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The Journal of Postsecondary Education and Disability is published in accessible formats. Please contact AHEAD to discuss hard copy subscription requests. All members of the Association on Higher Education And Disability receive the Journal.
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**Volume 28(4), Special Issue: International Research & Practice**

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AHEAD has always been interested in what colleagues are doing around the world to safeguard and enhance the situation of students with disabilities in postsecondary education, so publishing an issue of JPED with an international focus is most appropriate. It can be argued that those working in this aspect of educational provision need to be aware of what is happening outside their own countries for a number of reasons. Firstly, in many countries in recent years, legislation has been enacted to advance the causes of equity and social inclusion. Hence it is possible to compare and contrast different approaches and to recognise possibilities offered to overcome any shortcomings in the laws of one’s own country. Secondly, such knowledge could lead to progress based on what has been happening in other places. Disseminating and spreading good practice is important – as is reassurance for staff that colleagues elsewhere share the same challenges and have yet to find satisfactory, efficient, and effective solutions to these challenges. Thirdly, the speed of change in assistive technology gives added importance to practitioners’ knowledge if they are to provide a high quality experience and implement best available support strategies for their own students. Fourthly, having an up-to-date awareness of what is happening elsewhere in the world allows for anticipating change and becoming better prepared for contemporary trends. A good example of this is the current move away from post-hoc reasonable accommodations towards the wider dissemination of the possibilities offered by universal design of curricula and pedagogy. Finally, all of the above should combine to offer improved opportunities for students with disabilities to engage in international mobility programmes, for staff that work with them to participate in international exchanges, and for an increase in cooperative international research. We feel that the collection of papers in this issue of JPED demonstrate clearly the points made above.

Before we introduce the papers in this issue, we need to make some preliminary observations. Firstly, there is the matter of use of language and terminology, which differs across the world. Our policy has been to allow authors to use whatever is appropriate and acceptable in their own countries rather than alter to fit the North American context. For example, in many countries including the U.K., it is usual to refer to “disabled students” rather than “students with disabilities”. This stems from those active in the disability movement following examples from other minority groups who have taken pride in their status. Whereas some (e.g., Zangla et al.) suggest that forgetting about a colleague’s disability means that that individual has successfully acclimated to the non-disabled world, others in the disability rights movement reject that notion. Many people with disabilities are most comfortable in being proud of their disabled bodies or lives. A second example is the term “accommodations.” In some countries, the preferred term is “adjustments” since “accommodation” is used more commonly to describe where students live. Secondly, we note the inconsistencies in applying a genuinely social/educational model of disability. For instance, in the U.K. at least, some students are described as having “learning difficulties/learning disabilities.” There seems to be a medical/deficit model underpinning these words and there is a case to be made for use of the term “learning differences,” which implies an educational model that should be addressed via the pedagogic skills of those responsible for learning. Thirdly, it is clear that what counts as a disability could be different from what it is considered to be in our own country and education system. In particular, impairments such as dyslexia, autism, ADHD, and mental health seem to be questioned in some places.

Having drawn attention to these differences, we can return to the papers themselves. The collection opens with the paper by Zangla, Moore, and Hurst describing the series of international conferences that have been held in Innsbruck, Austria every three years since 1992. They have been organised by the Training, Resource and Assessment Center (TRAC) based in the University of New Orleans working with their partner institution, the University of Innsbruck. These gatherings have been truly international in their content and appeal to participants. It is from the most recent conference, the eighth conference held in 2013, that the initiative to publish this collection stems. The next paper, written by Holben and Özel, explores aspects of international mobility for students with disabilities and provides some examples from Turkey. Mobility International USA, the organisation employing Holben, has built up considerable experience and knowledge about students with disabilities spending time in other
countries as part of their study program. It is interesting to note the way that developments in information technology, such as Skype, have facilitated communication and speedy access to information for those involved.

The next two papers outline system developments in the authors’ respective countries. Hartley provides an account of the anti-discrimination legislation in Australia and its implications for students with disabilities. Education is seen as having an important role in reducing disadvantage. The paper includes the memorable and striking quotation that “people with disabilities do not wish to ‘be included’; they wish it to be acknowledged that they already belong” (Hastings, 1997). This seems congruent with the long-standing desire for fair treatment for all in Australia. Kondo, Takahashi, and Shirasawa consider the ways in which Japan is preparing for the implementation of a disability law becoming effective in 2016 and building on the growth of a more inclusive education system that started in 2012. Attention is given to the legal background, student enrolment, accommodations, and other related dimensions of these historic developments. The authors note that ADHD is not yet well recognised in Japan.

One foundation on which to build the successful participation and inclusion of students with disabilities is effective training and professional development for a wide range of staff. Padden and Ellis consider the situation in Ireland where, in addition to the national organisation also called AHEAD (Association for Higher Education, Access and Disability), there is a network of staff who work with students with disabilities (DAWN – the Disability Advisers Working Network). These organizations are influencing a shift in focus from making reasonable accommodations to creating learning environments that anticipate the access needs of the widest possible range of learners including those with disabilities. The paper has appendices that could be of immediate practical use to some readers and thereby save time and effort. The promotion of universal design for instruction (UDI) is seen as crucial to the spread of fairness and equity. The paper that follows allows Lombardi, Vukovic, and Sala-Bars to consider approaches to staff training in the U.S., Canada, and Spain using approaches based on UDL. Use is made of Lombardi’s Inclusive Teaching Strategies Inventory (ITIS) to discover differences in faculty attitudes to the changes in approach from the more traditional to the more inclusive. It is important to remind ourselves that attitudes and actions are not necessarily congruent. The ITIS is another helpful tool that could be used in different national educational settings with little need for amendment.

The final two papers focus on the particular curriculum area of professional studies where placements and practical experience are key, non-negotiable features of the study program. These program features, which lead to entry into professions such as school teaching, social work, and health-related professions, present shared challenges in many countries. Matt, Maheady, and Fleming are concerned with the education of nursing students in the U.S., Ireland, the U.K., and Australia. Starting with what are seen as essential functions for post-qualification employment, they draw attention to the crucial distinction between meeting a required standard (which cannot be compromised) and demonstrating achievement of that standard (which can be accomplished using a range of acceptable, safe, efficient and effective approaches). Heelan, Halligan, and Quirke discuss the outcomes of a seminar for health-care professionals in Ireland that addresses the application of UDL to clinical placements. Again, the importance of identifying the key, non-negotiable requirements and reviewing these regularly is recognised as important.

Arguably, what the collection of papers lacks is a view from students with disabilities. This is addressed in the final paper, which is a review of a book with direct relevance to international affairs. Waters considers a study based on research that looked at the experiences of students with disabilities from outside the U.K. who chose to spend time studying there.

Reflecting on these papers from the editorial chair, a number of points have emerged and we urge colleagues to reflect further on them. Firstly, as the move toward UDL gathers momentum in countries that have made less progress than the U.S. and Canada, specialist disability services staff will need to consider their role. If it is implemented successfully, there will be much less time needed for staff to implement accommodations. We note the on-going need for research that demonstrates the efficacy of UDL in improving the experience of post-school education for disabled students. Even if UDL becomes a prevailing paradigm, disability specialist support staff will need to become more involved at the strategy/policy level ensuring that they have a voice on campus-wide mechanisms for decision-making such as committees. Secondly, and more relevant for faculty, there is the need to identify clearly and to justify soundly those elements of study programmes that are essential and that all students must address in order to gain certification and licensure. There will also be the need for a mechanism to review these elements regularly. Thirdly, and again for faculty, there is the need to implement principles associated with effective learning. For example, there is a large
body of research to indicate that lecturing is not an effective approach unless it is accompanied by some of the principles of learning such as participation and involvement, variety, relevance, and enjoyment of the experience. Finally, it could be helpful to distinguish between equality and equity, between treating people in the same way and treating people in a fair way.

As co-editors, we hope that this international issue of JPED will prompt and sustain interest in exchanges with other countries. We hope such exchanges include direct participation by students with disabilities and the staff working with them. Ultimately, we believe this participation will lead to an improvement in the quality of the post-school experience of everyone. It remains for us to thank publicly all those who have helped us in our role as guest editors. In particular, we would like to acknowledge the cooperation of all contributing authors who have shared their important insights and practices. We would also like to acknowledge former JPED Executive Editor, David Parker, who generated the idea for this issue and collaborated with us throughout its creation. Being new to the role of guest editors, we hope that our efforts have contributed towards ensuring that this issue meets the high standards established by JPED.

### About the Guest Editors

Alan Hurst received his B.A. degree in history and sociology from the University of Hull, a Master’s degree from Manchester, and a Ph.D. from the University of Lancaster plus an Honorary Doctorate from the Open University. His experience includes working as a teacher educator at the University of Central Lancashire (UCLan) and serving in various national and international roles relating to the inclusion of students with disabilities in post-secondary education. He retired from his full-time post as Professor in the Department of Education at UCLan in 2007. His research interests include inclusive learning and pedagogy and staff training and continuing professional development for those working with students with disabilities. He can be reached by email at: hahurst@yahoo.co.uk.

Christie Gilson holds a doctorate in special education from the University of Illinois at Urbana-Champaign; her master’s and baccalaureate degrees are in social work and come from the University of Illinois and Illinois State University. Dr. Gilson has been teaching in higher education for ten years, and her research involves students with disabilities in secondary and postsecondary education. As a woman who is blind, Dr. Gilson is proud to have served in the Obama Administration as a member of the J. William Fulbright Foreign Scholarship Board. She and her husband live in Kutztown, Pennsylvania.

I would like to dedicate this piece to the memory of a brilliant fellow Fulbright alumnus, Andrew Levinson. We met at a study abroad program sponsored by the National Clearinghouse on Disability and Exchange of Mobility International USA held in New York City at the Institute for International Education in 2009. Thanks to the encouragement afforded by that program, Andrew applied for and was awarded a Fulbright grant which he used to obtain a master’s degree from York University in Toronto, Canada in critical disability studies. Throughout the years Andrew and I were friends, we shared stories related to our disabilities. His determined spirit and his readiness to laugh give me hope, even as I mourn his loss.
International Conference on Higher Education and Disabilities–Innsbruck, Austria: A Brief History

Ken Zangla¹
Naomi Moore²
Alan Hurst³

Abstract
Access to higher education for people with disabilities has been a concern and motivation for change internationally. Collaborative discussions about the attitudes and policies addressing these issues began many years ago with several organizations and agencies representing the interest of people with disabilities. There were international conferences in the U.S. and Europe addressing topics such as assistive technology to accommodate people with disabilities. However, these conferences addressed broad issues of accommodating someone with a disability rather than focusing on fair access to higher education. To address this, the Training, Resource, and Assistive Technology Center (TRAC) based within the University of New Orleans worked within a Friendship Treaty with the University of Innsbruck, Austria to establish what has become a triennial event. This article provides a brief history and description of how the International Conference on Higher Education and Disability started in 1992 and the developments that have occurred since. It has two sections. The first section provides a perspective from the Conference organizers whilst the second offers some reflections from a participant.

Keywords: International, higher education, disability, students

A Historical Perspective

A combined international forum that focused on higher education and disability in Europe did not exist until 1992 when advocates for the rights of students with disabilities representing universities from several European countries and the University of New Orleans (UNO) in the U.S. spearheaded an ambitious goal to bring down barriers to entering post-school education for people with disabilities. The University of New Orleans and the University of Innsbruck (UI) have a Friendship Agreement. This formal partnership provided a venue for an exchange of educational opportunities and established the Center Austria at UNO and the Center New Orleans at UI. These developments pre-dated the first International Conference on Higher Education and Disability in 1992. It is this Friendship Agreement that allowed the International Conference on Higher Education and Disability to take place.

We should also consider that the Americans with Disabilities Act (ADA), which was signed into law in 1990, was in the early stages of implementation in 1992. The ADA would remove many barriers to higher education for people with disabilities in the United States. Many disability leaders/advocates in European countries did not have the benefit of such a law at that time, but were interested in removing barriers to higher education in their countries. Oliver St. Pé, the founding director of the Training, Resource and Assistive Technology Centre (TRAC) based at UNO, and several European colleagues discussed the possibility of a forum on higher education and disability in Europe.

