “not applicable”. This was similar to the overall response rate. Third, only students who reported a mental health condition were considered; that is, students who were, a priori, unlikely to have specific needs relating to the built environment. This also resulted in a 27% response rate for “not applicable”. This indicates that, while online students are much less likely to require built environment support than on-campus students, the relationship between the built environment and particular categories of disability is more complex. This relationship is further complicated because many students report multiple, often intersecting, types of disabilities.

Notwithstanding the overall high levels of satisfaction for physical or built environment support, several interview participants expressed their dissatisfaction with their institutions’ efforts to make suitable spaces available for studying. As one student said:

As a student with ADHD I find the study environment in the library can be quite overwhelming ... I find I work best when I’m in a private/secluded study space as it feels like I can focus completely on the task [but at my university] I have always really struggled to find suitable rest/study spaces and it has at times led to significant anxiety about going to campus.

Another student observed succinctly, “*Lighting, it’s hell. I had a stroke and since have light sensitivity. They don’t take it seriously, I get migraines with 5–15 minutes under fluoro lights.*”

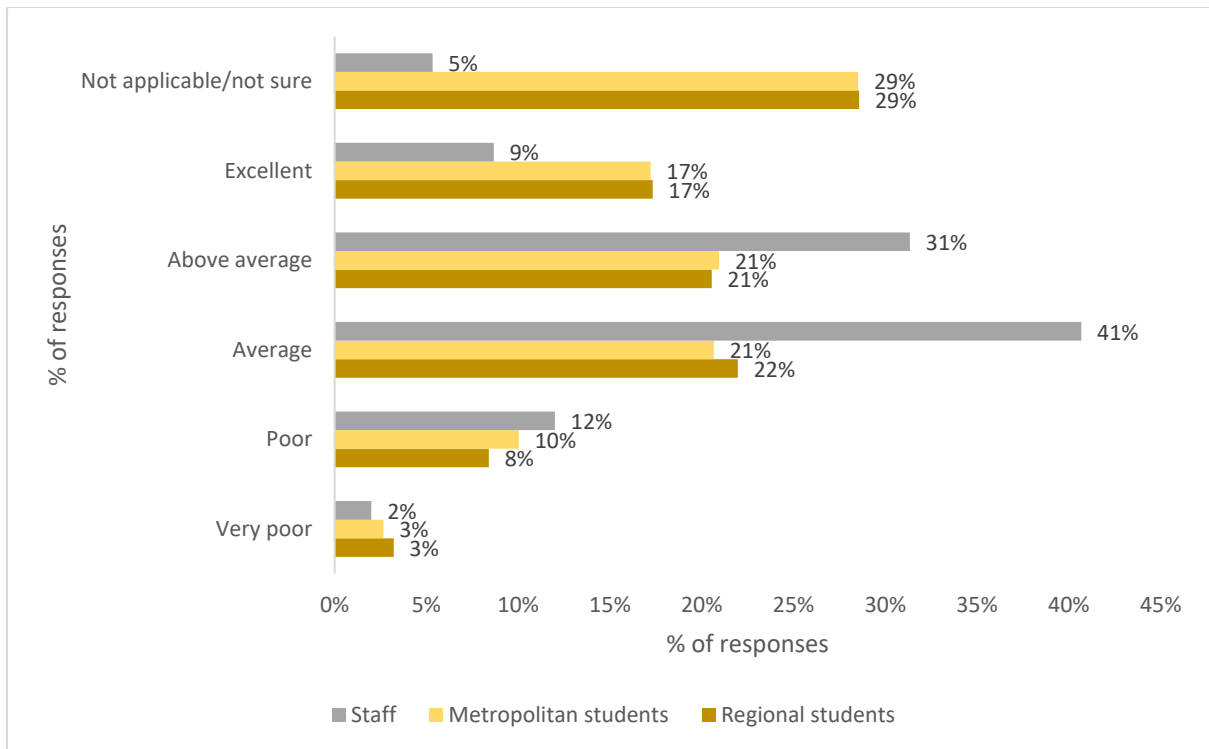


Figure 15. Rating the physical or built environment

The following commentary provides an unedited student's perspective of the support they received regarding the physical and built environment. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Built environment

As a student with ADHD, I do not require additional support from the university with regards to the built environment, however the setting in which I currently study on campus is excellent for optimizing my productivity during the day. I study in a student co-working space called the [HUB]. This [is] a small open-plan space of maybe 12 x 18 m, divided by a 7 m long moveable wall and with a single column of computer tables each side. It is dedicated to students meaning there is no need to vacate your computer to make way for classes, and unlike the library, is in fact a loud and energetic space, with beanbags and student's work pinned to the walls.

Although the described area may seem like the worst possible study environment for a student with ADHD, it does in fact provide the optimum studying conditions for me. The space used almost solely by friends, whose strong study ethic keeps me focused and on task. They are happy to help me and regularly comment on the work I am doing, letting me know when my current focus is entirely irrelevant to the assignment I am working towards (they know I am extremely vulnerable to jumping down rabbit holes). Where people at the library would get very annoyed by a bit of seat dancing to energetic music and sporadically standing up, this is the norm at the HUB, and I enjoy fitting in!

I should add that my productivity in this space is facilitated by noise-cancelling headphones, as well as ADHD medication that lasts 6 hrs a day and is crucial to maintaining my focus.

Before finding this space, I would work in the computer labs on the top floor of the main building. Filled with multiple rows of computers, it was a focused space used by many people but not always friends. It was easy to waste hours a day on my mobile phone. Worse still it was a space used by classes so I would always have to pack up and move during the day. Not optimum studying conditions!

Communication

Students with disabilities (regional and metropolitan) mostly rated communication support as average in the national survey. Most institutional staff also rated communication support as average. There was a significantly high “not applicable” response rate from students and staff (see Figure 16). No reason for this was apparent in the qualitative phase of the research, and it is difficult to ascribe a reason without further targeted research.

The key finding from the student interviews was that proactive communication was highly appreciated. For example, one student advised, *“I was asked whether I needed learning and exam materials in a different format. I don't, but it's nice to know they are available.”* Another student said:

Some tutors have even provided their phone number to all students in case of emergency or if in major stress about an assessment item. This feeling of clear communication helps lessen stress because I know that I can reach help at any time.

Another example of a proactive communication approach was from an institution that provided regular bulletins about changes to procedures or policies affecting students with disabilities, upcoming social events, workshops, seminars, and reminding students in advance how to make special exam arrangements.

However, several respondents described communication failures at their institution, such as a student who said:

I've had to talk to three or more individuals in relation to me struggling to speak because I'm encountering severe blisters in my mouth. Despite this accommodation being in my [learning access plan] I still have to talk to three different people to be allowed to hand in a transcript of what I would say.

Another regular concern raised by students was the lack of alternative, accessible formats for learning materials. One student said, “closed captions have not been available for any of my course lectures,” and another advised:

I asked if the 1-hour long video had captions, and when she said it didn't, I then excused myself to sit outside for the duration because I didn't want to end up with a migraine halfway through my day and wouldn't understand most of it without captions anyway.

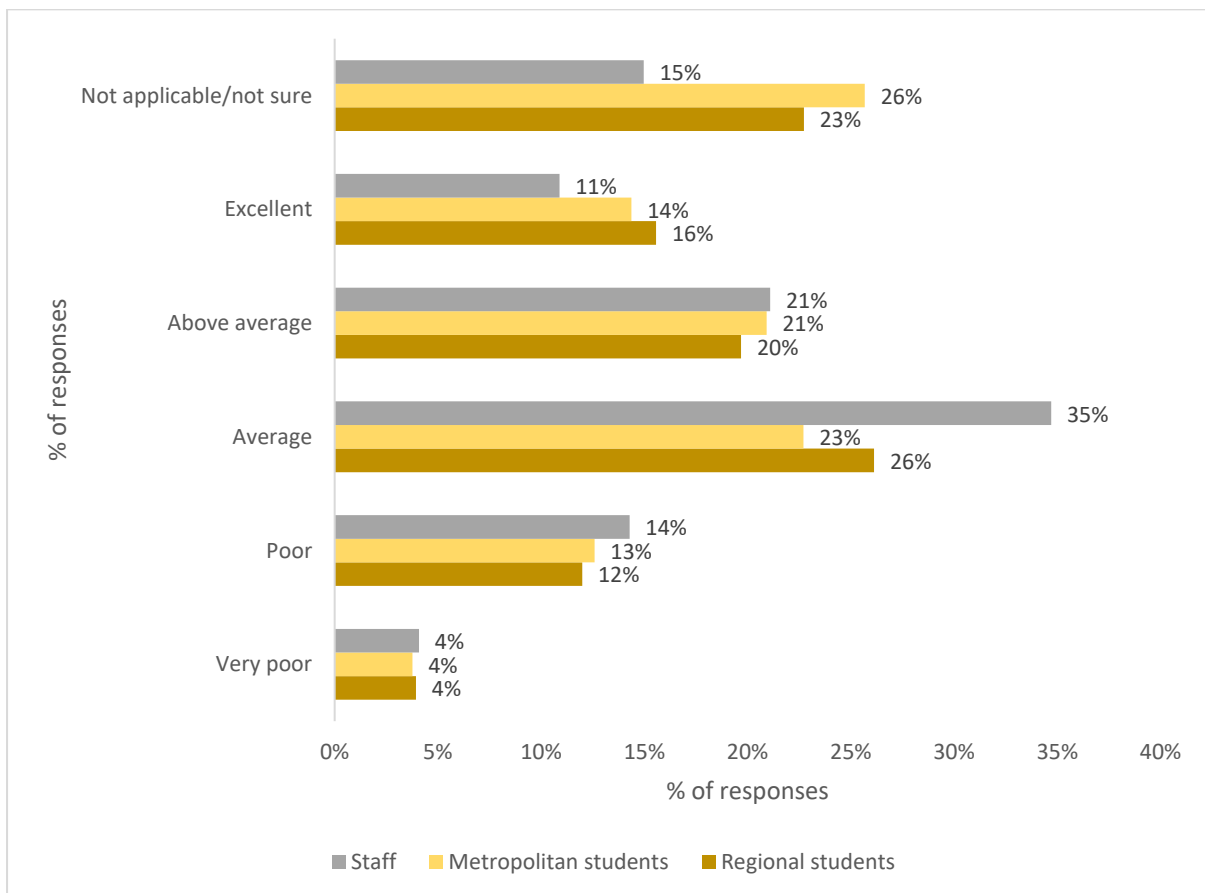


Figure 16. Rating communication support for students with disabilities

The following commentary provides an unedited student’s perspective of the support they received regarding communication. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Communication

I feel very unsupported in this area for several reasons. I have an unusual condition and staff are poorly educated about it. I have an autoimmune disease that typically arises in 40-year-old women. I am a 22-year-old, and little is known about why I have it. However, due to my age I have several complications and abnormal conditions that require accommodations.