In 1991 Mr. St. Pé met with Dr. Friedrich Luhan, then Director of the University of Innsbruck, about the possibility of UI being the host site for the first international conference on higher education and disability. Dr. Luhan not only supported this idea but also wanted to take the lead in making the University of Innsbruck accessible to students with disabilities. The Friendship Agreement paved the way for the two universities to work in a partnership to accomplish these goals. It was agreed that the first conference would be

¹ CRC, LRC, ATP, Director (retired); ² University of New Orleans, Training, Resource and Assistive Technology Center; ³ University of Central Lancashire, U.K.
held in the summer of 1992. Center Austria at UNO has periodically acted as liaison between TRAC and UI, which was very important when leadership at UI changed, introducing TRAC to the new leadership and vice versa. This conference has taken place every three years since then with the most recent held in 2013.

TRAC took the lead in coordinating the conference, locating accessible housing and addressing all special needs requests. Colleagues from three other European universities were invited to become key players in establishing this inaugural and, hopefully, recurring event. The other disability leaders were Dr. Joachim Klaus from the University of Karlsruhe in Germany, Professor Alan Hurst from the University of Central Lancashire in England, and Myriam Van Acker from the Catholic University of Leuven in Belgium. As TRAC’s Co-Sponsors, they marketed the conference in Europe, solicited presenters from European countries, and gave critical advice regarding cultural, educational, and political attitudes towards people with disabilities in Europe. The University of Innsbruck provided resources, staff, the conference venue, and organized very important social events that incorporated municipalities such as the City of Innsbruck and Province of Tirol, a deliberate and socially aware move that changed the landscape in Innsbruck and possibly Austria. Other conference sponsors at this early point in time were the Forum Europeen de l’Orientation Academique (FEDORA), Skill: National Bureau for Students with Disabilities in the U.K. (which was forced to close in April, 2011), the Trans-European Mobility Program for University Studies (TEMPUS), the European Union’s Initiative on Human Resources (HORIZON), Mobility International-USA (MIUSA), and the Association on Higher Education and Disability (AHEAD-USA).

The first conference was intentionally kept to no more than 50 participants so that intimate networking could develop a cohesive base for future events. The focus of the first and subsequent conferences has been on innovative programs, international exchange opportunities, and public policies affecting university students with disabilities. Other topics have included alternative curriculum formats, reasonable accommodations, and self-advocacy. The target audience was and has continued to be disability service coordinators, researchers, and faculty or staff with an interest in disability affairs, and postsecondary educators and university administrators who bridge the gap between students with disabilities and campus accessibility issues.

One of the conference’s most significant assets is the opportunity for participants to develop a social network that facilitates the exchange of knowledge, procedures, and practices. Participants have enjoyed and derived value from comparing and contrasting various approaches to accessible accommodations, programs, services, and the establishment of new legislation in the countries represented at the conference. The home countries of some participants have enacted legislation but lacked the ability to enforce their disability-related laws. Consequently, participants have learned over the years about the absence of a venue to lodge a complaint or bring a non-compliant university to court, and how this restricted students with disabilities’ access to higher education. In that vein, a theme that emerged from the 2007 conference was how infrequently individuals with disabilities around the world have challenged laws when they were implemented and how the U.S. has emerged as an exception to that pattern. Anecdotally, non-U.S. countries instead tend to report a belief that institutions of higher education would do the right thing in providing access to students with disabilities without an enforced legal mandate to do so.

Legal issues aside, presenters have reported over the years that numerous universities have been very proactive in accommodating students with disabilities. The message has been that the dedication and advocacy for the rights of students with disabilities by faculty, administrators and students have made these changes happen even when there was no specific legislation requiring them to do so. In the more distant past, this was the case in the U.K. More recently it seems to be happening in some of the newer countries of the European Union (EU), aided by the activities of small, effective, but inadequately-funded charities such as IMAGINE in Croatia and DSIS in Slovenia. Both countries now have disability access legislation following their membership of the EU.

Other questions regarding international exchange opportunities and the available accommodations at a host university could vary significantly from the student’s home country or even from university to university. The conference has provided the opportunity for an exchange of valuable information between colleagues eager to learn from one another.

Many JPED readers live in the U.S. or Canada. This conference has provided countless opportunities over the years for North American disability services providers and faculty to “compare notes” with colleagues from other parts of the world. Such exchanges, of course, are not designed to determine which approach is better but to help all participants understand how a given country is developing wider accessibility for students with disabilities in a culturally-specific way. For example, pioneering conference organizer, Myriam Van Acker, first explained her vision for accommodating students with disabilities at the Catholic
University of Leuven at the 1992 conference. At that time she acknowledged that many people found it difficult to believe such a dream was possible. Her vision was to build a fully-accessible student dorm that would house students with and without disabilities, all of whom would want to participate in the Assisted Living program organized by Student Services. In the ensuing years, participants at the conferences heard about the great success of this innovative program. Students selected to participate live together and share the various benefits of the program. Students with disabilities have 24 hours of volunteer student support that is coordinated by Student Services. Students without disabilities are provided with subsidized housing costs and the opportunity to expand their social and organizational skills and develop new friendships. This program continues to be a feature of provision at the Catholic University of Leuven. However, in the U.S. and in some other countries such as the U.K., there would be cultural and professional barriers to such a program including contractual and liability issues.

We would like to point out that this conference does not exist as the result of a group of individuals who wanted to do something for people with disabilities. Rather, it owes its success to the participation of people with disabilities. We rarely think of our former Director, Oliver St. Pé, as having a disability. He was blind. There are other key players involved with this conference who have disabilities, as well as numerous participants throughout its history. This conference is reflective of what self-advocacy can accomplish.

From the bold vision of the conference’s founders and the determination of disability service coordinators, university administrators, and student disability advocacy groups, the International Conference on Higher Education and Disability has had a tremendous impact on changes that have helped students with disabilities achieve their goals in many countries around the world.

A Participant’s Perspective

The comments and personal reflections that follow are based around my participation in all of the eight Innsbruck conferences that have taken place since 1992, a qualification which is shared with very few others. From being simply a delegate, I have become more closely involved with the organization of the event over the past twenty-three years and so feel able to offer some important and valid views.

One of the aspects in which I have become more involved is the planning of the event. In addition to circulating information about the conference throughout the U.K., I have also solicited contributions from U.K.-based colleagues. The initial proposals from those wishing to present are grouped in a number of themes such as assistive technology, international exchanges, staff training and professional development, and supporting students with learning difficulties. Next, the proposals are circulated amongst a small team of experienced staff from a number of countries who then complete a pro-forma regarding the acceptability of the proposal for inclusion in the conference program. Feedback is provided, too, about possible overlap and repetition in some instances, a position that might be resolved by asking proposers to collaborate in a joint session. What the proposal evaluators welcome are papers from as many different countries as possible. Sometimes, the content might be seen to be something addressed already in many countries, but my view is that it is useful for us to be reminded of our earlier struggles and of the progress we have made.

Also, in the period since 1992, there has been a clear change of major interest. In those early days the focus was on making reasonable accommodations, a process that in the U.K. and elsewhere tended to be undertaken once students with a disability had enrolled in a study program. Today, there is a much greater concern with anticipating what might be needed and ensuring that it is in place prior to the recruitment of students with disabilities. Thus, attention has shifted to UDL and on inclusive pedagogy and this has been reflected in conference sessions. Arguably, this might offer increased possibilities for transfer between countries and cultures, especially when accompanied by effective anti-discrimination laws.

Regarding the “international” dimension of the event, in 2010 104 proposals were submitted from 20 different countries whilst in 2013 there were 112 proposals from 27 different countries. The largest number usually comes from the U.S. and Canada (64 in 2013) whilst the majority of the others are from Europe and elsewhere (48 in 2013). Submissions from Africa, Asia, and Australia have been relatively rare whilst I cannot recall seeing a proposal from a Central or South American country. Within Europe, there are also interesting differences. For example, it is rare to encounter both paper proposals and participants from France whilst countries in southern Europe (e.g., Portugal, Italy, Greece) have seldom been represented. An underlying reason for this may stem from the conference using English as its first language. The shift in balance between presenters’ home countries may indicate the growth of international interest in higher education and disability or it could reflect the economic problems facing U.S. universities, which usually sponsor presenters.
Moving on to explore aspects of the actual event, the first point to note is that it has been held at roughly the same time on every occasion. The conference is held over three days, not usually involving a weekend. Choosing dates in July means that rooms are available for use in the University of Innsbruck since students are on vacation. It means, too, that many possible participants are free to attend since it is out of term. On the other hand, there are some drawbacks to holding the event in July. Innsbruck is a popular tourist venue, so living accommodations for delegates need to be vouchedsafed as early as possible. Also, other organizations choose to hold events in July for the same reasons as those listed above. Finally, and certainly in the U.K., as staff are put under greater pressures in their work roles, they are becoming more reluctant to give up valuable free time to attend job-related conferences. This, coupled with a much-reduced budget for conference attendance, might be factors to be taken into account when planning future events. The timing of events remains a recurring issue; there is no “best time” that suits everybody.

All of the conferences so far have started with an opening plenary session in which the organizers and representatives from the University of Innsbruck have addressed the delegates. Sometimes there has been a keynote address and perhaps there might be scope to make more of this. One addition to the session is the presentation of the Myriam Van Acker Award, which was introduced at the 2004 event following her death. It is given to honor the contribution made by an individual to furthering the cause of improved access to higher education for people with disabilities. The first recipient was Amanda Evans, who works for the European Agency for Special Education; the most recent recipient was Ann Heelan, Chief Executive of AHEAD-Ireland. There is also a closing plenary. At the 1992 event when there were so few participants, the session took the form of feedback from a number of working groups. Sadly, with the increase in numbers attending, this feature has been abandoned. Another small activity associated with the closing session was the taking of a group photograph of the participants, which has also disappeared.

Given the conference focus, it is regarded as supremely important that people with disabilities (especially students) participate and that they have equal access to all sessions, materials, and activities. Adapted living accommodation can be arranged and personal assistants are welcomed. At least one room used for the small-group sessions has simultaneous typing to aid those who are deaf or hard-of-hearing. Sign language interpreters are used although sometimes participants are accompanied by their own sign language interpreters. All materials used by presenters have to be made available in different formats (e.g., large print, Braille). With the advance of assistive technology that has taken place alongside the development of the conference, access has become easier. After the event, all presentations are available electronically.

Turning to consider the small group sessions, the first point to note is that many of these have taken the form of mini-lectures. They have been of the “show and tell” kind where those attending have only a passive involvement. PowerPoint presentations are the most common format. However, in my view, attending many of these is challenging for delegates with a low threshold of boredom. My personal preference is for a workshop format built around some of the principles associated with effective learning, especially the active involvement of participants, the varied range of tasks, and the “learning can be fun” approach. Hence, when considering conference proposals, I look to support a balance of presentational and interactional styles.

Prior to every one of the conferences held so far, the number of proposals received has been far in excess of the time available. Consequently, in order to provide the opportunity for as many participants as possible to have a role, poster sessions have been organized, often during lunch breaks. In the early days, a room had been set aside for participants to leave any materials they thought would interest colleagues. Such materials now form part of the poster sessions although the development of electronic means of communication and use of the Internet have rendered this a little superfluous.

For many of those who have attended the Innsbruck conferences, it is the relaxed atmosphere and the friendliness of the event that they remember. There is a social program often taking the form of a civic reception hosted by the city and/or one that the University of Innsbruck has sponsored. Also, there is a bus tour of the city to see its tourist attractions. Alongside these are the informal activities that occur on an ad-hoc basis. Many colleagues have developed strong links (and personal friendships) as they have taken the cable car to the top of a mountain or ridden the tram on the scenic route to the village of Igls. I am greatly indebted to the Innsbruck conference for developing my own links with colleagues working outside the U.K. Having this knowledge has benefitted my work with students with disabilities. One outcome of this was my editing a collection of papers describing policy and provision for students with disabilities in a number of different countries so that colleagues could be aware of developments in other parts of the world. The book, Higher Education and Disabilities: International Approaches,
was published in 1998 and is now out-of-date so there is scope for a second edition. I have also worked with TRAC colleagues to arrange for two students who use wheelchairs to spend a semester at UNO, an experience one described as “the making of me.” More pertinently, perhaps, there is my role as guest editor of this special international issue of JPED since it was during the 2013 conference that the then-Executive Editor David Parker invited me to take on this task.