My condition is “invisible”. My needs are transient.

Because I have a cold allergy, I am unable to spend time in a room less than ten degrees. But I’ve also had to leave classrooms before because sometimes my condition is triggered by temperatures higher than ten degrees. In big buildings I’ve attempted to talk to ground staff about possibly raising the temperature (because I can’t breathe in the air) and never received a response back.

I’ve had to talk to three or more individuals in relation to me struggling to speak because I’m encountering severe blisters in my mouth. Despite this accommodation being in my [plan] I still have to talk to three different people to be allowed to hand in a transcript of what I would say.

There are no recorded tutorials that I can sign into. Despite the fact that I have in the past emailed professors and explained that my chronic fatigue is so bad that it is impacting basic daily functions. I’m expected to be able to walk all through campus to attend a class just to hear tutorial content—that’s likely going to be going too fast for my brain fog to understand.

The facilitator who creates [my plan] has no idea about my condition. So, when I ask for transient accommodations explaining that as per what my doctor says high stress environments will induce more severe symptoms, I’m told that’s not possible and there’s nothing they can do.

I don’t see an option to get closed caption content and I feel uncomfortable asking for it because I’m not classed as deaf and they are unlikely to agree to provide it to me. I prefer captions because it assists my processing capabilities.

Smaller accommodations to minimise overstimulation have also been ignored. I have asked for a monochrome, or download version of a website because the colours and auto-playing videos are overstimulation and too difficult for me to process. In return I was sent a link to the website telling me where the files were ... and that was it. I gave up that semester because I literally couldn’t read the website.

I feel distressed. My [plan] is a joke, more often than not it places a target on my back as a “lazy” student. And I start every semester with a little bit less energy to fight.

Technology

In the national survey, students with disabilities (regional and metropolitan) gave mixed responses about their institutions’ technological support:

Metropolitan students were relatively evenly split in rating technological support as being:

- not applicable/not sure (26%)
- excellent (20%)
- above average (23%)
- average (22%).

Similarly, regional students rated technological support as:

- not applicable/not sure (18%)
- excellent (20%)
- above average (23%)
- average (22%).

Staff were most likely to use the average rating (41%) (see Figure 17).

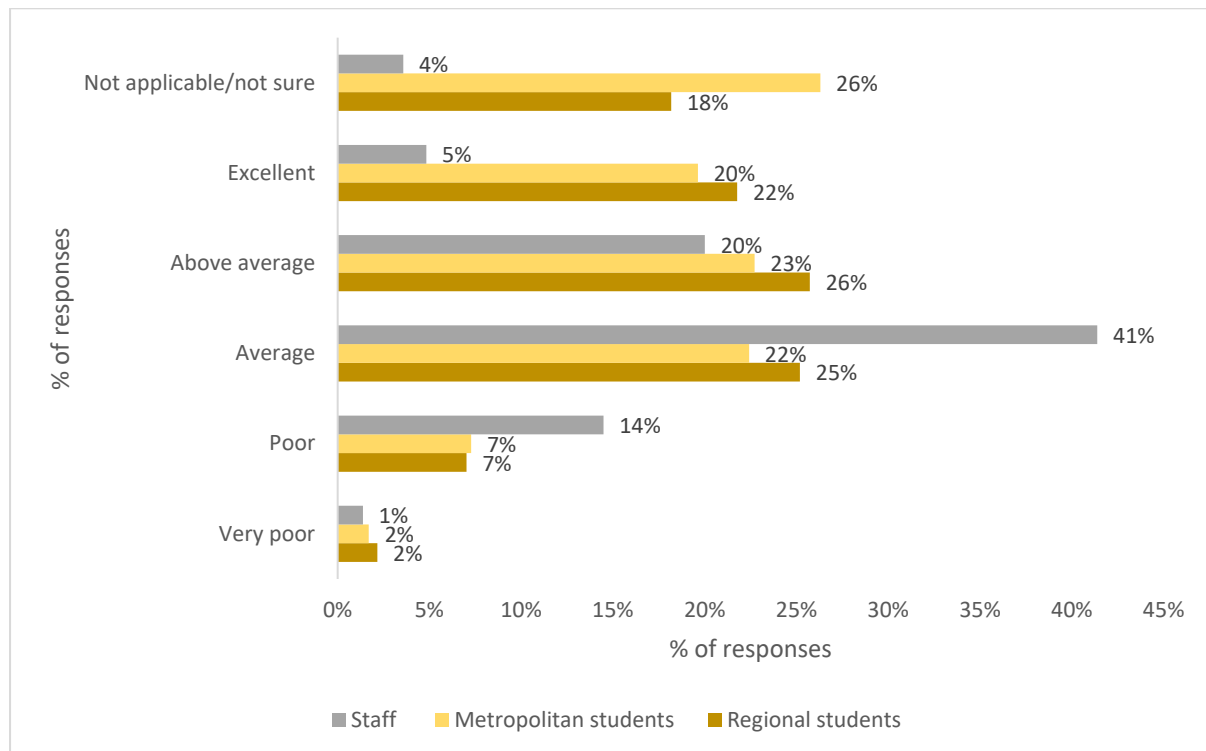


Figure 17. Rating technological support for students with disabilities

Looking more closely at the “not applicable” responses, students who identified as hard of hearing/deaf/Deaf, low-vision/blind/Blind, or having a specific learning disability or acquired brain injury were much less likely to rate this type of support as “not applicable”. A possible conclusion was that different types of support are relevant for students with different disabilities.

The interviews revealed that many students were sensitive to the quality of online technological support, especially given the effects of COVID-19. One student spoke positively about his institution’s online environment:

I rated [technological support] highly as the online platform we have for all our lectures and materials is super good! It’s really easy to navigate, and even has a reminder section for upcoming assessments! In that section, if you click on the assessments it’ll take you to the subject page that has the assessment details!

However, as another student observed, the quality of online platforms was undermined if the content being provided by the teaching staff was substandard:

My university uses Blackboard. It’s fairly easy to use. However, when you go into the areas that the lecturers put the information for the course, it’s a mess. It’s so

difficult to understand because they put stuff here and there, and there's usually no logical order to it at all. As an autistic student with OCD, I find it really hard to keep track of what I am supposed to be doing because there's a bit of info here, and a bit there, and it's just all over the place! I wish there was more of a uniform approach to how they lay out their information.

The following commentary provides an unedited student's perspective of the technological support they received. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Technology

Regarding technology at my institution: in my honours year, my [access plan] states that I should be able to appear via Zoom. The first session this technology did not occur. I therefore did not get to be welcomed with the cohort. Second session there was an attempt at doing this. In the honours coordinator's estimation, it was all too difficult, so he elected that he would phone me and put me on speakerphone for the remainder of the course—an instruction he fed all other teaching staff who all put me on speakerphone. After several weeks, he started to forget to call me. Then he simply stopped calling me. My supervisor never bothered to learn Zoom, nor appear on it. He also decided to phone me instead. This occurred three times over the course of my honours year. Everybody else had contact with their supervisors weekly. Many phone or Zoom appointments were made—most were "no shows" with no apology or acknowledgement. My supervisor would go missing for weeks at a time. The honours coordinator did not book rooms which could support the technology needed to include me. My supervisor went completely AWOL for months, mostly due to uncertainty regarding technology.

Social inclusion

Students with disabilities (regional and metropolitan) gave mixed responses about their institutions' social support in the national survey. Similar proportions rated this type of support as "average", "above average", and "excellent". Staff tended to hold more critical views for technological support for their students. There were significant numbers of students (regional and metropolitan) who rated this type of support as "not applicable". Students using the "not applicable" rating were much more likely to be studying online (see Figure 18).

Students with disabilities appreciated being included in social events, even if they chose not to attend. As one student said, "*I participated in one [social event] which ended up not being a great idea and exacerbated my condition, but the point is, I was included and I was never left out.*" Other students valued relevant disability social groups for specific support. One student found a support club for students with autism at their university but equally valued a mature age student group and various clubs and societies that were "*very inclusive throughout the rest of the year.*"

Conversely, other students found many social activities functioned on the assumption all students were neurotypical. A neurotypical approach assumes all students function in a narrow definition of "normal", respond the same way to social interactions or stress, and speak, move, or behave in an "expected" way. For example, one student who suffered from extreme allergies expressed frustration that all social events centred on food, meaning they could not attend. They said, "*It makes me angry because I've made lots of suggestions but still with the food. It's the frequency and the lack of any other initiative that makes it harder.*"