So what might the future be for the Innsbruck conference? Given growing limitations on budgets in relation to both institutions and individuals and increasing pressures on individuals’ time, the attraction of the event might wane. Some might suggest that greater use might be made of developments in information technology. Certainly, some presentations might be accomplished remotely and there are computer programs that allow for so-called “conference calls.” However, what these possibilities ignore are the benefits accruing from face-to-face interactions and the spontaneity of ideas and thoughts that spring from conversations with colleagues from different backgrounds and cultures. For me, there will always be a need for conferences like that which TRAC at UNO created and has organized so successfully for over twenty years. My hope is that this triennial venture will continue and flourish but, if it does, it is likely to be within changed circumstances. At this time, the most important change to note is that there will not be a Ninth International Conference on Higher Education and Disability to be held in Innsbruck, Austria in 2016. The leadership has shifted to the University of Innsbruck and Center Austria at UNO and the University of Innsbruck has tentative plans to organize a similar conference in 2017. However, no additional information is available at this time.

New participants often note how warm, welcoming, and friendly the conference is. The prevailing atmosphere is quite remarkable in my experience. Current decision-makers, whether in large units like national governments or smaller ones such as universities, appear to have an obsession with budgets and finance whilst simultaneously neglecting to consider unquantifiable benefits such as value. Participants in the Innsbruck conferences have gained immeasurable benefits, both personally and professionally. More importantly, their efforts to create a fairer, more inclusive society for the students with disabilities with whom they work have had a universal impact. It would be a poorer world if this collaborative gathering was to be lost, especially as a result of actions by those who claim to know the costs of everything and who may actually know the value of nothing.

References
About the Authors

Ken Zangla received B.A. in History at the University of Dallas (Texas) and a M.A. in Vocational Rehabilitation Counseling at the University of Texas SW Medical Center in Dallas, Texas. He is the retired Director of the University of New Orleans, Training, Resource and Assistive Technology Center (TRAC). He has worked there since 1990, holding several positions where he was involved in program development to promote independence through training and accommodations/ assistive technology. His most recent position as Director allowed him to Co-chair the International Conference on Higher Education and Disability since 2007. His work experience includes working with a wide range of people with disabilities. He currently works with New Horizons Independent Living Center, Alexandria Louisiana, where he works with the Deaf and people with hearing loss.

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International Exchange with a Disability: Enhancing Experiences Abroad Through Advising and Mentoring (Practice Brief)

Ashley Holben¹
Claire Özel²

Abstract

Through interaction with an advisor or peer mentor and through exposure to the experiences of role models, students with disabilities gain an appreciation of the potential challenges and benefits of international exchange and make informed choices about whether, where, and how to go abroad. By adopting strategies for inclusive advising and role modeling, less experienced practitioners can develop expertise and understanding for advising prospective exchange participants with disabilities. This practice brief outlines the steps taken by one practitioner in Turkey, where few inclusive exchange resources and role models exist, to adapt a U.S.-based organization’s strategies for supporting postsecondary students with disabilities in international exchange. It evaluates the impact of advising on the experiences of three disabled Turkish exchange students and recommends best practices and professional resources for advisors and peer mentors to enhance support to exchange participants with disabilities.

Keywords: Disability, international student, student advising, good practice, mentoring, international education

Introduction and Summary of Relevant Literature

International exchange has the potential to benefit people of all ages, backgrounds, and abilities. As the field of international education more readily recognizes disability as an issue of diversity, more international education professionals and others are conducting research and collecting data related to the participation of students with disabilities in opportunities abroad.

Since 2009, the U.S.-based Institute of International Education has collected disability data on U.S. study abroad (Institute of International Education, 2014), though the disability status for many education abroad students remains unknown. Among those institutions where disability status is known, the number of U.S. students with disabilities studying abroad rose to 3194 in 2012/13, an increase from 2786 in the previous academic year, and represented 5.1% of total study abroad students.

European data reflect much lower participation of disabled students in student mobility programs. Of 198,600 European students participating in the 2008/2009 Erasmus exchange program, a European Union (EU) student exchange program for EU secondary and postsecondary students to study or intern abroad in participating EU countries, only 213 students disclosed a disability (European Commission, 2010). In response to these low figures, the Erasmus Student Network (ESN), a Europe-wide student organization comprised of 13,500 volunteer members across European higher education institutions (HEIs), launched the ExchangeAbility project in 2010 to increase the participation of disabled students in mobility programs (UNICA, 2011).

Mathews, Hameister, and Hosley (1998) investigated the perceptions of college students with disabilities towards study abroad, ranking perceived barriers to participation and necessary accommodations. Although the concepts of role models or mentors (for example, whether participants have met or read about people with disabilities who have studied abroad) were not included, participants in the study indicated that “lack of knowledge” was a key concern regarding barriers to study abroad, which an advisor or peer mentor could potentially assuage.

¹ Mobility International USA; ² Turkish Association for Visually Impaired in Education
Other studies have evaluated the outcomes of mentorship programs on students with disabilities. A pilot study found that providing mentorship for youth with disabilities transitioning into postsecondary education led to significant improvements in attitudes towards requesting disability-related accommodations (Barnard-Brak, Schmidt, Wei, Hodges, & Robinson, 2013). However, there remains a lack of research regarding the impact of mentoring on disabled students’ decisions to study abroad.

Since 1981, Mobility International USA (MIUSA) has administered disability-focused international exchange programs, and since 1995, it has administered the National Clearinghouse on Disability and Exchange (NCDE), a project sponsored by the U.S. Department of State’s Bureau of Educational and Cultural Affairs, to achieve greater representation of people with disabilities in mainstream international exchange programs between the U.S. and other countries. NCDE provides free advising and technical assistance to people with disabilities, study abroad advisors, disability professionals, and others. NCDE provides free advising and technical assistance to people with disabilities, study abroad advisors, disability professionals, and others. In 2014, NCDE responded to over 250 requests from disabled individuals and professionals from around the world (see Table 1).

**Depiction of the Problem**

Mainstream international exchange organizations and even disability support staff in the U.S., Turkey, and beyond are at times reluctant to provide accommodations to participants with disabilities or to send these students to non-traditional destinations due to perceived lack of access or increased risk, as evidenced by the frequent formal and informal inquiries that the authors receive from such organizations and the students they serve. These attitudes are often in conjunction with a lack of exposure to disabled exchange participants’ success stories. Applicants with disabilities, too, may self-select out of an international experience due to lack of information about access and disability supports abroad, among other factors (Mathews, Hameister, & Hosley, 1998). Without guidance from knowledgeable advisors (disabled or non-disabled) or disabled peer mentors to testify that studying abroad with a disability is not only possible but manageable and beneficial, some disabled students dismiss international exchange as an unrealistic option for themselves, while others miss out on important lessons from returned disabled travelers and experienced advisors that could otherwise improve their preparedness.

While these problems persist globally, disabled students who live in countries slower to systematize disability inclusion face additional barriers. In Turkey, despite advances in disability rights and access to higher education made since the Turkish Disability Act (2005) and the Higher Education Council Directive on Disability (2006), disabled people’s access to international education is a topic that is rarely addressed in Turkey’s higher education or disability rights agenda. Furthermore, disabled people in Turkey have limited access to foreign language learning compared to non-disabled people (Coşkun, 2013), placing them at a disadvantage in exchange programs requiring foreign language competence. By 2010, few Turkish students with known disabilities had participated in the Erasmus program and their experiences went undocumented, so subsequent students had few, if any, role models.

Despite these barriers, three visually impaired students from different universities across Turkey approached one of the authors (Özel) between 2011 and 2013, seeking guidance for accessing their exchange programs.

**Participant Demographics**

From 2011 to 2014, Özel started remotely advising the three students, two of whom she had never met in person, as they stepped out of their known environments. The students contacted her over an online platform administered by the Turkish Association for Education and Visually Impaired (EGED), where Özel works as an advisor. Having previously established Turkey’s first university Disability Unit at Middle East Technical University in Ankara in 2004, which she ran until 2012, Özel had developed a wealth of disability inclusion expertise and had become familiar with practices outside of Turkey for inclusive international exchange. With this background, she was to embark on her first experience advising disabled students participating in mainstream exchange programs. Without discussion around this issue among her colleagues in Turkey, she sought best practices from counterparts in other countries. Although Özel was familiar with MIUSA’s disability-focused international exchange programs, from a Turkish perspective, MIUSA’s practice of accommodating delegates with different types of disabilities in another country initially seemed non-replicable. However, through various conferences, events, and professional connections over the course of her career, Özel had come to learn about and even utilize MIUSA’s one-on-one technical assistance and materials through its NCDE for promoting access to mainstream exchanges, giving her the knowledge and
confidence to enter into an advisory role with the three Turkish students.

The three visually impaired students attended diverse institutions across Turkey, varying in population, years of operation, and academic resources for students with disabilities, although no institution had experience or resources for sending students with disabilities abroad. The students came from disparate family backgrounds and represented different levels of foreign language competence, confidence, personal mobility and independence, and international travel experience. For example, while two students were going abroad for the first time, the third was an experienced traveler; one student was male while the other two were female; one student had strong mobility skills while another was more dependent upon family for mobility. All three students wanted to benefit from the possibilities offered by exchange programs and were committed to going abroad, whether or not anyone was available to advise or mentor them. The first two students to go abroad reported being insufficiently aware of the challenges they would face in the host environment and both expressed feeling “out of their depth” once abroad. However, while the first of these two returned home prematurely, the second student stayed for the duration of her program.

Case Studies Following Three Visually Impaired Exchange Students from Turkey

The first student, “Abdullah” (a pseudonym), had seized his last opportunity for Erasmus before graduation, aware that he might not be fully prepared. His university, new and having never sent a disabled student on exchange, was unaware of how to advise him. Özel recommended that the home institution contact the host institution with questions to assess its disability resources and support mechanisms, but the two institutions exchanged only minimal information. With rudimentary English and no knowledge of the local language, Abdullah lacked the communication skills necessary to ask for assistance when he needed it, nor did he receive orientation training. Faced with the prospect of returning home after only two weeks, he began to engage in frequent email conversations with Özel, who encouraged him to identify his risks, options, and needs. These remote advising sessions enabled Abdullah to reflect on his experience and develop strategies for resilience; he persisted abroad seven weeks longer. Eventually Erasmus program officers required him to return home for failing to pass an English proficiency assessment that had been administered using contracted Braille, a format that Abdullah did not know. Although his experience was not deemed a “success story” by the program’s standards, Abdullah was proud to have studied abroad longer than he would have had he not reached out for remote advising and felt that his opportunity abroad had enriched him in many ways.

The second student, “Elif,” contacted Özel by email two weeks after arriving at her Scandinavian host university. Away from her usual support systems, she was struggling to live abroad independently and felt that her limited mobility was restricting her full participation in the program. Özel advised Elif to systematically record and analyze her experiences and to approach Erasmus officers and key staff at the host university to resolve the issues. Özel also trained her to track the specific steps she took to overcome her perceived challenges. Elif learned how to use local resources and to express her needs clearly. Having satisfactorily completed the program requirements, Elif returned home on schedule.

The third disabled student, “Semra,” had already had experience traveling internationally and needed minimal guidance. However, just before she was to depart for her Erasmus program, she read Elif’s report. This influenced her to revise her own disability-related accommodation requests prior to traveling. Upon arrival at her host university, she discovered that she would have an excessively challenging daily commute to campus despite having requested a conveniently located dormitory. Through Skype discussions, Özel coached Semra to assertively re-negotiate her request with the program officer, which she did to rapidly reach a satisfactory outcome.

Description of Practice

MIUSA’s Practice

MIUSA began conducting international exchange programs focused on building the leadership capacity of people with disabilities in 1981 and, by 2015, over 2000 disabled alumni have participated in its programs. Drawing from these decades of designing exchange programs to be as inclusive as possible for participants representing diverse disabilities and countries, MIUSA staff who support the NCDE project provide technical assistance to study abroad advisors, disability services staff, and other influencers for including participants with disabilities in the broad range of mainstream exchange programs. This assistance includes developing practical advising tools, training, and “best practices” profiling leaders in inclusive international exchange. MIUSA also advises people with disabilities directly. To help address concerns that people with disabili-
ties often have when preparing for new international journeys, it not only shares tip sheets, self-assessment forms, and referrals for disability organizations in the host country, it also draws from the experiences of disabled exchange alumni, recognizing that those who have been abroad can offer an encouraging voice of experience to those who have not. To do this, MIUSA arranges peer-to-peer connections between prospective international exchange participants and alumni upon request, identifying peer mentors by factors such as disability type, assistive devices and disability services used, exchange program type, geographic origin, and destination where possible. For example, it connected two blind international students from the Middle East: one who was eager to study in the U.S., and one who had completed a semester at a U.S. university. Through the connection, the former learned practical tips such as using new assistive technology while the latter had an opportunity to reflect on his time abroad. Complementing peer connections, MIUSA harnesses the power of success stories captured through written articles, videos, podcasts, photos, and recorded presentations to help illustrate what is possible.

Adapting MIUSA’s Practice to Turkey

Following Abdullah’s return, Özel began incorporating MIUSA’s approaches to advise subsequent students more systematically. As per MIUSA’s recommendations, Özel considered each student’s specific needs and situation individually and, from the outset, she and each student discussed their respective roles and responsibilities. For example, the students were responsible for initiating the majority of communication (via email and Skype). The advising sessions addressed the student's goals and expectations for going abroad, the student's needs and challenges, and the resources available to the student. Özel urged the students to record challenging or successful events and their feelings towards those events. She also coached them on how to approach key contacts with their access-related requests or grievances. Although in Turkey it is culturally appropriate for family members to make decisions on behalf of students with disabilities, Özel empowered these three students to set goals for themselves.

Similar to MIUSA’s practice of encouraging returned exchange participants to share their stories, Özel persuaded the students to compile reports about their overseas experience, detailing challenges and successes adjusting to the new environment, ranging from issues related to orientation and mobility to the attitudes of university staff.

Evaluation of Observed Outcomes

As a result of their international travels and ongoing advising sessions, all three students described returning with enhanced personal skills and confidence and a renewed sense of responsibility and independence. In their overseas settings, they learned to view situations from new cultural perspectives, handle unexpected scenarios, and negotiate strategies for improved access.

Before reaching out to knowledgeable advisors, and with little evidence of disabled role models who succeeded in international exchange, the Turkish students described in the case studies were each spending time and energy to “reinvent the wheel.” Elif stated that when she set out to pursue her goal of going abroad, “I was flooded with so much new information… I had to make decisions and had no idea how to start deciding. With a mentor I did not panic; [instead] I could think straight.” Abdullah floundered abroad until he contacted Özel. Although he was eventually forced to return home early, Abdullah credited his advisor with escorting him through critical times, helping him stay abroad longer than he otherwise would have. “If only this had been formally part of a recognized system, the host organization would have taken my requests more seriously. Any disabled Turkish student going on an exchange should contact Claire Özel.”

Each of the subsequent participants encountered fewer pitfalls than their predecessors, benefitting from the lessons learned from their post-program reports, and three prospective participants have since gained useful insights from the information. This information sharing among exchange alumni can potentially have far-reaching effects. Upon her return, Elif submitted a brief to the Turkish National Agency summarizing the issues she had faced on her program. In response, the National Agency’s magazine published an interview with her and senior administrators met with EGED to discuss how to improve participation rates and the quality of experiences among students with disabilities. In addition to training new peer mentors with visual impairments, in 2014 EGED spearheaded cross-disability projects to train international exchange participants with diverse disabilities to report barriers to inclusion.

These outcomes suggest that as role model success stories, connections to peer mentors, and ongoing advising services become more prevalent and visible, people with disabilities and their influencers become more confident about disabled people’s abilities to participate in international exchange. This is also supported by survey results collected from people who utilize MIUSA’s information and referral services. During
one quarter in 2014, the majority (80%) of individual respondents said they were more likely to continue pursuing their interests in international exchange after contacting MIUSA. In an earlier survey, over 78% of individual respondents and 86% of organizational respondents found resources on the MIUSA website “very helpful” or “helpful.” Specifically, success stories and blogs had the highest rating of usefulness among both of these groups. One American student with a chronic health condition even stated that the resources and stories on the MIUSA website convinced her to “take the leap to study abroad,” and went on to participate in an exchange program spanning thirteen countries.

Implications and Portability

When entering into the role of advising or mentoring a student with a disability in international exchange, the authors recommend implementing the following practices before, during, and following the student’s international exchange experiences:

- Avoid assumptions about where a student with a disability can or cannot go. Even non-traditional destinations or those reputed to be inaccessible can be a good match for a resourceful and flexible student.
- Consult experts and experienced colleagues for technical assistance, tip sheets, alumni stories, and other resources (see Appendix).
- Gather accessibility information about the host institution or overseas placement. Several professionals have developed resources for gathering information about the availability of disability-related accommodations, and one such questionnaire was translated into over a dozen languages (Van Acker, 1996).
- Share reports, stories, and anecdotes collected from former exchange participants with disabilities and offer to facilitate an introduction to a peer mentor.
- Decide on a method for communication with the student (e.g. Skype, email) and clarify your availability. Empower the student to initiate contact with you and to control the frequency and content of the discussions.
- Foster an advising environment that the student perceives as inviting and approachable, not overwhelming or burdensome. Keep messages and advising sessions brief and ask concise, closed-ended questions where possible.
- When a student encounters a roadblock abroad, suggest small, achievable steps that the student can take towards a solution. Recall Semra’s cumbersome commute between her housing and classrooms. Examples of tangible, achievable steps could include listing the specific hazards on the commute or scheduling a meeting with the housing coordinator to discuss options for either mitigating the hazards, using alternative transportation, or relocating to different housing.
- Encourage the student to regularly document his or her observations, challenges, and successful strategies related to access abroad.

In addition to the above, disability service practitioners can be vital partners to the study abroad office for recruiting and including students with disabilities in overseas programs while consulting with study abroad colleagues on cross-cultural differences. Advising and training study abroad staff on respectful and inclusive disability language, accessible recruitment and program materials (such as applications and forms), anti-discrimination policies and procedures, and disability accommodations options for overseas settings are all areas in which disability service professionals can contribute to inclusive international education. Sharing information and success stories about study abroad on the disabled student services website and in orientations for new students with disabilities encourages students to explore their options to study abroad in college.

More work must be done to ensure that students with disabilities are as represented in study abroad as they are in higher education, and that students with disabilities develop the skills needed to succeed abroad such as foreign language learning and independent living skills. Additional research is needed to assess the effectiveness of peer mentors and professional advisors across larger sample sizes and in other cultural contexts.

The opportunities and benefits made possible through international exchange should be achievable for any student regardless of disability status or disability type. With effective advising, mentoring, and role modeling, higher education professionals and others can offer support to students with diverse disabilities to travel between all destinations, each with their cultural specificities.
Table 1

**NCDE Inquiries Received by Quarter**

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<thead>
<tr>
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<tbody>
<tr>
<td>Number of queries received requiring in-depth research and referral</td>
<td>45</td>
<td>75</td>
<td>68</td>
<td>55</td>
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<tr>
<td>% queries related to travel from the U.S. to other countries</td>
<td>69</td>
<td>79</td>
<td>71</td>
<td>62</td>
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<tr>
<td>% queries from individuals</td>
<td>44</td>
<td>40</td>
<td>41</td>
<td>35</td>
</tr>
<tr>
<td>% queries from international exchange organizations</td>
<td>29</td>
<td>43</td>
<td>38</td>
<td>36</td>
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<tr>
<td>% queries from disability organizations</td>
<td>13</td>
<td>16</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>Top sources of referral</td>
<td>Listservs, Colleague/Coworker, Previous Inquiry</td>
<td>Colleague/Coworker, Previous Inquiry, Listservs</td>
<td>Colleague/Coworker, Previous Inquiry, Listservs, Conferences</td>
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</tr>
<tr>
<td>Top countries of interest</td>
<td>United States, United Kingdom, and Spain</td>
<td>United States, Germany, United Kingdom, and Austria</td>
<td>United States, United Kingdom, Germany, and Italy</td>
<td>United States, Chile, France, Japan, Spain</td>
</tr>
<tr>
<td>Number of queries (not included above) requiring general information about coming to the U.S.</td>
<td>24 from 14 countries</td>
<td>28 from 14 countries</td>
<td>17 from 11 countries</td>
<td>15 from 9 countries</td>
</tr>
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</table>
References


About the Authors

Ashley Holben received her B.A. degree in International Studies and Economics from the University of Oregon. Her experience includes serving Deaf and hard of hearing university students as well as international students and scholars. She currently works for the U.S.-based non-profit organization Mobility International USA (MIUSA). Her expertise and research interests includes supporting the participation of people with disabilities in international exchange experiences. She can be reached by email at aholben@miusa.org.

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Authors’ Note

Addressing terminology differences between U.S. and British English, the authors resolved to use terms used in both dialects interchangeably, such as “person with a disability” and “disabled individual.” This approach reflects the authors’ different backgrounds and demonstrates the linguistic differences that exchange participants may encounter abroad. Furthermore, the authors refer to different forms of mentoring in the article. The first refers to technical assistance that experts offer disabled student services professionals and others seeking guidance on including people with disabilities in international exchange. The second refers to the advising of individual students with disabilities provided by professionals who have knowledge about inclusion and who may or may not have disabilities themselves. The third refers to peer mentoring between two (or more) individuals with disabilities.
Appendix

Recommended Resources for Advisors and Peer Mentors

The authors recommend that advisors and peer mentors consult the following organizations and professional networks for technical assistance and resources related to disability and international exchange.

Mobility International USA (MIUSA)
URL: www.miusa.org
MIUSA is a U.S-based cross-disability organization. In addition to over 34 years of experience administering international exchange programs designed to include people with a broad range of disabilities, MIUSA administers the National Clearinghouse on Disability and Exchange, a project sponsored by the U.S. Department of State's Bureau of Educational and Cultural Affairs, to promote the participation of people with disabilities in international exchange between the U.S. and other countries. Its free services and resources include technical assistance, trainings, alumni stories, online tip sheets, best practices, and disability accommodations assessment forms.

ExchangeAbility
URL: http://exchangeability.eu/
The Erasmus Student Network (ESN) developed ExchangeAbility as a long-term project to promote the opportunities and support offered for students with disabilities to study abroad in the Erasmus student exchange programme. ExchangeAbility works with ESN sections, HEIs and organizations that are experts in the field to create high-quality experiences abroad for disabled students. Its partners include European disability organizations and its resources include a video series featuring disabled Erasmus alumni and an interactive map depicting accessibility at HEIs across Europe.

International Education for Persons with Disabilities (IEPD)
URL: http://network.nafsa.org/communities/migs (login required)
As one of the member interest groups (MIGs) for members of NAFSA, a professional network of international educators worldwide, IEPD promotes the exchange of best practices for supporting the participation of people with disabilities in international education. NAFSA members may access and contribute discussion to IEPD's online discussion forum and participate in webinars and virtual trainings.

Access and Inclusion (ACCESS)
URL: http://www.eaie.org/home/about-EAIE/expert-communities/overview/access.html
One of the Expert Communities of the European Association of International Educators (EAIE), ACCESS is comprised of members active in increasing the participation and improving the experience of students and staff with disabilities in international higher education. Its activities are designed to exchange knowledge, change perceptions about disability in international education, and influence national and European policy.
Australian Higher Education Policy and Inclusion of People with Disabilities: A Review

Judy Hartley

Abstract
Written from the perspective of a disability practitioner and equity manager working in the Australian tertiary education sector for over twenty-five years, this paper reviews some of the significant social, equity, and education policy developments and associated legislation, which have influenced the inclusion of people with disabilities in Australian tertiary education over the past four decades. While such initiatives have encouraged aspirations and enabled increasing numbers of people with disabilities to participate in higher education, the challenge remains to create a system that is representative of the wider community and values the knowledge, skills, and experiences that people with disabilities bring to their learning, ultimately becoming places where people with disabilities can flourish.