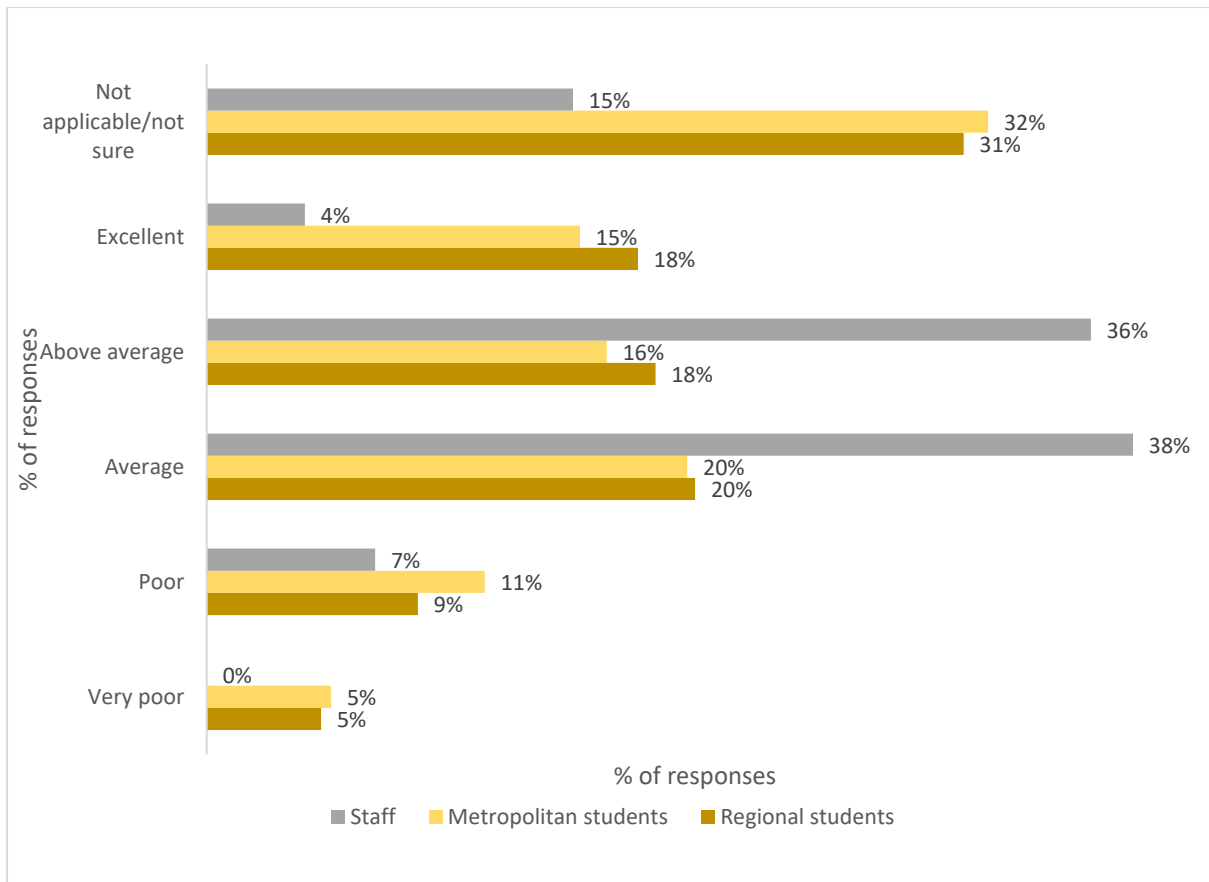


Figure 18. Rating social inclusion support for students with disabilities

The following commentary provides an unedited student’s perspective of the support they received regarding social inclusion. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Social inclusion

I’m studying Group Processes this semester (how to facilitate groups i.e., group therapy etc.), and as part of our assignment, we have to organise two group projects for the class to participate in. Last week, the first group was up. I wheeled into the room, to find they had put all the chairs in a circle—I needed help to move a chair out of the way to enter, and then help to move a couple of chairs so that I could be part of the circle. No biggie. Then they started to explain the activity. Each person gets a card. If you get a jack, then you’re the detective, if you get the joker, then you’re the murderer, and everyone else is a civilian who can be murdered. The winner is the person who “makes the biggest impression of dying and falling to the ground”. I looked at one of the group members with this, and she just said “oh, you can just cross your arms to signify you’re dead.” And I’m like—I want to win some sugar too!!! I had similar issues with maintaining eye contact, which we were supposed to do (I’m Autistic), and I was fobbed off again. Obviously, I didn’t win. After, my own teammates asked me if I was ok, and I burst into tears. So, one of the members of the host group came over, patted me on the shoulder like a good puppy, and said “I’m sorry if you got upset.”

Is it really so hard to say, “sorry we f’d up?”

These are social work students. One of the seven marks we had to work with was about inclusion. I honestly don’t know what they were thinking.

Overall levels of satisfaction with support for students with disabilities

After considering each type of individual support, staff and students were asked to rate their overall level of satisfaction with the level of support their institution provided to students with disabilities. Given the effects of COVID-19 in 2020, respondents were asked to rate support pre and post-COVID-19. The average rating is shown in Figure 19. The rating scale ranged from 1 (very poor) to 5 (excellent). All three groups (i.e., regional and metropolitan students with disabilities and staff) reported a significant decrease in support levels post-COVID-19. Regional students reported the greatest decline in satisfaction.

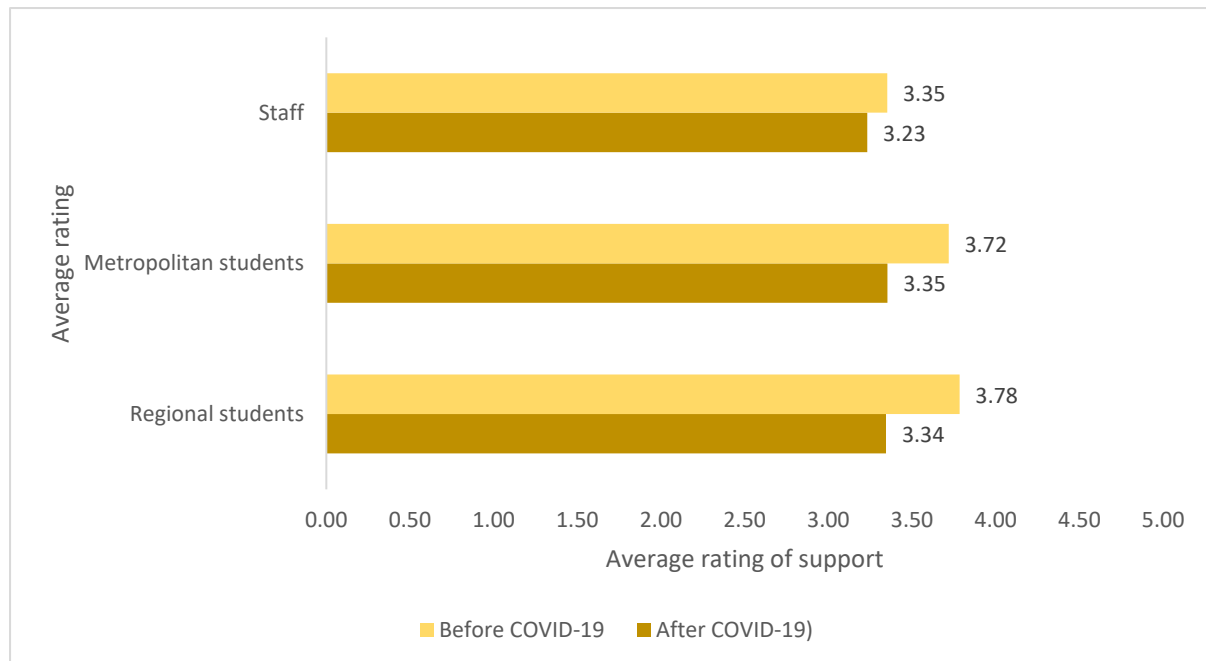


Figure 19. Average rating of support for students with disabilities

During the interviews, students with disabilities expressed high degrees of empathy with their institutions as they rapidly transitioned to fully online learning. The following quotation represents a typical response:

I think my university has handled the crisis quite well. They transitioned as much as they could online, labs postponed, and other than a few funny moments with technology and videos, they did really well. Maybe slightly longer waiting times if calling, but emails seem to be answered faster so better communication.

Many students were appreciative of regular and ongoing communication. One student said, “I was well informed (by email and bulletins) on what the dos and don’ts were in real time of studying on and off campus/financial support/counselling etc.”

The global pandemic also highlighted the dominance of a neurotypical approach to education and life in general. As one student said, “the other thing that came out of the pandemic response, was a constant awareness that people without a disability cannot easily handle what life is like with a disability.” Many students explained the wider effects that COVID-19 had on their disabilities that institutions could have been more sensitive to. As one student remarked:

Those who live with mental illness had to abruptly adjust to a world where the healthy coping mechanisms they have learnt over years and practised everyday were taken away from them. Simple things like sun, exercise, work, social support and routine were removed with the blink of an eye.

Overarching themes relating to supporting students with disabilities

Beyond the issues relating to the specific types of institutional support for students with disabilities, three overarching themes emerged:

- the importance of UDL principles
- the importance of trained disability support staff
- the need for wider, institutional awareness of issues relating to persons with disabilities.

These themes were evident in the student and staff qualitative data. Below, each theme is discussed in-depth, and quotations from students and staff illustrate the issues. In line with the project's "nothing about us without us" philosophy, the students' voices are prioritised. For the staff quotations, the self-reported job description is provided at the end of the quotation to allow the reader to contextualise the response.

Universal Design for Learning principles

UDL is a framework for the teaching–learning transaction that conceptualises knowledge through learner-centred foci emphasising accessibility, collaboration, and community (Rogers-Shaw et al., 2018). UDL is influenced by an architectural approach, the philosophy being that certain adjustments to built design to accommodate persons with disabilities can also benefit other groups (e.g., Mace, 1988). Worldwide, the emergence of UDL principles can be traced to increased legislative action—particularly focusing on persons with disabilities—and the nonregulated market-driven responses to an aging society (Ostroff, 2011). Certain UDL approaches target educational content design and delivery and have been referred to as Universal Instructional Design (UID) (Silver et al., 1998). For the purposes of this report, UDL encompasses the built environment, curriculum, instruction, and technology. A fundamental goal of UDL is to challenge normative design processes that “require that students identify themselves as disabled, request specific accommodations, and wait for these specific adjustments to be implemented” (Silver et al., 1998, p. 47).

In discussions with the student participants, the issue of UDL was the most common thematic issue. For example, when reflecting on what worked well, one student observed that:

The physical environment of classrooms included a lot of space with spare seats, places to leave things comfortably whilst in lectures which are easy to reach. Easy to see power points and hear tutors.