Keywords: Higher education, Australia, disabilities, inclusion, policy, legislation

To understand the evolution of Australian social, legislative, and educational contexts, it is important to explore the extent of entrenched and multiple disadvantages that people with disabilities experience daily in Australian society. Their reality often contrasts markedly both with the characterisation of a “lucky country” and one of the fundamental core values of the Australian way of life, giving people a “fair go.”

A recent Committee for Economic Development in Australia ([CEDA], 2015) report notes that, while Australia “always ranks well on the international league tables of community well-being, lifestyle and satisfaction” (p. 32), areas of poverty and deprivation remain with 4-6% of Australians experiencing “chronic or persistent poverty or deprivation” (p. 7). Consultations in developing Australia’s National Disability Strategy (NDS) and National Disability Insurance Scheme (NDIS) revealed that 45% of Australians with disabilities “live in or near poverty, more than double the Organization for Economic Cooperation and Development (OECD) average of 22%” (Pricewaterhouse Coopers [PwC], 2011, p. 9). This source emphasises a marked contrast:

Australia is the lucky country, where most Australians have the opportunity to dream without limit. Yet our largest minority – people with a disability – are not afforded the basic rights others take for granted, let alone the relative luxury of leading a good life. That is, approximately four million people living with a disability in Australia are at risk of or are currently being treated unfairly. (p. 8)

Both reports emphasise that participation in education can address or minimise “the risk of entrenched disadvantage” (CEDA, 2015, p. 15) and facilitate progress “towards a more inclusive and productive Australia” (PwC, 2011 p. 44). Yet differences between people with disabilities and those without, both in educational engagement and outcomes, are stark. The PwC report (2011, p. 16) highlights the following:

- In 2009, only 25% of people with profound or severe disability aged 15-64 years completed Year 12 compared with 55% of people without disabilities.
- Only 13% of people with disabilities aged 15-64 completed a bachelor degree or higher, compared with 20% of people without disabilities.

1 Griffith University
Such glaring disparities demand strategic responses to address inequities.

Creating an Inclusive Australian Society

In proposing a framework for understanding inclusion and interpreting the development and impact of policies and legislation, Clapton explains:

Inclusion is a complex and multifaceted concept that is practised in various forms – some – are technical and practical, whereby social change and enhanced economic productivity are sought through imagining new social possibilities, creating new opportunities and access, setting goals by shared decision making such as consultation and representation, redistributing or providing targeted resources to build capacity, measuring outcomes and providing evidence as well as reporting back to the public and relevant interest groups. (2010, p. 2)

She notes a second form of social inclusion underpinned by legislation “to protect vulnerable, marginalised and/or oppressed groups of people” (Clapton, 2010, p. 2). This involves rights-based anti-discrimination legislation and social policies informed by social justice principles. Finally, she proposes an ethical dimension to inclusion that enables people to “flourish.” She argues that to “contemplate ethical inclusion is to engage in a transformative process” (Clapton, 2009, p. 228).


A significant early legislative milestone that continues to underpin the provision of disability support in Australia is the Disabilities Service Act 1986. It fundamentally changes the way people with disabilities are positioned in broader legislative and policy processes and creates opportunities for substantive transformations to occur. It espouses core principles such as: “respect for human worth and dignity,” affording people with disabilities “the same rights as other members of society to realise their capacities” and participating in decision-making about their lives.

The Australian Human Rights Commission (AHRC) was also established in 1986, having statutory responsibility for Australia’s suite of human rights legislation, including the Disability Discrimination Act 1992 (DDA) and subordinate legislation such as the Disability Standards for Education 2005 (the Standards), features of which are outlined in Table 1. The AHRC plays an important role for people with disabilities studying in higher education, guiding disability practitioners and universities in developing education programs and resources, managing complaints, and conducting public inquiries into human rights issues of national importance.

Reflecting on the development and implementation of the DDA, Hastings (1997) stated that, while “some features of the DDA were influenced by U.S. models,” most of the structure was predicated on earlier federal and state anti-discrimination laws. The assumption underlying the DDA 1992 was that disability is part of every person’s life and people with disabilities have the same rights as any other person in society. Hastings (1997) emphasised “people with disabilities do not wish to ‘be included’: they wish it to be acknowledged that they already belong.” In response to the DDA 1992, many universities developed institutional Action Plans to not only remove barriers to access and participation but also demonstrate compliance with the legislation. Reviews of the implementation and effectiveness of the DDA 1992 (Productivity Commission, 2004) and the Standards (Department of Education, Employment and Workplace Relations [DEEWR], 2012) concluded that, while each has been somewhat effective in achieving their objectives, improvements are required to implement them more effectively.

Australian Higher Education Equity Policy

Various strategic decisions culminated in the Australian Government’s 1988 Higher Education Policy Statement signalling the creation of a unified national system of higher education promoting diversity, quality, and growth in the sector in response to emerging economic and social factors. An ambitious goal was set for “the student body to reflect more closely the structure and composition of society as a whole” (Department of Employment Education and Training [DEET], 1988, p. 21), targeting under-represented groups including people from low socioeconomic status (LSES) backgrounds, non-English speaking backgrounds, regional and remote areas, women in non-traditional areas of study, Aboriginal and Torres Strait Islander people, and people with disabilities. The desired outcome was to share the benefits from
participating in higher education “more widely and more equitably in the future” (DEET, 1988, p. 6).

The paper, *A Fair Chance for All: National and Institutional Planning for Equity in Higher Education* (DEET, 1990) described the federal Government’s equity policy and program objectives, and made universities responsible for achieving them. For each equity group, common definitions and performance indicators were established and subsequently have been used to monitor the impact of the policy. Government equity funding was allocated annually on the basis of demonstrable institutional performance against those indicators. Gale and Tranter (2011) note that “equity in higher education – became a matter of equal representation” (p. 37) and this “distributive notion” (p. 41) of inclusion informs current equity policies and programs in universities.

Following the *Review of Australian Higher Education: Final Report* (Bradley, Noonan, Nugent, & Scales, 2008), the former federal Labour Government adopted a widening participation agenda. Its response, *Transforming Australia’s Higher Education* (Australian Government, 2009), re-asserted the goal of a “fairer” Australia underpinned by equality of opportunity for all and “access to university based on merit, not ability to pay” (p. 8). Ironically, while targets were set to raise participation of people from LSES backgrounds and Indigenous Australians, no target was set for people with disabilities as an under-represented group or even, at the very least, as members of either of the groups named. Gale (2010) observes that the government’s concept of “social inclusion in education seems to be consumed and possibly narrowed by this SES focus” (p. 2) resulting in people with disabilities being “absent” in policy even though they remain “grossly under-represented in undergraduate university programs” (p. 3).

Progress towards creating more representative and inclusive university communities and learning environments, particularly for people with disabilities, may be assessed by reviewing equity performance data and information about the quality of the student experience, considering the nature of the policy response and, most importantly, hearing about the learning experiences of people with disabilities. Referencing access and participation data, Koshy and Seymour (2014, p. 5) note the “enrolment share of students with disability among domestic undergraduates” increased from 4.4% in 2007 to 5.5% in 2013. While this is a positive trend, comparing the access and participation rates for students with disabilities as a group with their current general population reference value (RV) of 8%, reveals that they remain “persistently under-represented in higher education” (Gale & Parker, 2013, p. 19). The indicators are more encouraging once students with disabilities have begun their studies, with their retention and success rates comparable with the general student cohort (Gale & Parker, 2013).

Another measure of success that Gale and Parker (2013) use is the progression rate of students with disabilities from graduation to employment. Again the data highlight the entrenched disadvantage that people with disabilities experience even with a degree. Only 66.2% of graduates with disabilities have full time employment four months after course completion compared with 76.3% of all graduates at the same time (Gale & Parker, 2013). Table 2 shows equity performance data for students with disabilities, as reported by Gale and Parker (2013).

Findings from the 2013 University Experience Survey (Graduate Careers Australia & The Social Research Centre [GCA & SRC], 2014) provide further evidence that the learning experience of students with disabilities is qualitatively different from that of students not reporting a disability, with data showing that the former were less satisfied with four of the five key focus areas surveyed including skills development, learner engagement, teaching quality and learning resources. Student support was the only aspect with which they showed greater satisfaction (GCA & SRC, 2014, p. 22). Notably, 23% of students with a disability had considered “early departure” from their studies in comparison with only 17% of respondents who did not indicate disability (GCA & SRC, 2014, p. 32).

Ramsay (1999) notes that the initial equity framework “provided little guidance” (p. 178) about how to address the causes of educational disadvantage, consequently any early changes resulting from equity planning and action tended to be “both limited in their nature and impact, and fragile over the long-term” (p. 180). Gale and Tranter (2011) argue that “Australian higher education policy and practice is yet to be fully informed by a recognitive social justice” (p.42) which “requires a deeper understanding of the knowledge, values and understandings that all students bring to university – [and] implies creating spaces for them, not simply creating more places” (p. 43). Gale (2009) asserts that creating this space requires “a more sophisticated approach to student equity and social inclusion” (p. 14) based on “socially inclusive pedagogy” (Gale, 2010, p. 11), that acknowledges all students bring valuable knowledge and experience to their learning, employs an instructional paradigm that responds to difference, and works in collaboration with students and their communities (Gale, 2010, p. 11). This requires an appreciation of the barriers that exist and the
nuanced nature of the strategies required to include people with disabilities.

Clapton’s (2010) suggestion that ethical inclusion involves a transformative process enabling the “capacity for human flourishing” (p. 2) invites reflection on individual experiences of inclusion in higher education. Two people with disabilities attending an Australian university were asked to share their insights for prospective students. Student A explained the transformative impact that his decision to study at university had on his life:

Being at uni has exceeded expectations! The number of things that have happened in the last 12 months is amazing – I hadn’t lived out of home before. I hadn’t really had a job. Now I live on campus, I do some part-time work for the uni and I’m looking at an internship. (Griffith University, 2012, p. 23)

Studying at university afforded him experiences that other students without disabilities often take for granted. Similarly, Student B (S. Garside, personal communication, June 9, 2015) reflected:

Before enrolling in higher education, my options were so limited and my future was quite directionless. Higher education has completely transformed that, and has given me the opportunity to study, volunteer and represent my university and country overseas numerous times over five years and travel nationally to take part in incredible youth and leadership conferences.

While other higher education students with disabilities might relate quite different experiences, these two students illustrate how the experience of inclusion is a personal one, enabling them to flourish and derive the benefits of participating in higher education.

Challenges and Transformations in Australian Higher Education

The most significant challenge currently facing stakeholders in Australian higher education is uncertainty. The sector is on the threshold of some of the most important structural and policy transformations since the 1980s. There is shared concern that, rather than reflecting the quintessential Australian value of a fair go, the reforms proposed to deregulate higher education have the potential to discourage people from equity groups from pursuing their higher education aspirations. In a post-budget address, Gallagher (2014) identified three equity issues he believed the Federal Government needed to address: “affordability, student access, and graduate debt.” While commentators speculate about potential costs of degrees and increased repayment periods for student loans, many people with disabilities wonder instead whether they can afford a university degree and if their “investment” can be realised given the disadvantage they experience in the employment market. Clapton’s (2010) concept of ethical inclusion should resonate.