Another said:

My Uni had multiple ways to classes, had an easy to understand map and classes used a special number and letter set to help us know where our classes are. And the classrooms were good, had plenty of equipment and other things we needed to do our class work. They took into account disabilities and many other things for the buildings, though I would of [sic] liked if some stairs were closer to certain buildings.

These and similar observations highlight how the built environment can be designed more inclusively for the benefit of all students. Conversely, when UDL is not applied, students with disabilities can struggle to obtain optimal support even when the accommodations are technically available. One student described their difficulty studying in their university's library:

The lighting is awful and harsh, the beeping from downstairs can be heard up through the stairwells and the chairs are so hard! There are no couches so you can't take rest breaks, and you can't move around and relax your body a bit to be

able to conserve energy. It means that I can't study at uni at all which is both a time and a money waster when I have to find other options.

Staff identified that the failure to adopt UDL principles put the burden on students to disclose their disability to be supported. As one teaching staff member said, “*we have a good support office and a great internships program, but some other things (like captions) are only available on request.*” Similarly, a career services manager observed, “*we provide support and tailored approaches where we can and introduce students to specialised services, but we are often unaware of disability needs and issues unless a student discloses.*”

The importance of trained disability support staff

Overwhelmingly, students responses indicated that professional disability support staff were key to supporting students with disabilities. This support included navigating institutional processes and ensuring that the support they needed was arranged. One student said:

I had never even thought about accessing [my institution's] disability support when enrolling. I had an enrolment interview, and my issues came up in the conversation. Before I had left that appointment, an appointment had been made with the disability services office. In that appointment I was comfortable to discuss my problems and possible solutions were suggested to me and a plan was put in place. Since that meeting any enquiries I have had to make have been dealt with quickly and easily by email.

DSOs also tended to hold positive views about the support provided through their professional services. As one disability support manager stated, “*disability support services are of a high standard, and most staff are very supportive and accommodating.*”

Students appreciated being able to speak to qualified staff trained to focus on the functional requirements necessary to complete the study unit rather than the disability. Learning access plans that were flexible enough to accommodate changes to a person's circumstances were also highly regarded. Notwithstanding the overall positive response to procedural support, some students reported instances where support was not only deficient, but potentially discriminatory. This can occur when an institution puts the onus on the student to search for available support. One student explained how they were unaware of the support services they could access until their second year at university. By then, they were struggling with multiple issues, and their grades had been significantly affected:

And when I did eventual [sic] know of the disability services and I tried talking to them about it I was told that there was nothing to be done. My best option was to just drop out of a course if I couldn't keep up with the work and try again the next year. Over and over again.

This incident illustrates the critical distinction between processes that are *accountable* (i.e., the institution will support the student when a request is made) and processes that are *responsible* (i.e., the institution makes all reasonable efforts to ensure students with disabilities know what support is available).

The need for wider, institutional awareness of issues relating to persons with disabilities

While the presence of highly trained DSOs is essential for the support of students with disabilities, the reality is that the vast majority of interactions occur with non-DSO staff, most notably, academic and administrative staff. Participants spoke at length about how these interactions affected their studies. One student said, “*There has always been a willingness to help from all staff. This attitude of helping has made engaging with Uni life much easier for me.*” In some cases, being able to present as “neurotypical” proved beneficial for students:

I also have ASD [autism spectrum disorder], but usually present as neurotypical. Usually I don't tell people, because I don't want to sound precious, and also because I don't need a label floating above my head.

However, the issue of neurotypicality was a two-edged sword for other students with disabilities who found that—as in the wider community—some institutional practices included unconscious biases towards “normality”. One student with a disability described it in these terms:

Regarding attitudes, it's very subtle but it seems to me that staff often have quite dismissive views of disability. Taking biology with a genetic condition is pretty confronting because the language used includes phrases like “mutated”, “normal”/“abnormal”, “wrong”/“incorrect” when I prefer to see differences as ... just differences, human variation.

For staff, there was a repeated concern that empathetic support was not institutionalised and relied too much on individual action. As one researcher said:

The support offered often depends on the approach of staff. When the staff member is trained and aware with empathy the support is great. When [the] supportive staff member leaves, sometimes the connection with the students is lost. It needs to be more consistent. (Researcher)

In the interviews, students were more likely to identify professional disability support staff when providing positive examples of how they were supported and more likely to identify academic staff (e.g., lecturers) when providing negative examples. In these institutions, disability support units and their staff functioned as the locus for best practice, with cultural change emanating like ripples, with the potential for change dissipating further from the locus.

Focus on regional students with disabilities

As outlined earlier in this chapter, the survey responses revealed little difference between how regional and metropolitan students rated disability support at their institution (see Figure 19). However, regional students did describe specific issues relating to regionality in the interview stage. During this stage, 45 regional students agreed to share their experiences and talk about issues related to:

- living and studying in regional Australia
- living in regional Australia but studying online at a metropolitan university
- relocating to metropolitan Australia to study.

Overall, three key themes emerged:

- access to specialist services
- the digital divide
- support services at regional institutions.

Access to specialist services

Accessing specialist (particularly health) services was the most common theme in discussions with students with disabilities. One student said:

I can tell you quite honestly as a mother of a daughter with a disability that needed operations on the mainland, when living in Tasmania, it is a disadvantage to live so far away from help.

For some, it was not only about accessing the specialist services, but also a general lack of awareness and community support concerning disabilities in some regional areas. One

student said that within the community, there was “*less talk about disabilities/mental health within the public sphere as opposed to [urban Australia].*”

For many students, the time, stress, and physical exhaustion involved in accessing specialist services affected their higher education experience. Students spoke of having to travel for many hours for appointments in major cities. This affected their studies, as one participant described: “*having a disability is time consuming enough but adding the extra travel time is even more of a setback when you are already time limited with university and work commitments.*”

The digital divide

Access to reliable, quality digital services was another common concern from many of the students interviewed. As one student said:

I, at best, get 3 bars of Wi-Fi in my own home, because my town was a first-roll-out “test run” for NBN. I always have the worst Zoom (or similar) connection, and I can’t participate in activities with my friends ... since my Wi-Fi lags so far behind their Melbourne service.

Another student accessing the internet via satellite reported that “*it can be dodgy and sometimes it’s hard to engage in my classes properly.*” The COVID-19 pandemic also caused issues for some students who were studying in metropolitan locations but consequently relocated. One student moved back to their family’s farm, “*which had poor phone service and internet connection which had caused a strain on my learning.*”

For many students, a nearby regional university centre was a critical resource:

The Regional Study Hub made study much easier, not only because of a very supportive manager (who was not employed by the university but rather a local heritage centre), excellent facilities including private study rooms, conference technology, high speed internet, scanner/printer/photocopier, kitchen, and other motivated students. Unfortunately, the funding is only for four years, and half that time is up. Without this access to a study hub, I would have struggled with Telstra’s disrupted and weak internet service.

Support services at regional institutions

Many regional students reported lower levels of support than their metropolitan peers. For some, a lack of support was evidenced at times when less staff were available:

I don’t believe it is easy to access supports regionally as you have to apply online and they contact you. The person who contacts you, covers the entire university and I felt that she struggled to remain focused on my needs as it took me following up her to get my Learning access plan. She was also meant to follow up with implementing furniture at university for me and this hasn’t happened.

Others experienced an overall lack of support services:

There are absolutely certain services, or levels of support, that are harder to get at a regional university. I feel that some supports are stretched, especially regarding student disability supports, and even external supports, such as housing. [At my university] there were no formal student accommodation services until after I had moved away. I was essentially homeless for a portion of attending uni before stopping that degree and needing to work more to support myself.

Students living in regional Australia but studying at a metropolitan university experienced other issues. One student said:

I am based at a city campus [but] I live in regional Victoria. I have found this makes me less likely to receive the added library support services regional campus students receive.

The following commentary provides an unedited student's perspective of the support they received as a regional student with a disability. It is presented without any mediation to ensure a clear delineation between the student commentary and analysis undertaken by the researcher.

Student commentary: Being a regional student with a disability

I came from a regional area, lived in metro for a few years to attend a metro university, and then moved back to a regional area where I commute to a metro university (90 minutes). The metro relocation was good for me (in the end) as I now have access to support services, professionals, and hospitals that I otherwise did not have living in a regional town. Before moving, the regional town I lived in had no inpatient mental health unit there and the standard of psychiatric and counselling services were minimal due to being overloaded with patients (6+ month waits). The regional town I now live in allows me to still access the metro support services I have there.

I did not attend the regional university in my town as it was severely underfunded and I did not have confidence that the university could provide support services as they had stopped offering the degree I wanted to do due to funding.

The relocation to metro exacerbated my disability as I was isolated and experienced loneliness. This move both projected my disability symptoms to critical points and led to an addiction where I had no one around to tell me I needed help. It was not until my first emergency admission did I know and was forced to admit there was a problem. This health crisis led to 12 months of university I did not complete due to being ill and being hospitalised intermittently throughout my degree to an accumulative total of 15 months.

When I returned to studying, living in a metro area and covering medical costs was extremely financially draining and I relied on scholarships and student grants to afford living expenses, travel and textbooks. Had I not needed to relocate, I probably would still be living in my family home while studying, and my health would not have declined as it did, I would have had support, and I would have been able to afford to study.

As a regional student, there was not enough support for the transition to university in of itself, I often felt isolated for not being from the city, for not having a certain level of wealth, and for not having the same lifestyle as my peers. I felt that I did not have a community at the university. I did not ask for this kind of support as I told myself "I'm an adult now, I should be able to make friends" and tried to not use my disability as an "excuse" for why I was so lonely. Also, if I sought the support, I really did not know where to go except counselling services. Even rural and regional student networks would have been helpful to have. As I got older throughout my degree, support services and social events for students at my university were more oriented towards first-year students and so I felt I could not access those.

As a person with a disability from regional Australia, I would say both myself and the university were unprepared. I wish I had known the dangers of relocating for university as someone with a disability and that support services or community were not available to help me adjust to university life.

Discussion and recommendations

Introduction

This chapter discusses the key research questions set out in Section 1.3 (RQ1–4). Next, it considers other issues, which were revealed through the analysis. Finally, specific recommendations are provided based on the project’s findings.

RQ1. Is there any evidence that persons with disabilities face barriers to participating and succeeding in higher education?

Both the quantitative and qualitative data revealed clear evidence of barriers for students with disabilities to participate and succeed in higher education.

The statistical analysis revealed a significant increase in the participation of students with disabilities in recent years. While this is encouraging, the participation rate is still below the reference value, which suggests that proportional representation is said to be achieved the participation of persons with disabilities in higher education is between 8.0 and 8.4%¹⁶. Furthermore, calculating the reference value for students with disabilities is more complex than the calculations for other equity groups. The Departmental rate is weighted based on the age distribution of students in higher education. As the majority is in younger age groups, the Departmental calculations weigh the disability rates of these younger age groups more. It also excludes people with a profound disability as it assumed that these students are unable to undertake higher education.

However, according to recent census data, students with disabilities have higher representation in older age groups, compared to all students. In the 15–24-year-old age group, the rate of participation in higher education for persons with disabilities is 9.3%; and in the 25–34-year-old age group, it is 7.2%. However, the rates rise significantly in the older age groups: 9.9% for 35–44-year-olds, 15.7% for 45–54-year-olds, and 22% for 55–59-year-olds.¹⁷ Conversely, it is possible that students with disabilities under disclose, for example out of fear of discrimination. Therefore it may be worthwhile considering publishing more nuanced reference values for students with disabilities, by age groups.

What is clearer is that any gains in participation do not yet appear to have translated into similar improvements in student retention, success, and completion. For all three indicators, the outcomes for students with disabilities remain significantly below the wider student population. Further, there appears to be a stronger correlation between disability status and poorer educational outcomes than between regionality and poorer educational outcomes. Put another way, while disability and regionality both play a part in constructing social barriers to higher education success, having a disability appears to endanger greater barriers than coming from regional Australia.

Further findings from this project revealed that persons with disabilities were underrepresented in the following categories:

- male representation—most significantly in regional student enrolments where enrolments of women were more than double the enrolments of men
- students under the age of 30—particularly with regional students
- enrolment in courses other than Society and Culture

¹⁶ Source: 2019 Section 16 Equity performance data, Table 16.11: Equity Reference Values, 2009 to 2019. <https://docs.education.gov.au/node/55067>

¹⁷ Source: Disability, Ageing and Carers, Australia: Summary of Findings. Released 24/10/2019. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

- full-time enrolments
- postgraduate enrolments
- online study.

These are all areas that are worthy of further, in-depth investigation.

This study also found evidence of a significant proportion of students who are experiencing substandard levels of disability support, which by definition may be discriminatory. The survey revealed that, pre-COVID, 11.7% of students rated overall disability support as either “very poor” or “poor”. Post-COVID, this rose to 22.2%. For the survey, this latter percentage refers to almost 350 students. Nationally, this could equate to more than 15,000 students. Whilst acknowledging that the terms “very poor” and “poor” are subjective and do not definitively point to discriminatory practices, the findings nonetheless should be cause for great concern. Furthermore, the follow-up discussions and interviews with participants did reveal instances of actual discrimination. One example, which has been paraphrased at the request of the respondent, was of a student in a wheelchair who was regularly scheduled classes in buildings not accessible to a wheelchair user. This required them to constantly go back to the support office to seek a remedy. During their exams, one exam was scheduled in a building where the lift had been broken for some time and had still not been fixed on the day. Navigating an alternative way to the exam venue resulted in the student being left in much pain, requiring medication and impacting their performance.

The 2020 review of the DSE determined that the complaints processes at many institutions only addressed the individual issue but did not “support or drive systemic change” (Australian Government Department of Education Skills and Employment, 2020, p. v). It also found that “the power imbalance between the education provider and the student, parents and carers made people reluctant to raise issues for fear of negative consequences”. This is borne out by complaints statistics released by the Australian Human Rights Commission. In their 2019-2020 report, the Commission reported 1,457 complaints, of which only 128, or 9%, related to education in general (i.e. not just higher education) (Australian Human Rights Commission, 2020). This number does not accord with either the findings from this research or the findings from the review of the DSE.

RQ2. What barriers to success do persons with disabilities experience within higher education institutions?

Participation is the critical first step in higher education equity for persons with disabilities—but it is only a first step. Post-enrolment, many students with disabilities experience barriers of awareness (of what support is available), access (attempting to secure support), implementation (e.g., failures in delivering the support), and functionality (e.g., the support does not do what is required) (Kent, 2016; Marshak et al., 2010; Toutain, 2019). At all stages, attitudes can play a key part in how effective support is delivered (Campbell et al., 2003). Overall, the evidence from this study shows that disability support structures are strongly embedded in the Australian higher education sector and receive high levels of satisfaction from most students with disabilities. Considering Brinckerhoff, McGuire, and Shaw (2002, p. xiii) stated that disability support services were in their “adolescence” in the early 2000s, now they might finally be reaching maturity. Undoubtedly, disability services is now an established profession (Madaus, 2011). In the Australian higher education sector specifically, widespread implementation of access plans indicates increasing importance placed on formalised procedures for identifying and meeting student needs. Further, the maturity of these policies is correlated with positive retention and success indicators for students with disabilities (Kilpatrick et al., 2017).

However, this Fellowship has revealed that this general affirmation of mature disability support structures within the Australian higher education sector nonetheless identifies areas

of improvement. Within and across the various dimensions of disability support examined in this study, there was clear evidence that social barriers remain for many students with disabilities. First, many students elect not to disclose their disabilities, meaning the positive attitudes they experience are as much a function of the students' agency as of staff within the institution. Some students in this study experienced deficient and potentially discriminatory support. Extrapolating to the general population, this would represent a significant minority of people.

Next, in some institutions, the positive behaviours being displayed in some units are not translating to wider, organisational cultural change. DSOs are only one (albeit critical) part of the disability support framework. The primary reason students engage with DSOs is to establish the necessary accommodations for their learning, and they may engage with them less than 10 times a year on average (Abreu, Hillier, Frye, & Goldstein, 2017). In contrast, students with disabilities have far more regular and ongoing interactions with teaching, research, and other professional staff. Disability support is a shared responsibility throughout the institution, not just the responsibility of the disability support team (Kilpatrick et al., 2017). These non-DSO staff are not professionally trained in disability support and tend to draw upon wider norms in constructing their understanding of students with disabilities and their needs. These norms facilitate the construction of the "ideal student" who is self-supporting and from a "traditional" background, which may not encompass the experiences of students with disabilities (Wong & Chiu, 2020). Ultimately, these norms can be transmitted to the students themselves. Consequently, "many students with disability modify their behaviour and act in ways to disassociate with being disabled. Further, many believe that they have to take ownership for their disability and manage it" (Devar, 2016, p. 105).

This study also revealed that the relative lack of a systemic approach to principles of UDL remains a significant impediment to many students with disabilities. As established in this study, a significant proportion of students with disabilities report very low levels of satisfaction with the support they receive. In many instances, this dissatisfaction relates to their institution's failure to implement UDL principles. In many instances, these failures may represent non-compliance with the DSE and the DDA.

Inclusive approaches to education encounter issues when education is delivered online. Even when staff hold positive attitudes towards inclusivity, they may perceive internal barriers towards implementation, especially where technology is concerned (Lister, Pearson, Collins, & Davies, 2020). Further, while online education can also provide students with the option of not having to disclose their disability, "for the benefits of online education to be fully realised for students with disability, these online courses need to be fully accessible" (Lambert & Dryer, 2018, p. 395). The option of not disclosing a disability may be a benefit of studying online; however, it may also discourage students from requesting accommodations to help access course material presented in an inaccessible format (Kent, 2015). This would not be an issue if all web content was made fully accessible in the first instance.

A concerning finding of this study was how poorly students with disabilities rated communication support in their institutions. There is a clear educational disadvantage for many students with disabilities when teaching and learning are delivered in a neurotypical fashion. However, there are wider social ramifications for these students. Neurotypical delivery reinforces normative constructs of "good" learning behaviours. Non-inclusive, non-UDL teaching practices can lead some students to fail before they seek support (Finn, 1999), reinforcing a sense of deficit: that they have a "problem" that must be adjusted for rather than a different way of, for example, processing information that the educational system is failing to accommodate. Further, research has shown that negative attitudes towards many persons with disabilities are formed quickly through non-neurotypical communicative behaviour. Conversely, when the content of the communication is the focus, rather than the communication style, these biases disappear (Sasson et al., 2017). By

adopting a narrow, neurotypical approach to content communication, universities run the risk of further “othering” students with disabilities.

Finally, this study has found evidence that higher education institutions may not be uniformly reporting key data regarding students with disabilities. As detailed in Section 4.2.15, there is evidence that institutions do not collect disability data uniformly or accurately. This is concerning for two reasons. First, given that disability support is delivered at the institutional level, incorrect data should be concerning institutional policymakers and advocates. Second, if these data are being misreported but the errors are not being identified—even when they are quite significant as per the above examples—this suggests that the data are not being meaningfully reviewed, and students with disabilities are being asked to disclose confidential information for no reason. This is potentially egregious, given the sensitive nature of this information. The trade-off between the personal benefit (i.e., support) that comes from disclosure versus the emotional cost or risk is felt by many students (e.g., Goldberg, Killeen, & O’Day, 2005; Rocco, 2001; Valle, Solis, Volpitta, & Connor, 2004).

RQ3. What barriers to success do persons with disabilities experience externally to their higher education institutions that institutions can nonetheless ameliorate?

This project provides clear evidence that many students with disabilities have experienced social and economic barriers that have had a demonstrable effect on their academic preparation. A key finding of this study is that, on average, persons with disabilities achieve lower ATAR scores. The correlation between prior academic achievement and subsequent higher education success is clear evidence of the effect of social barriers to disability. A student’s ATAR is not only an indicator of their academic ability but also their academic privilege. On average, academic achievement is higher for students attending private schools than government schools when the students’ socioeconomic backgrounds are not considered because students from high SES backgrounds are overrepresented in private schools (Thomson, De Bortoli, Underwood, & Schmid, 2019). Family occupational status is highly correlated with school choice, with those having high occupational status more likely to choose a private school compared with those with lower levels of occupational status (Beavis, 2004). Therefore, lower aggregate ATARs for persons with disabilities reflect the socioeconomic barriers they face to gaining a quality education than their academic abilities.