Inclusion in higher education is experienced on a personal level. It is facilitated by the removal of barriers to access and participation, enabled by high quality, inclusive learning environments and enhanced by effective student support. Disability practitioners play an important role interpreting legislation, translating equity policy into practice, and coordinating support. However, addressing what Innes (2014) refers to as the “soft bigotry of low expectations” and entrenched, discriminatory systemic practices require much greater attention. Inclusion for people with disabilities must be more than a “numbers game” (Gale, 2009, p.1). Future higher education equity policy must result in people with disabilities having access to the “full spectrum of opportunity” including “the opportunity to excel” (Innes, 2010), enabling those participating in higher education to say, as Student B did, “University has allowed me to develop myself professionally and personally in the most phenomenal and life-changing way.”
Table 1

**Key Features of Disability Discrimination Act of 1992 and Disability Standards for Education 2005**

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Key Features</th>
</tr>
</thead>
</table>
| DDA 1992      | • “disability” definition is intentionally broad  
• framed to cover broad causes of impairments and medical conditions such as the total or partial loss of bodily or mental functions or parts of the body; or the presence in the body of organisms causing or capable of causing disease or illness.  
• includes any disability that currently exists or which may have previously existed but no longer exists or which may exist in the future or which might be attributed to a person.  
• one of the objects is the elimination of direct or indirect discrimination on the ground of disability in the areas such as work, accommodation, education, access to premises, clubs and sport and the provision of goods and services.  
• defines direct and indirect forms of discrimination  
• makes harassment or victimisation of people with disabilities or their associate unlawful  
• allows for the development of Standards and Action Plans  
• 2009 amendments introduce a “positive duty to make reasonable adjustments” and places the onus of explaining why a requirement may or may not be reasonable on a provider rather than requiring a person with a disability to demonstrate why it might be discriminatory. |
| DSE 2005      | • is subordinate legislation to the DDA 1992  
• clarifies and elaborates on the rights and responsibilities of all parties, the process to negotiate reasonable adjustments and contextualises some examples of reasonable adjustments.  
• provides a framework to ensure that students with disabilities are able to access and participate in education “on the same basis as other students” across every aspect of the student life cycle including admissions, enrolment, curriculum development, instruction and assessment, access to support services and the elimination of harassment and victimisation. |
Table 2

Equity Performance in Australian Higher Education 2006-2011

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (8%) Reference Value (RV)</td>
<td>3.45%</td>
<td>3.50%</td>
<td>3.43%</td>
<td>3.67%</td>
<td>4.05%</td>
<td>4.23%</td>
</tr>
<tr>
<td>Participation rate (8%) RV</td>
<td>4.01%</td>
<td>4.11%</td>
<td>4.13%</td>
<td>4.27%</td>
<td>4.58%</td>
<td>4.77%</td>
</tr>
<tr>
<td>Participation ratio</td>
<td>0.50</td>
<td>0.51</td>
<td>0.52</td>
<td>0.53</td>
<td>0.57</td>
<td>0.60</td>
</tr>
<tr>
<td>Retention rates (%) (retention rate for all domestic</td>
<td>76.89</td>
<td>76.56</td>
<td>77.14</td>
<td>77.17</td>
<td>76.21</td>
<td>NA</td>
</tr>
<tr>
<td>commencing undergraduate students adjusted for the specific year 2005 – 2010</td>
<td>(84.60)</td>
<td>(85.04)</td>
<td>(84.93)</td>
<td>(86.96)</td>
<td>(87.18)</td>
<td>(86.57)</td>
</tr>
<tr>
<td>Retention ratios</td>
<td>0.97</td>
<td>0.97</td>
<td>0.96</td>
<td>0.97</td>
<td>0.97</td>
<td>NA</td>
</tr>
<tr>
<td>Success rate (%) (success rates all students)</td>
<td>83.32</td>
<td>83.08</td>
<td>83.28</td>
<td>83.44</td>
<td>82.98</td>
<td>NA</td>
</tr>
<tr>
<td>Success ratio</td>
<td>0.94</td>
<td>0.94</td>
<td>0.94</td>
<td>0.94</td>
<td>0.94</td>
<td>0.94</td>
</tr>
<tr>
<td>Award completion rates (%) (8%) RV</td>
<td>3.63</td>
<td>3.51</td>
<td>3.66</td>
<td>3.68</td>
<td>3.90</td>
<td>4.01</td>
</tr>
<tr>
<td>Rate of Progression into Graduate Employment in 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% in full-time employment</td>
<td>66.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>76.3</td>
</tr>
<tr>
<td>% seeking full-time employment (not working)</td>
<td>16.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8.7</td>
</tr>
<tr>
<td>% seeking full-time employment (working part-time or casual)</td>
<td>17.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.9</td>
</tr>
</tbody>
</table>

Definitions

**RV** - Reference values provide a point of comparison against which equity group performance can be judged. The reference values are based on the percentage of a given equity group in the Australian population between the ages of 15 to 64 with the population reference value for students with disabilities being 8%. The access indicator is defined as the proportion or percentage of commencing domestic students in a particular equity group.

The participation indicator is defined as all (rather than commencing) domestic students enrolled in a course of study and can be expressed as a rate or ratio. To interpret the ratio, a value of zero will indicate the access percentage for a particular equity group equals the percentage anticipated by the population reference value. Values greater than zero indicate that access for the group is higher than the general levels in the population, while negative (below zero) values indicate lower than expected access.

The retention indicator measures the number of students enrolled in a course in one year in relation to the number enrolled in the following year. It does not as retained those students who have deferred their study or who have transferred to another university. The retention ratio is calculated by dividing the retention rate of the target group by the retention rate of all students.

The success indicator measures the proportion of [study] units successfully completed within a year as a percentage of the number of units attempted. The calculation of the success ratio follows the same process as the retention ratio.

The student completion indicator is calculated by dividing the number of award course completions for a specific equity group by the total domestic student award course completions.

Note. Adapted and collated from (Gale & Parker, 2013, pp. 18-34).
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Gale, T., & Parker S. (2013). Widening participation in Australian higher education. Report submitted to HEFCE and OFFA. Leicester. HEFCE.


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Recent Progress and Future Challenges in Disability Student Services in Japan

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Tomone Takahashi2
Mayumi Shirasawa3

Abstract
The Japanese government passed an anti-discrimination law, the Act on the Elimination of Disability Discrimination, in June 2013 (to be enforced April 2016) and ratified the Convention on the Rights of Persons with Disabilities (CRPD) in January 2014. Prior to ratification of the CRPD, the Japanese government had begun to construct an inclusive educational system in 2012. Before this systematic change, no legal obligation existed to provide support or accommodation for students with disabilities (SWDs). Only a limited number of Japanese institutions of higher education (IHE) have offered such accommodations, similar to those found in the United States and some EU countries, and the number of SWDs has also been at the low level (0.42% against all students in all IHEs in Japan). However, this systematic change has been spreading recognition of SWDs’ needs among Japanese IHEs. In this article, we review the ongoing change in Japan in light of the legal background of disability student services, looking at changes in enrolment numbers of SWDs, examples of accommodations for SWDs in Japanese IHEs and other changes, and other preparations among IHEs for offering reasonable accommodation to SWDs.

Keywords: Disability student service, anti-discrimination law, inclusive educational system

On the socialization pathway that is commonly viewed as the norm in Japan, people proceed to higher education after graduating from elementary and secondary school and before launching into a career in the employment market. This idea has underpinned the mainstream of social participation in Japanese society. Therefore, the role of higher education is very important for mainstreaming students with disabilities (SWDs), as it is in other countries. Recently, the Japanese Government has been working on a social system to build an inclusive society without discrimination against people with disabilities and to offer reasonable accommodations to them. Thus, securing opportunities in higher education will become one of the main themes of societal efforts and obligation in Japan.

In this article, we review four points of change in higher education in Japan: the legal background of disability student services, enrolment of SWDs, examples of accommodations for SWDs among institutions of higher education (IHEs), and, in conclusion, other preparations that Japanese IHEs will need to do in the near future to offer reasonable accommodation to SWDs.

The Legal Background

In 2007, the Japanese Government signed the Convention on the Rights of Persons with Disabilities (CRPD) that came from the United Nations in 2006 and then ratified the Convention in January 2014. This accomplishment came as the outcome of a long history of the Japanese disability movement, which was described by Hayashi and Okuhira (2001). Before reaching this decision, the Japanese government proceeded with preparations to ratify the Convention by revising existing laws and establishing new ones. For example, in August 2011, the Government amended the Basic Law for Persons with Disabilities. This amendment referred to the prohibition of disability discrimination and the provision of “reasonable accommodations” as a means to eliminate it, becoming the first law in Japan to require provision of reasonable accommodations. More directly, the Government passed the Act on the Elimination of Disability Discrimination (AEDD) in June 2013, which is considered a Japanese version of anti-discrimination laws for people with disabilities.

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The AEDD, which will take effect in April 2016, prohibits discrimination in all practices of both public and private entities, protecting people with disabilities regardless of what types of impairment they have or how severe their impairments are. The AEDD requires public entities, such as the national government, local government, public schools, or national and public universities, to provide reasonable accommodations in their activities. It also requires private entities, such as private business, restaurants, movie theatres, and private universities, to make an effort to do so.

Public transportation systems (trains, buses, airplanes, and the buildings and facilities associated with them) and a wide variety of facilities (parking facilities, special schools for students with disabilities, hospitals, markets, hotels, public offices, postal offices, banks, and public toilets) have to comply with the legal accessibility standards of the Barrier-free law (The Law for Improving Accessibility for the Elderly and Disabled) in 2006 which considers accessibility for wheelchair users and people with visual impairments when they are newly constructed or expanded on a large scale. However, the law itself does not oblige school facilities to comply with the standards. It is expected that the AEDD will expand the accessibility in all IHEs in Japan.

Given these transformations of policies, it is clear that the CRPD and AEDD have had a large impact on Japanese society. In the educational system for SWDs in particular, section 24 of the CRPD requires the contracting parties to ensure an “inclusive educational system.” The AEDD was established as a means to realize these policies, indicating that every educational institution will be obliged to avoid discriminating against students because of their impairments. Additionally, private institutions must make an effort to provide reasonable accommodations for SWDs and public institutions will be obliged to do so. An “inclusive educational system” will be the basis of the Japanese educational system, according to these legal requirements, whatever the educational level: elementary/secondary/postsecondary (Ministry of Education, Culture, Sports, Science and Technology [MEXT], 2012a). These systematic changes have also changed the purpose of special education, from providing a better education for SWDs to securing their human right to participate in general educational opportunities.

**Enrolment of SWDs in Higher Education**

Currently, the enrolment rate of SWDs in Japan is limited. The Japan Student Services Organization ([JASSO], 2014a), which is the governmental organization to promote student services in universities, reported that the enrolment of SWDs in Japanese IHEs is 13,449 out of 3,213,518 (0.42% of all students, including undergraduate and graduate students). The U.S. Government Accountability Office ([GAO], 2009) reported that the enrolment rate of SWDs in the United States is 10.8% (2,076,000 out of 19,155,000 undergraduate students). The U.K. Higher Education Statistics Agency ([HESA], 2014) reported that the number of SWDs among the 740,000 first-year students enrolled in higher education in the United Kingdom in 2012 was 73,000 (9.8%). Considering that the SWDs rates in the United States and United Kingdom are about 10%, there still is a large gap in SWDs rates between Japan and the other two countries.

In the United States and in some European countries, these accommodations are usually coordinated by dedicated disability student services (DSS) offices. At this time, 8% of Japanese institutions (101 out of 1,910 institutions) have a dedicated DSS office and 79.2% of institutions (943 out of 1,910 institutions) have assigned the DSS to other offices as a part of their tasks ([JASSO], 2014a). Regarding the need for dedicated DSS offices, which has not been well recognized in Japanese IHEs, MEXT (2012b) published a report called “Initial Report on Learning Support for Students with Disabilities.” The report mentioned several short-term goals for all IHEs, which include the importance of establishing a DSS office and information disclosure about the acceptance of SWDs in each institution. Services for SWDs are to be established in order to offer reasonable accommodations in all Japanese IHEs either before or after the enforcement of the JADL in April 2016.

The survey that JASSO conducted has been replicated every year since 2005 and has been given to all IHEs (1,190 institutions in 2014) in Japan. Figure 1 shows the annual changes in the rates of each disability compared to all SWDs from 2005 to 2014. Given that the “mental illness/disabilities” category was separated from the “others” category after 2012, “mental illness/disabilities,” “health disabilities,” and “autism spectrum disorder (ASD)” show the greatest increases among SWDs in this series of surveys. Compared with those three categories, the increase has been relatively small for the number of students in the “orthopedic disabilities,” “Deaf/hard of hearing (D/HH),” and “visual impairment” categories.
The increased enrolment of students with “invisible disabilities” may mean simply that social awareness of such disabilities, which has progressed across recent years, has helped in detecting the presence of these students through various student services (e.g., counseling and health services). In other words, this population might have already been on campus, and thus may not have actually increased.

Figure 2 compares the enrolment rates for each disability against all SWDs using the statistical data from JASSO (2014a), GAO (2009), and HESA (2014). The comparison with GAO and HESA data reveals that enrolment rates of students with “specific learning disability” and “attention deficit/hyperactivity disorder (ADHD)” are very low in Japan. This result may indicate that these disabilities are not well recognized in Japanese IHEs and that, consequently, there is less support for them. We should note that there was no “specific learning disability” in the 2014 HESA data; rather, this category was included in “specific learning difficulty,” along with dyslexia, dyspraxia, and ADHD. In addition, there was no ASD item in the GAO data.