This Fellowship also reveals that a greater proportion of students with disabilities enter higher education via non-school pathways than other students. Many students with disabilities are mature age students, using non-formal or even informal academic pathways to prepare for university entry. First-year students face unique stresses in adapting to a new academic, social, and cultural environment at university, and for many school leavers, the first year is also a time of uncertainty and developing new independent identities (Baik et al., 2017; Baik, Naylor, & Arkoudis, 2015). Higher education institutions must consider how the services they support and provide might affect persons with disabilities and how external services, attitudes, and behaviours also affect their students.

Further, this study reminds us that students *with* disabilities are not defined *by* disabilities. As one respondent said:

I’m a 52-year-old Indigenous woman [and] two key points factor into a sense of acceptance. Culturally, my age provides me a type of “respect”, although sometimes it feels like tolerance. The second is my Indigeneity; it binds me to the Indigenous student population.

When students with disabilities are viewed as a homogenous “other”, it is less likely that their support needs will be met and more likely that they will face discrimination. Problems arise when policy categorisations of disability—which should be about classifying functional issues

requiring educational support—are used to label people. Social justice is achieved through addressing disadvantage. However, not all persons with disabilities are disadvantaged, and most are disadvantaged primarily by the social barriers placed in their way, not the particulars of their lived experience. This creates a “recognition-redistribution” paradox (Danermark & Gellerstedt, 2004; Fraser, 1995, 2000), in that disability policy seeks to identify and amplify the cultural politics of disability (i.e., to be seen, understood and valued) but simultaneously identify and erase the economic and social disadvantages that may be associated with being disabled. This study demonstrates that unless the voices of students with disabilities are included in organisational decisions about student support, such decisions are unlikely to achieve optimal outcomes.

RQ4. Are there any significant differences between regional and metropolitan students with disabilities regarding the first three research questions?

As outlined in Section 5.2, there are some demographic differences between regional and metropolitan students with disabilities, most notably regarding age and gender.

This study has shown negligible differences between regional and metropolitan students’ broader higher education experiences (e.g., curriculum, accommodations, and attitudes). Both groups reported similar levels of satisfaction with the support and described similar concerns and praise towards this support.

However, regional students face specific challenges. The first is access to specialist services. For many persons with disabilities, these services are only available via telehealth or by travelling long distances. A 2013 report into the provision of disability support services in regional Australia observed:

Depending on the type of service required and the characteristics of particular places, there may be a place for some “fly-in, fly-out” (FIFO) services. However the common view is that such an approach is not suitable for the delivery of day-to-day services where a high degree of trust must be established between the client and the support provider. (National Rural Health Alliance Inc. & National Disability and Carer Alliance, 2013, p. 2)

The second challenge is the digital divide. This term has become ubiquitous, but this does not make it less real. Persons with disabilities regularly encounter issues with images not being tagged with alt text, a problem that may affect between 30–40% of all web content (Royal National Institute of Blind People et al., 2005, as cited in Vicente & Lopez, 2010). Further, many persons with disabilities encounter issues with CAPTCHAs, content opening without warning in a new tab, minicomputers with small keyboards, or websites with font or colours that cannot be altered (Vicente & Lopez, 2010). While the digital divide often relates to computer and internet access, it also includes barriers to the learning experience, encouragement and support, protection against accessing harmful content, cyber security, access to relevant online resources, and the overall accessibility of content (Gorski, 2005).

This study highlights and reinforces the critical role that regional universities play in supporting persons with disabilities to participate and succeed in higher education while remaining connected to their local community. Research indicates that communities near a university campus perform well on multiple higher education indicators for regional students overall and also for students with disabilities (R. Barnes et al., 2019). With remote and online learning increasing, distance to an institution might seem less of a barrier to participating in higher education. While that assumption might have some validity in the broadest and most general sense, it does not hold for many students with disabilities. As this study has shown, regional students with disabilities are more likely to study on campus than regional students without disabilities. Beyond the support that the institution itself provides, persons with

disabilities rely heavily on informal support mechanisms, local communities, families, and other relationships. Regional campuses are critical for many students with disabilities because of the nature of the support they need.

Recommendations

Recommendation 1

That higher education institutions make greater efforts to adopt principles of the Universal Design for Learning

UDL ensures that buildings, technology, products, and services can be used by everyone, regardless of ability. The concept of UDL exists on a continuum; although it might not be possible to talk about an institution being “universally accessible”, it is possible to describe institutions as being universally accessible to an extent. The greater the level of accessibility, the fewer the number of students who require reasonable adjustments to their educational experiences. This will ameliorate many negative experiences regarding attitudes, processes, communication, and social inclusion. UDL should be a focus in the increasing use of online and remote learning technologies.

For almost two decades, there has been increasing interest in applying the principles of UDL in higher education contexts such as student services, information dissemination, web page design, and instruction (e.g., Scott et al., 2003). There is also increased interest in raising awareness of diversity in relevant professions to encourage better design (Ostroff, 2011). UDL needs to accommodate mainstream trends towards group learning, flipped classrooms, and active learning techniques (Pearson, 2015). In 2017, a meta-analysis of empirical research relating to the effectiveness of UDL found that although UDL was an effective teaching methodology, its effects on educational outcomes had not been demonstrated:

Although this study supports the hypothesis that UDL is effective at improving the learning process for all students, these results may have occurred because of the limited availability of empirical evidence involving a pre- and post-test methodology. Future research is needed to further examine its impact on the learning process, as well as the primary and secondary educational outcomes that result from its implementation (Capp, 2017, p. 805)

However, higher education disability support in Australia remains largely focused on making adjustments at the individual student level rather than a sustained progression towards a fully inclusive educational experience (Collins, Azmat, & Rentschler, 2019).

Recommendation 2

That higher education institutions move to adopt sector-wide, uniform standards for accessible web design

Given the ubiquity of web-based teaching and learning, uniform standards of accessibility must be adopted. Web-based accessibility includes using graphics with alt text; audio; the need for a mouse or scroll bar; problems with large files hampering download speeds, refreshing rates, and other computer functions; and disorganised text being problematic for users with a non-English speaking background or learning disabilities.

To ensure organisation-wide, and ideally sector-wide, development of consistent, accessible web pages, it would be beneficial to have a standard to work towards. Standards already exist, such as those developed by the World Wide Web Consortium (W3C). Standards will assist institutions in matters relating to page layouts and backgrounds, the use of alt text, HTML standardisation, video captioning, and the use of graphics.

Adopting minimum standards will benefit all students, particularly those studying online, where regional students with disabilities are overrepresented.

This recommendation could be placed under the first because it relates to UDL principles; however, given the ubiquity and importance of web-based learning, there is value in making this an independent recommendation. Further, the COVID-19 pandemic has highlighted the need for accessible technology and online learning environments.

Recommendation 3

That higher education institutions should make awareness training mandatory for all higher education staff

This Fellowship has demonstrated that most students with disabilities report relatively high levels of support and understanding from DSOs. However, stress and anxiety are generated through interactions with the wider higher education community (e.g., lecturers and administrative staff) who might not understand the needs of students with disabilities. Most contact is between the student and non-DSO staff. Further, it is these employees—particularly the teaching staff—who interact with and influence the students. While DSOs develop access plans at the course and unit level, it is ultimately the lecturers who deliver the plans and support the students. If the teaching staff’s awareness and understanding are insufficient—which is too often the case—then the support might be delivered insufficiently.

Further, as wider understanding and awareness of matters relating to disabilities are developing, training should be refreshed regularly to ensure that best practice is maintained. Retraining is recommended at least once every three years.

While the responsibility for providing the training lies with the higher education provider, there is scope for the Federal Government to contribute, for example, by funding a national training strategy. This is in line with Recommendation 7 of the 2020 Review of the DSE (2005), which asked the Australian Government Minister for Education and the Australian Government Minister for Skills to “seek agreement from education and skills ministers to work together to ensure national alignment of education policies and regulations to the Standards” (Australian Government Department of Education Skills and Employment, 2020, p. viii). A national training strategy would ensure consistency and quality of training across all institutions, states and territories.

Recommendation 4

That the above recommendations be formalised in the Disability Standards for Education (2005)

Ideally, these recommendations should be enshrined in the DSE. This document is a critical interface between the overarching legal requirements, as set out in the DDA, Australia’s ratification of the UNCRPD, and specific policies and procedures enacted at the institutional level. The DSE is where minimum, uniform requirements are detailed regarding the rights of persons with disabilities in higher education.

For example, wider adoption of the principles of UDL will ensure greater compliance with Section 3.7 of the current standards, which require institutions “to ensure that any adjustment required to be made is made within a reasonable time.” If the institutional environment follows the principles of UDL so that no adjustments are required, then the reasonable timeframe test is automatically met. Furthermore, the 2020 review of the Standards found that the transition into an institution could be very hard to navigate for a student, where they often needed “to ‘start again’ with engaging the educator about their support needs in each new classroom or educational setting” (Australian Government Department of Education Skills and Employment, 2020, p. 17). Wider adoption of UDL would

mean that many transitions would be smoother and fewer students would be required to engage with support services to formulate access plans.

Therefore, the standards should explicitly recommend that institutions move towards principles of UDL and that their progression be assessed as a criterion for ensuring compliance with the standards.

Regarding disability awareness training, the DSE currently only recommends that staff inductions and professional development programs include components about disability awareness and rights and the obligations of education and training providers. Given the significant rise in participation by students with disabilities, it is time to make this training an imperative, rather than a recommendation.

Recommendation 5

That the Department of Education, Skills and Employment Equity in Higher Education Panel (EHEP) investigate ways in which higher education institutions can demonstrate, transparently, their practical commitment and compliance with the Disability Discrimination Act 1992 (Cth) and Disability Standards for Education (2005)

This study provides empirical evidence that, notwithstanding the overall high levels of student satisfaction with disability support, there remains a significant number of students who have experienced substandard—and, therefore, potentially discriminative—levels of support. In 2020, 12% of students surveyed in this study rated the overall level of institutional disability support as either poor or very poor. If these responses are representative of the wider population of students with disabilities, then there are potentially thousands of students with disabilities facing discriminative practices in the Australian higher education sector.

Further, the effects of COVID-19 are being felt in the higher education sector and in society more generally. Given the financial pressures the sector is experiencing, these effects may linger well after the pandemic has passed. There is no guarantee that previous disability support levels will return in a suitable timeframe without external pressure.

Public accountability would help ensure that higher education institutions are:

- Meeting the minimum requirements of the DDA and DSE.
- Being proactive about addressing issues without an individual needing to take formal action or raise a complaint.
- Promulgating best practices throughout the institution and sector more widely.

This is in harmony with the 2020 review of the DSE, which similarly recommended:

That the Australian Government Minister for Education write [to] Education ministers and state auditors-general to recommend inclusion of at least one performance audit related to implementation of the Standards in the auditor-general's work programs by 2024 (in order to inform the 2025 Review of the Standards). This could be through consideration of the implementation of the Standards where relevant to an aspect of an existing planned performance audit (Australian Government Department of Education Skills and Employment, 2020, p. ix).

Alternatives to a performance audit could be:

- i. Supporting an external professional organisation, such as ADCET, to undertake a review or certification of an institution's disability support services, using nationally-agreed standards. Issues to consider include:
 - a. Whether the process be voluntary or compulsory.

- b. Whether the results of the review be made publicly available, for example in a similar fashion to how wider student experience feedback is reported via the Quality Indicators for Learning and Teaching website.
 - c. Whether the review be complemented by a student survey, in line with a “nothing about us without us” approach to supporting students with disability.
- ii. Working with Education ministers to adopt a standard requirement for disability support disclosure as part of the institution’s annual report to state/territory parliament.
- iii. Enhancing the role that the Tertiary Education Quality and Standards Agency (TESQA) play in ensuring institutional compliance with the DDA and DSE, as part of their role in regulating the quality of higher education services. It is noted, however, that the current Standards require a review of courses and course delivery only at least every seven years, which is not an ideal timeframe for reviewing disability support services.

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Appendix A

List of Table A institutions

Australian Catholic University
Australian National University
Batchelor Institute of Indigenous Tertiary Education
Charles Darwin University
Charles Sturt University
CQUniversity
Curtin University of Technology
Deakin University
Edith Cowan University
Federation University
Flinders University of South Australia
Griffith University
James Cook University
La Trobe University
Macquarie University
Monash University
Murdoch University
Queensland University of Technology
RMIT University
Southern Cross University
Swinburne University of Technology
The University of Adelaide
The University of Melbourne
The University of Newcastle
The University of New England
The University of Queensland
The University of Sydney
The University of Western Australia
University of Canberra
University of New South Wales
University of South Australia
University of Southern Queensland
University of Tasmania
University of Technology Sydney
University of the Sunshine Coast
University of Wollongong
Victoria University
Western Sydney University

Appendix B

Student survey template

1. Do you identify as having a physical, learning, or sensory disability, or a medical, mental health, or neurodiverse condition?
2. Are you currently enrolled in an Australian university, or were you enrolled at some stage in 2020?
3. What type or types of disability do you have? Select as many that apply:
 - hard of hearing/deaf/Deaf
 - physical disability
 - intellectual disability
 - Specific Learning Disability (SLD)
 - mental health condition
 - acquired brain injury (ABI)
 - low-vision/Blind
 - medical condition
 - neurological condition
 - other (if you wish you can provide details in the box below)
 - I prefer not to say.
4. Did you grow up in regional Australia? Regional Australia includes all of the towns, small cities, and areas that lie beyond the major capital cities (Sydney, Melbourne, Brisbane, Perth, Adelaide, and Canberra). "Growing up" means spending the majority of your time living there, prior to entering higher education.
5. Are you living in regional or rural Australia, while studying?
6. Which university are you currently attending?
7. Before all universities moved to online study, as a result of the coronavirus outbreak, were you studying:
 - on campus
 - off campus/online
 - a mixture of both.
8. The following questions are about how well your university supports you in your studies. For each question, select the response that matches how you feel. For each question, we will provide a positive and negative example to help you understand the issue we are describing. There is also a "not applicable" option for each question if you feel it does not apply to you. You can also select "not sure" if you don't feel you know.
9. Attitudes, beliefs, behaviours: How people at your university respond to you as a student with a disability.

Positive example: People are comfortable engaging with you and don't make your disability the focus of attention.

Negative example: People think you are getting "special attention" when adjustments are made for your study.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

10. Procedures, processes, rules: How things get done at your university to support your studies.

Positive example: You find it easy to make alternative arrangements to class times, or get information that is important to you.

Negative example: You find it hard to find out important information, or know your rights, or make adjustments.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

11. The physical or built environment: Things such as room configurations, lighting, paths, seating, etc.

Positive example: good access points or ramps.

Negative example: poor lighting in lecture halls, distracting or noisy study environments.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

12. Communication enablers or barriers: Supporting your sensory and learning needs.

Positive example: lectures being delivered with closed captions.

Negative example: electronic documents not provided in an accessible format or lectures delivered in unclear language.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

13. Devices, software or platforms.

Positive example: common use of alternative text in presentations.

Negative example: university websites not accessible.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

14. Social life: extracurricular activities, feeling part of what is going on around you.

Positive example: accessible student lounges.

Negative example: social activities don't accommodate students with disabilities.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

15. Do you know what work you would like to do after university?

- yes
- no
- unsure.

16. Thinking about the work you would like to do after university, what challenges, if any, do you expect to face getting it? Select all that apply:

- inaccurate assumptions about my abilities
- unconscious bias
- being asked to share my disability information with employers
- needing to do more than other job seekers to prove myself to employers
- inequitable recruitment processes
- lack of work experience
- other.

17. Do you feel able to share disability information with employers?
- yes
 - no
 - unsure.
18. Which of the following is most important when it comes to getting the work you want after university? Select one only:
- not sharing my disability information with employers
 - having better marks, skills, and knowledge than other job seekers
 - getting an advantage by offering to do more than other applicants
 - communicating a sense of fit with employers based on how and why I want to use my skills
 - being recommended by an industry contact
 - other.
19. What are the best sources of support for getting the work you want after university? Select all that apply:
- university careers office
 - university disability support office
 - university placement or internship office
 - academic/teaching staff
 - friends/peers
 - family
 - industry contact
 - don't know/unsure
 - comments.
20. Are you aware of careers support at your university that is tailored to the needs of students with disabilities?
- yes
 - no/unsure.
21. What kinds of support are you aware of? Select all that apply:
- extended individual careers consultations for students with disabilities
 - careers seminars for students with disabilities
 - online resources for students with disabilities
 - careers expo for students with disabilities
 - employer webinars/seminars for students with disabilities
 - on-campus disability employment services provider (e.g., USEP or GradWISE)
 - application support for external initiatives (e.g., PACE Mentoring, Stepping Into internships, Dandelion Program)
 - disability-specific support with placements or internships
 - other.

22. Overall, how would you rate your university in supporting you with your disability-related educational and careers needs BEFORE the impact of the coronavirus disease (COVID-19)? If you were not studying prior to COVID-19, tick the “not applicable” box:

- very poor
- poor
- average
- above average
- excellent
- not applicable.

23. Overall, how would you rate your university in supporting you with your disability-related educational and careers needs this year, considering the impact of the coronavirus disease (COVID-19)?

- very poor
- poor
- average
- above average
- excellent

24. Is there anything else you would like to add about your university experience so far?

25. We may wish to contact some survey respondents for further information about their responses. Are you happy to be contacted?

Appendix C

Staff survey template

1. Do you currently work in an Australian higher education institution?
 - yes
 - no.
2. Do you work in a regional university? This includes an institution whose main campus is not regional, but you work in one of its regional campuses.

Regional Australia includes all of the towns, small cities, and areas that lie beyond the major capital cities (Sydney, Melbourne, Brisbane, Perth, Adelaide, and Canberra):

- yes
 - no.
3. Which university do you work at?
 4. Please indicate your role. If you have more than one role, please select the role you consider to be your primary one:
 - teaching
 - research
 - manager
 - senior manager
 - careers education practitioner
 - disability support officer
 - disability services manager
 - careers service manager
 - other.

5. The following questions are about how well you feel your university supports students with disabilities in their studies. For each question, select the response that matches how you feel. For each question, we will provide a positive and negative example to help you understand the issue we are describing. There is also a “not applicable” option for each question if you feel it does not apply to your institution. You can also select “not sure” if you don’t feel you know.

6. Attitudes, beliefs, behaviours: How people at your university respond to students with disabilities.

Positive example: People are comfortable engaging with students with disabilities and don’t make their disability the focus of attention.

Negative example: People think students with disabilities are getting “special attention” when adjustments are made for their study.

- very poor
- poor
- average
- above average

- excellent
- not applicable
- not sure.

7. Procedures, processes, rules: How things get done at your university to support studies.

Positive example: Students with disabilities find it easy to make alternative arrangements to class times, or get information that is important to them.

Negative example: Students with disabilities find it hard to find out important information, or know their rights, or make adjustments.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

8. The physical or built environment: Things such as room configurations, lighting, paths, seating, etc.

Positive example: good access points or ramps.

Negative example: poor lighting in lecture halls, distracting or noisy study environments.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

9. Communication enablers or barriers: Supporting students' sensory and learning needs.

Positive example: lectures being delivered with closed captions.

Negative example: electronic documents not provided in an accessible format or lectures delivered in unclear language

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

10. Technology: devices, software or platforms.

Positive example: common use of alternative text in presentations.

Negative example: university websites not accessible.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure.

11. Social life: extracurricular activities, students with disabilities feeling a part of what is going on around them.

Positive example: Accessible student lounges.

Negative example: social activities don't accommodate students with disabilities.

- very poor
- poor
- average
- above average
- excellent
- not applicable
- not sure

12. Next we will ask you some questions about students with disabilities getting the work they want after university.

13. In your opinion, do most students with disabilities know what work they would like to do after university?

- yes
- no
- unsure.