MEXT (2012c) reported that 6.5% of students (an estimated 347,000) in general elementary and secondary education in Japan might have mild developmental disabilities, including learning disabilities (LDs), ADHD, or ASD. In general education in Japan, an inclusive educational system has been implemented recently to fulfill the requirements from CRPD. The establishing of continuous support from elementary through higher education among not only special schools but also mainstream schools looks hopeful for the future. The statistical number of students with LDs and ADHD is now low, but we may hope that their numbers in higher education will also rise in the future.

**Examples of Accommodations for SWDs**

First, under the anti-discrimination law in Japan, in order to remove social barriers, educational institutions must offer reasonable accommodations to students with disabilities (a) who declare their need for such accommodation and (b) if the accommodation is not an undue burden for the institution. Because reasonable accommodations have to be considered on a case-by-case basis, it is essentially impossible to define a general answer to a query about what is reasonable. However, certain general supports have been provided to SWDs as concrete examples of what constitutes “reasonable accommodation.” The commonly provided accommodations from Japanese IHEs that already have a DSS office include the following list.

**Human Support**
- Note taking
- Sign language interpreting
- Reader and/or scribe on tests
- Real-time captioning
- Assistants in laboratory procedures
- Personal assistant for moving around on campus, eating, and toileting (this support is likely to be controversial)

**Accommodations Using Technology**
- Digital alternative formats of textbooks, instructional/research materials
- Braille display
- Braille printer/Braille printed materials
- Screen reader software
- Text-to-speech (TTS) software
- Speech recognition/voice input software
- Permission to use a word processor in class and on tests
- Permission to use a digital voice recorder in class
- Wireless hearing aids
- Assistive technology devices (e.g., switches, accessible keyboards)

**Other Accommodations**
- Extra time in tests and examinations
- Alternative testing locations in quiet and distraction-free room
- Alternative oral/speech instruction as well as printed or written instruction
- Accessibility of the physical environment, such as buildings and classroom/lab settings

In Japan, it has been unclear who has the responsibility for providing personal services (such as personal assistance for commuting, moving around on campus, eating or toileting) to SWDs. The Services and Supports for Persons with Disabilities Act (2005) is the law that defines public personal services to be provided. However, personal services have not yet been defined in the Japanese legal system. Therefore, such services have hitherto been provided as an exceptional accommodation to SWDs, depending on the decision of each individual local government. There are some examples of IHE providing personal services independently when the local government does not provide services. In cases where such services are regarded as being insufficient, it was seen as an IHE problem rather than being based on the concept of “reasonable accommodation.” In the near future, further mature discussion is needed on what types of support should be provided under the legal schemes of the CRPD and AEDD.
How Common Are Reasonable Accommodations Among All IHEs in Japan?

Up to this point, reasonable accommodation for SWDs has not been a legal obligation for Japanese IHEs. However, the range and variety of support for SWDs, which are available in institutions that have dedicated DSS offices, have been broadened over the years.

Several college guidebooks mention the above examples of accommodations for SWDs as common (e.g., The University of Tokyo, 2013; Nippon Fukushi University, 2012). Additionally, a guidebook issued by JASSO (2012) and titled Disability Services Guide for Faculty and Staff used case reports from campuses in Japan to illustrate various methods and ways of thinking for supporting students with diverse disabilities. The existence of such guidebooks indicates widespread accumulated know-how for supporting SWDs in Japanese IHEs.

JASSO has also made efforts to form a “Disability Student Support Network” to disseminate information related to DSS. As shown in Table 2, a total of 12 institutions serve as resource centers or corporate institutions for helping other institutions develop their support systems.

We must note, however, that this know-how has not been based either on the good practices already established in some universities or on concepts of the reasonable accommodations that should be offered in all institutions from the perspective of anti-discrimination. Whereas some institutions have good practices, discrimination and exclusion remain in other institutions in the Japanese higher educational context. The concept of reasonable accommodation, therefore, will require changes in the limited availability of accommodation, including ICT used for testing and in class. We need to focus on how the Japanese anti-discrimination law, which will be enforced in 2016, will affect the support system for SWDs in Japanese IHEs.

Accommodations for Students with Developmental Disabilities

As noted above, a close examination of the services and accommodations provided by Japanese IHEs reveal that reasonable accommodations are not yet a common practice in Japanese IHEs. JASSO’s (2014a) statistics show the percentage of institutions providing supports for students with developmental disabilities by support types based on the number of institutions that enrolled any of these students. The types of supports were divided into two categories: (a) services and accommodations linked directly to course work, which are closely related to the concept of reasonable accommodations; and (b) support services that are not directly linked to course work. Most of the latter can be considered as optional personalized services, often provided as fee-based services for students with LD in the United States (Brinckerhoff, McGuire, & Shaw, 2001). Such services are provided not because they are required by law but because they help with students’ personal growth. As shown in Table 2, it is clear that the percentage of IHEs providing students with non-coursework services is greater than that providing students with reasonable accommodations in Japanese IHEs.

This emphasis on the non-coursework type of support exists for several reasons. First, Japanese IHEs are not under any legal obligation, as mentioned earlier. Second, the student support service providers who have been helping students with disabilities are mainly psychiatrists and psychologists who work at student counseling or in university health centers (Suda, Takahashi, Kamimura, & Morimitsu, 2011). To illustrate this, whereas only 8.5% of the IHEs have a DSS office, about 90% of them have counselors. In addition, despite the high percentage of counselors (JASSO, 2014b), many of them, especially in small institutions, are part time, some of them working at the school only a day or two per week. It is not easy for such counselors to collaborate with faculty and staff members to make arrangements for course work accommodations. This situation may change soon because the Ministry of Education has encouraged IHEs to set up DDS offices and to create positions for staff members who are specialized in providing support services for SWDs (MEXT, 2012b). Therefore, the percentage of IHEs providing coursework-related accommodations is likely to increase under the changes in the law.

Third, the number of students with ASD is relatively large compared with those with LD and ADHD. The students with ASD may have more needs regarding their campus life in general than for their course work. Group harmony is strongly emphasized in Japanese society, as most people know, and indirect communication through body language and gestures is also very common in Japanese culture. Such social and cultural norms make it more difficult for students with ASD to understand and adjust to the community in which they belong. Thus, counselors and psychiatrists on campus have chosen to provide counseling as well as direct instruction and training in their weak skills so that students with ASD can be successful on campus and in life after graduation.
Accommodations for Students Who Are Deaf or Hard of Hearing (D/HH)

Although accommodation for SWDs is a current topic in Japan, a more traditional but on-going concern is accommodation for D/HH students. Student services for SWDs in Japan actually stem from support services for students who are D/HH. Obviously, even though there is not much data on the numbers, disabled students have been attending IHEs for many years, and the institutions have voluntarily attempted to support these students (Japan Association of National Universities, 2001). Individual professors or staff members, rather than the institution itself, often made these support efforts. One difficulty with support for D/HH students is that such services require a number of people who can work as interpreters, captioners, and note takers. Therefore, professors or staff members who wished to support D/HH students had to attract a number of students who were willing to be trained as note takers or captioners in the classrooms. Thus, universities had to launch some form of groups that could provide D/HH services, constituting the forerunners of DSS that many IHEs now have.

A major factor bolstering this trend was the establishment of the Postsecondary Education Programs Network of Japan (PEPNet-Japan). PEPNet-Japan is a collaborative network among pioneer universities based in the Tsukuba University of Technology, which is the only university for deaf people in Japan. It was established in 2004 and supported by PEPNet-Northeast (formerly NETAC, now transformed into PEPNet 2). As one of the major contributors to this field, PEPNet-Japan brought various IHEs into the field and educated their staff members to be pioneers leading the nation. They have accumulated the know-how to support D/HH students and have opened up a path towards the right goal by holding conferences and workshops, developing educational materials, and training staff members to organize DSS in their institutions. Now, approximately ten years later, their efforts have been recognized widely enough for them to receive more than 400 inquiries a year and to earn the “Prime Minister Award” in the “Barrier-free and Universal Design of the Year 2014” competition, which is held annually by the Japanese Government Cabinet Office.

Regardless of progress, Japanese IHEs still have problems in terms of D/HH services. First, the rate of diffusion of D/HH services remains at less than 50% (JASSO, 2014a). In the remaining 50% of the universities, D/HH students still struggle on their own. Moreover, most of the services currently provided in Japanese IHEs rely on volunteer note-takers recruited on campus. Because they are neither professionally trained nor interpreters, these student note-takers tend to convey only 20-30% of the original message from the professors. They also find it hard to cover all of the high-level information in specialized academic fields. Thus, such services are limited to minimum access, and universities have a long way to go to ensure equal access in many areas.

How Should We Prepare for Accommodating SWDs?

Test Accommodations

Test accommodations, including those for entrance examinations, are very important for mainstreaming or inclusion into regular education. Not only in the classroom setting but also in testing, rating, and grading for entrance/qualifying examinations, SWDs need reasonable accommodations to safeguard their learning rights and avoid discrimination from the mainstream. Administrators for entrance examinations in Japanese high schools and colleges have commonly made such accommodations as giving extra time on tests and providing Braille-translated or magnified copies of question sheets. However, educational institutions at every level have not generally recognized the need for a reader, a scribe, or text-to-speech technology for testing. It is especially difficult for students with low vision and dyslexia to take entrance examinations without accommodations, and the entrance examination is literally the entrance to mainstream education. After the Japanese anti-discrimination law takes effect, educational institutions will be required to recognize the importance of and begin to handle SWDs’ needs for reasonable accommodations in testing to be compliant with the law.

Mediation System

An essential result of the anti-discrimination system stems from its emphasis not merely on the obligation of educational institutions to offer reasonable accommodations but also on the right of people with disabilities to object to their lack of accommodations or discriminatory treatment. In Japan, conflicts will occur over what constitutes reasonable accommodation, and a social consensus on what is needed will arise from the resolution. A mediation system will be established in each local community by the Japanese anti-discrimination law. IHEs should also have a function within the institutions to arbitrate in such conflicts on campus.

As this article is being written, in Spring 2015, the Japanese Cabinet Office, along with other Japanese ministries and agencies, have been preparing to enforce AEDD in April 2016. More concretely, they have been defining policies and guidelines in order to
construct an inclusive society and to secure the human rights of people with disabilities. Using these policies and guidelines, each IHE will construct an on-campus mediation system. These actions do not arise out of disability student services but from the Japanese Equal Employment Opportunity Law (1989), which legally obliges business operators, including IHEs, to mediate complaints regarding harassment. As a result of this, Japanese IHEs already have many practices in place concerning the development of a mediating system, committees, and counseling services for sexual/academic harassment. These structures will be helpful in developing a mediation system for securing the rights of SWDs.

Accessibility of Textbooks and Other Printed Materials

Many students have specific difficulties (visual impairment, mobility impairments, and learning disabilities) with reading instructional materials. Classroom circumstances that allow only printed materials are considered a social barrier to students’ inclusion into mainstream education. Currently, because of the Textbook Barrier-free Law of 2009, MEXT has started providing competitive research funds to non-profit organizations to facilitate preparation for and research on alternative formats (e.g., DAISY, EPUB, Microsoft DOCX, MP3) for government-authorized textbooks in elementary and secondary education. Students with print disabilities also need an accessible format for supplementary teaching materials, workbooks, and exam papers. However, the Japanese elementary/secondary mainstream educational system has not widely recognized the need for accessibility and alternative formats. IHEs that already have DSSs might have recognized the importance of such needs, as more diverse materials do exist in higher education. Nonetheless, a support system for other means of accessing printed materials in higher education is also needed urgently. At the same time, expansion and development of instructional methods that enhance students’ learning or acquisition of information by ICT (i.e., text-to-speech software, tablet computers or PCs) will be needed at all educational stages.