14. In your opinion, what challenges if any, do students with disabilities face getting the work they want after university? Select all that apply:

- inaccurate assumptions about their abilities
- unconscious bias
- being asked to share their disability information with employers
- needing to do more than other job seekers to prove themselves to employers
- inequitable recruitment processes
- lack of work experience
- unsure
- other.

15. In your opinion, do students with disabilities feel able to share their disability information with employers?
- yes
 - no
 - unsure.
16. In your opinion, which of the following is most important when it comes to students with disabilities getting the work they want after university? Select one only:
- not sharing their disability information with employers
 - having better marks, skills, and knowledge than other job seekers
 - getting an advantage by offering to do more than other applicants
 - communicating a sense of fit with employers based on how and why they want to use their skills
 - being recommended by an industry contact
 - unsure
 - other.
17. In your opinion, what are the best sources of support that help students with disabilities get the work they want after university? Select all that apply:
- university careers office
 - university disability support office
 - university placement or internship office
 - academic/teaching staff
 - friends/peers
 - family
 - industry contact
 - don't know/unsure
 - comments.
18. Are you aware of careers support at your university that is tailored to the needs of students with disabilities?
- yes
 - no/unsure.
19. What kinds of support are you aware of? Select all that apply:
- extended individual careers consultations for students with disabilities
 - careers seminars for students with disabilities
 - online resources for students with disabilities
 - careers expo for students with disabilities
 - employer webinars/seminars for students with disabilities
 - on-campus disability employment services provider (e.g., USEP or GradWISE)
 - application support for external initiatives (e.g., PACE Mentoring, Stepping Into internships, Dandelion Program)
 - disability-specific support with placements and internships
 - other.

20. What would be needed to provide (or provide more) careers support for students with disabilities? Select all that apply:

- open access resources
- staff training
- more staff
- more funds
- more collaboration with internal stakeholders
- more collaboration with external stakeholders
- unsure
- other.

21. Overall, how would you rate your university in supporting students with their disability-related educational and careers needs BEFORE the impact of the coronavirus disease (COVID-19)? If you were not working at your university before COVID-19, please select the “Not applicable” option:

- very poor
- poor
- average
- above average
- excellent
- not applicable.

22. Overall, how would you rate your university in supporting students with their disability-related educational and careers needs SINCE the impact of the coronavirus disease (COVID-19)?

- very poor
- poor
- average
- above average
- excellent.

23. Is there anything else you would like to add about how your university supports students with disabilities?

24. We may wish to contact some survey respondents for further information about their responses. Are you happy to be contacted?

- yes
- no.

Appendix D

Student emails

1: Icebreaker

Hi!

Recently you completed my survey “Supporting students with disabilities to succeed in and after higher education.”

Your combined responses have already given me a valuable insight into what our universities are doing right, and what they need to do better. You can find a snapshot here:

https://www.ncsehe.edu.au/wp-content/uploads/2020/08/TimPitman_Bulletin_Aug2020-FINAL.pdf

At the time you took the survey you indicated you would be happy to take part in follow-up questions. I hope that is still the case.

Over the next couple of weeks, I will be sending out a number of emails asking for more specific information.

By sending out a series of emails, I hope this will allow you to focus on the one issue being discussed, rather than be overwhelmed by multiple questions. It will also allow you to disregard any email you feel, for whatever reason, you don't want to reply to.

And remember: all responses will be anonymised in the findings and the emails will be treated confidentially. If you don't wish to take part any further at any stage, you can email me to let me know.

But to begin with, here's your first question:

If you could go back in time and give yourself one bit of advice when you first enrolled, what would it be?

I hope to hear from you soon!

2: Study mode

Hi all,

Here's the next question, about study mode. Study mode refers to whether you are studying internally (i.e., on campus), externally (i.e., online), or a mixture of both.

In Australia, most students with disabilities (65%) study on campus. About 19% study online and 16% study a mixture of both.

For the purposes of this question, I want you to think about how you were studying before COVID-19. The question is:

“As a person with disabilities, what would like to say about your study mode?”

It's up to you how you answer the question but here are some things you might want to consider:

- Was your study mode your choice? Or did you have no option?
- What (if anything), is good about your study mode?
- What (if anything) is bad about your study mode?
- What would you like your university do better to support you in your study mode?

Don't forget to indicate your study mode in your reply.

Many thanks, I am looking forward to the responses!

3: Issues of regionality

Hi all,

Here's a bonus question for the regional students.

That is, if I got my email list correct—you should only be getting this because you indicated in the survey that you grew up in regional Australia. Regional Australia means anywhere other than Sydney, Melbourne, Brisbane, Perth, Adelaide, and Canberra.

If this isn't you—oops! Sorry about that. You can delete this email.

In Australia, around 15,000 students with disabilities come from regional Australia. Most are studying at a regional university. Some have moved to study at a metropolitan university. Some have stayed regionally, but are studying at a metro university online. And some moved to the metro so long ago that they no longer think of themselves as coming from regional Australia.

So please let me know which group you fit into when answering this question:

“As a person with disability, from regional Australia, what would you like to say about your higher education experience?”

It's up to you how you answer the question but here are some things you might want to consider:

- Did you relocate, and if so, did that cause any issues?
- Do you think there are certain services, or levels of support, that are harder to get at a regional university?
- Are there advantages or disadvantages, more broadly, living in regional Australia, as a student with disability?
- Do you experience a digital divide? (e.g., poor internet speeds, lack of technological support)

As always, thank you so much.

4: Attitudes

Thank you again for your continued participation in this research project. This next question relates to attitudes you encounter at your institution as a student with a disability.

Attitudes, beliefs, and behaviours are about how people at your university respond to you as a student with a disability. Are people comfortable engaging with you and don't make your disability the focus of attention? Or do they think you are getting special attention when adjustments are made for your study?

In your survey response, you indicated that you received excellent/very poor support in this regard. Would you be able to expand upon this? For example, have there been specific encounters or incidents that caused you to rate your institution this way?

5: Physical or built environment

Hi,

Thank you again for your continued participation in this research project. This next question relates to the physical/built environment at your institution, from the perspective of a student with a disability.

This includes things such as room configurations, lighting, paths, seating, etc.

In your survey response, you indicated that you received excellent/very poor support in this regard. Would you be able to expand upon this? For example, have there been specific encounters or incidents that caused you to rate your institution this way?

Before I go:

Just a reminder that your ongoing participation in this project is voluntary and you can withdraw at any time.

Sometimes, just thinking about the issues this research raises can be upsetting. If you feel distressed from considering it, then please contact your institution's disability support office or health/counselling service.

6: Communication

Hi,

Thank you again for your continued participation in this research project. This next question relates to communication at your institution, from the perspective of a student with a disability.

Communication is all about supporting your learning and sensory needs. Things such as closed captions, accessible documents, alternative formats, or information being communicated in a clear manner.

In your survey response, you indicated that you received excellent/very poor support in this regard. Would you be able to expand upon this? For example, have there been specific encounters or incidents that caused you to rate your institution this way?

Before I go:

Just a reminder that your ongoing participation in this project is voluntary and you can withdraw at any time.

Sometimes, just thinking about the issues this research raises can be upsetting. If you feel distressed from considering it, then please contact your institution's disability support office or health/counselling service.

7: Procedures

Hi,

Thank you again for your continued participation in this research project. This next question relates to procedures you encounter at your institution, as a student with a disability.

Procedures, processes, and rules are about how things get done at your university, to support your studies. For example, some students find it easy to make alternative arrangements to class times, or get information that is important to them. Others find it harder to find out important information, or know their rights, or make adjustments.

In your survey response, you indicated that you received excellent/very poor support in this regard. Would you be able to expand upon this? For example, have there been specific encounters or incidents that caused you to rate your institution this way?

Before I go:

Just a reminder that your ongoing participation in this project is voluntary and you can withdraw at any time.

Sometimes, just thinking about the issues this research raises can be upsetting.

If you feel distressed from considering it, then please contact your institution's disability support office or health/counselling service.

8: Social inclusion

Hi,

Thank you again for your continued participation in this research project. This next question relates to social inclusion at your institution, from the perspective of a student with a disability.

This includes extracurricular activities, being included, and feeling part of what is going on around you at university.

In your survey response, you indicated that you received excellent/very poor support in this regard. Would you be able to expand upon this? For example, have there been specific encounters or incidents that caused you to rate your institution this way?

Before I go:

Just a reminder that your ongoing participation in this project is voluntary and you can withdraw at any time.

Sometimes, just thinking about the issues this research raises can be upsetting. If you feel distressed from considering it, then please contact your institution's disability support office or health/counselling service.

9: Technology

Hi,

Thank you again for your continued participation in this research project. This next question relates to technology at your institution, from the perspective of a student with a disability.

Technology refers to the devices, software, or platforms that support your learning. Support includes both the technology the university provides to you, as well as the way it accommodates the technology you already use to support your learning needs.

In your survey response, you indicated that you received excellent support in this regard. Would you be able to expand upon this? For example, have there been specific encounters or incidents that caused you to rate your institution this way?

Before I go:

Just a reminder that your ongoing participation in this project is voluntary and you can withdraw at any time.

Sometimes, just thinking about the issues this research raises can be upsetting. If you feel distressed from considering it, then please contact your institution's disability support office or health/counselling service.

10: Support, pre and post-COVID-19

Hi all,

Again, my profuse thanks to all of you who responded to my last series of emails. I tried to respond personally to each one by way of thanks but there were so many I fear I may have left a few out. If so, please accept my thanks now!

I have one final question before I take a back seat and continue analysing all of the information you have sent me, in-depth. As always, how you choose to answer this question—or indeed choose not to—is entirely up to you.

As a student with a disability, how do you feel your university responded to the COVID-19 pandemic?

Some of you have touched on this already in your previous emails, so don't feel the need to reiterate what you have already said if you don't want to.

Again: a reminder that your ongoing participation in this project is voluntary and you can withdraw at any time.

Sometimes, just thinking about the issues this research raises can be upsetting. If you feel distressed from considering it, then please contact your institution's disability support office or health/counselling service.