Transition Support

Unlike students in special schools, SWDs in mainstream education tend to be isolated from disability cultures and communities. As the Japanese educational system becomes inclusive, it is predicted that the number of SWDs who have limited opportunities relevant to their disabilities will increase. These opportunities include interaction with their elders with disabilities, who could serve as role models in terms of knowledge of the resources available for people with disabilities, development in thinking about their disabilities, the needs specific to their lifestyle, social participation, and self-advocacy. These limited opportunities might be barriers to building the attitudes necessary for attending an institution of higher education and preparing for a career. Since 2007, DO-IT Japan3 (Diversity, Opportunities, Internetworking and Technology: http://doit-japan.org/) has been supporting SWDs in making the transition from elementary to higher education and then to a career, and we expect that more such transition support will become available for SWDs.

An Association for Professionals in the DSS Field in Japan

Because a shift has occurred from personal support services to reasonable accommodations for students with disabilities in Japanese IHEs, there is a growing need to share information and good practices among the service providers who were assigned to the pioneering work in their institutions. The issues regarding students with disabilities have been discussed in many different academic and professional organizations. Disability issues in higher education have been covered during meetings of academic associations for special education and psychology and during conferences for campus health service providers. However, faculty and staff members involved with support services for SWDs have not had opportunities for getting together to discuss issues and research findings for better practice. A number of people realized that the development of a new nationwide organization would help to improve the quality of support services for SWDs.

Thus, a new organization, the Japanese Association on Higher Education and Disability (AHEAD JAPAN, http://ahead-japan.org/) was founded in 2014 and has held its first meeting. The presidents of AHEAD (Association on Higher Education and Disabilities) in the United States were invited to the meeting. Inputs from an organization that shares the same goal helped design the Japanese counterpart. The goals of the organization include facilitating collaboration and developing networks among higher education institutions and providing workshops and facilitating research activities to improve support services for SWDs. The organization started with 40 institutions that agreed upon the goals of the organization and began inviting both institutional and individual members.

The new organization is also expected to share information and experiences internationally by building a network with similar organizations in different parts of the world, such as the AHEAD in the United States...
and the AHEAD (Association for Higher Education Access and Disability) in Ireland. IHEs and students who study there are encouraged more and more these days to be active globally. The global networking of the organizations whose focus is on students with disabilities in higher education can play an important role in facilitating SWDs’ participation in this movement.

Table 1

*The Resource Centers and Cooperative Institutions of the JASSO Disability Student Support Network*

<table>
<thead>
<tr>
<th>Resource Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sapporo Gakuin University</td>
</tr>
<tr>
<td>Miyagi University of Education</td>
</tr>
<tr>
<td>University of Tsukuba</td>
</tr>
<tr>
<td>University of Toyama</td>
</tr>
<tr>
<td>Nihon Fukushi University</td>
</tr>
<tr>
<td>Doshisha University</td>
</tr>
<tr>
<td>Kwansei Gakuin University</td>
</tr>
<tr>
<td>Hiroshima University</td>
</tr>
<tr>
<td>Fukuoka University of Education</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cooperative Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tsukuba University of Technology</td>
</tr>
<tr>
<td>National Institute of Special Needs Education</td>
</tr>
<tr>
<td>National Rehabilitation Center for Persons with Disabilities</td>
</tr>
</tbody>
</table>
Table 2

Percent of Four-year Higher Education Institutions Providing Support for Students with Developmental Disabilities by Support Type

<table>
<thead>
<tr>
<th>Support Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports linked with coursework</td>
<td></td>
</tr>
<tr>
<td>Provide printed instructions</td>
<td>17.8</td>
</tr>
<tr>
<td>Accommodation in practicum or laboratory work</td>
<td>16.8</td>
</tr>
<tr>
<td>Provide resting space</td>
<td>14.8</td>
</tr>
<tr>
<td>Seating arrangement in class</td>
<td>11.6</td>
</tr>
<tr>
<td>Permission for recording the lecture</td>
<td>11.1</td>
</tr>
<tr>
<td>Additional exam time or individual testing room</td>
<td>10.9</td>
</tr>
<tr>
<td>Tutors or teaching assistants to assist with ongoing course work</td>
<td>9.6</td>
</tr>
<tr>
<td>Alternative exam formats</td>
<td>6.7</td>
</tr>
<tr>
<td>Changing classrooms</td>
<td>4.7</td>
</tr>
<tr>
<td>Permission for using laptop during the lecture</td>
<td>4.0</td>
</tr>
<tr>
<td>Supports not directly linked with coursework</td>
<td></td>
</tr>
<tr>
<td>Counseling (psychological)</td>
<td>55.8</td>
</tr>
<tr>
<td>Collaboration with parents</td>
<td>55.1</td>
</tr>
<tr>
<td>Teaching learning strategies and study skills</td>
<td>54.6</td>
</tr>
<tr>
<td>Teaching social skills</td>
<td>43.5</td>
</tr>
<tr>
<td>Career guidance</td>
<td>38.3</td>
</tr>
<tr>
<td>Teaching living skills</td>
<td>20.0</td>
</tr>
<tr>
<td>Collaboration with regional center for developmental disabilities</td>
<td>11.6</td>
</tr>
<tr>
<td>Collaboration with high school teachers</td>
<td>8.9</td>
</tr>
<tr>
<td>Collaboration with special schools (primary and secondary)</td>
<td>0.7</td>
</tr>
</tbody>
</table>

*Note.* Percentages are based on data from institutions that enrolled any students with developmental disabilities.
**Figure 1.** Change in numbers of students with each disability

**Figure 2.** Enrolment ratio of each disability against all students with disabilities in Japan, the United States, and the United Kingdom.


Japan Student Services Organization. (2014a) *Fact finding survey on supporting higher educational opportunities for students with disabilities* (in Japanese).


Ministry of Education, Culture, Sports, Science, and Technology. (2012c). Survey results on students with special educational needs that might have learning disabilities, attention deficit/hyperactivity disorder or autism spectrum disability in regular classes (in Japanese).


**Footnotes**

1 Although reasons for the different percentages of students with LD, ADHD, and ASD in Japan as compared to the United States and the United Kingdom have not been examined directly, some studies discuss the issues related with this topic. The impact of existing writing systems on dyslexia was discussed through the case study of a Japanese-English bilingual boy (Wydell & Butterworth, 1999). In addition, differences in the self-reported symptoms of ADHD among students in U.S. and Japanese IHEs were presented in Davis et al. (2012).

2 Even though PEPNet-Japan and PEPNet in the United States are not linked organizationally, PEPNet-Japan has received a large amount of input since it was established from the U.S. PEPNet. Particularly crucial has been the support from PEPNet-Northeast and its regional center (Rochester Institute of Technology).

3 The DO-IT Japan program has been developed based on the DO-IT (Disabilities, Opportunities, Internetworking and Technology) program at the University of Washington (Seattle, Washington, USA http://uw.edu/doit/). It has been customized and extended to fit Japanese society, culture, and systems. DO-IT Japan and DO-IT US have a close relationship with each other.
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Disability Awareness and University Staff Training in Ireland (Practice Brief)

Lisa Padden\textsuperscript{1} 
Carol Ellis\textsuperscript{2}

Abstract
It is vital that all university staff have awareness of the difficulties that may be experienced by students with disabilities. Staff must be given the knowledge and resources to support these students effectively. University College Dublin (UCD) Access & Lifelong Learning has developed a communication and training strategy to improve disability awareness among staff in UCD, Ireland. This article will outline the development and implementation of this strategy as a model that could be adapted in other institutions. In particular, this Practice Brief will outline the training options provided for staff with a focus on the implementation of Universal Design for Instruction (UDI). Inclusivity and accessibility are vital components in the approach to design and delivery of education at all levels. This article gives an overview of the practical tips and advice given to Faculty in UCD who wish to implement the principles of UDI in their own work.

Keywords: Universal design; inclusive education; university teaching; disability; staff training.

University staff must be provided with the knowledge and resources to effectively support students who may be experiencing difficulties due to their disability. Students with disabilities represent 4.6\% of the total student population in Ireland, up from 0.7\% in 1993/94 (Association for Higher Education Access and Disability [AHEAD], 2013). This paper outlines the development and implementation of a strategy to improve awareness among staff in University College Dublin (UCD) Ireland, which could be adapted for use in other institutions. Lack of participation of individuals with disabilities within higher education has been linked with obstacles to participation (Shevlin, Kenny & McNeela, 2004), lack of positive expectations for young individuals with disabilities in primary and post-primary education (Hanafin, Shevlin, Kenny, & McNeela, 2007; Shevlin, Kenny & Loxley, 2008), and the inequitable social structures within society that disadvantage individuals with disabilities (Priestley, 2001). The Irish National Disability Survey (2006) found that one-third (32\%) of respondents had stopped their education sooner than they intended because of their disability, due to how it affected or limited them (Central Statistics Office [CSO], 2006).

The Disability Act 2005 places a statutory obligation on public service providers in Ireland to support access to services and facilities for people with disabilities and is applied alongside the Equal Status Acts 2000-2011. To ensure compliance, the Disability Advisors Working Network, Ireland established a Code of Practice adopted by UCD, in accordance with the Disability Act 2005, the Equal Status Acts 2000-2011 and the University Act 1997. UCD is Ireland’s largest university with over 25,000 students (with almost 4\% registered for disability support), and is committed to a policy of equal opportunity in education and to ensuring that students with a disability have as complete and equitable access to all facets of University life as can reasonably be provided. The Equal Status Acts 2000-2011 define disability as including physical, sensory, mental health, medical, and learning difficulties/conditions. The legal definition does not offer any practical assistance to those working to support students with disabilities who present with varying and specific difficulties. AHEAD\textsuperscript{1} offers a useful alternative definition:

A student is disabled if he/she requires a facility which is outside of the mainstream provision of

\textsuperscript{1} University College Dublin; \textsuperscript{2} Dublin City University
the college in order to participate fully in higher education and without which the student would be educationally disadvantaged in comparison with their peers. (Disability Advisors Working Network [DAWN], 2008, p. 38)

This definition highlights the potential disadvantage for students with disabilities that may be caused by the college environment: physical campus, teaching styles, and procedures or attitudes. This emphasises the social model of disability (society should remove barriers) rather than the traditional medical model (person with the “impairment” needs to adapt) (Hutchison, 1995; Johnston, 1994). To maximise the potential of students, the barriers to full participation of students with disabilities need to be removed in academic settings (Collins & Mowbray, 2005).

In analysing the potential reasoning or motivation for staff training it is important to note that, although staff can be willing to interact positively with students with disabilities (Gilson, 2010), they may unintentionally erect barriers inhibiting student success (Thomas, 2002). This can result from staff having never received adequate training in providing accommodations to students with disabilities (Cawthorn & Cole, 2010), or it can be the result of staff not being exposed to students with disabilities (Sze, 2009). This results in staff often being unaware of how to adapt their teaching to suit the needs of students with a variety of learning styles (Exley, 2003; Stodden, Stodden, Kim-Rupnow, Thai, & Galloway, 2003). Students with dyslexia were found to have significantly lower self-esteem and to feel more anxious and less confident than other students in their written work and academic achievements (Riddick, Sterling, Farmer, & Morgan, 1999). Significant barriers include the lecturer talking too quickly, overheads being removed before the student could digest the content, and difficulties in note taking (Fuller, Healey, Bradley, & Hall, 2004; Riddell, Tinklin, & Wilson, 2005). Strategies to overcome these barriers include handouts in advance and alternative format lecture notes (Sanderson-Mann & McCandless, 2005; Wright, Baptista Nunes, & Katechia, 2000). Overcoming barriers and developing and implementing strategies results in the individual becoming part of the social whole.

One of the most effective frameworks for encouraging inclusive educational practices is Universal Design for Instruction (UDI). The nine principles of UDI were developed by McGuire, Scott, and Shaw (2006). UDI principles were chosen ahead of Universal Design for Learning (UDL) (CAST, 2011) principles as they apply directly to a university setting and focus on practical application rather than theoretical concepts. The University of Connecticut has developed a successful programme of supports and tools that help teaching staff in particular to understand UDI and implement it in their own contexts (McKeown, Banerjee, Madaus, & Gelbar, 2012). These tools are designed to assist with planning, delivery, and assessment and are organised around three core areas of UDI: cognitive access, communication access, and physical access. Overall the implementation of UDI principles would have untold benefits for all students. An accessible campus, accessible teaching materials and websites, and inclusive teaching practices would all work together to help the institution gain a reputation for providing an excellent and positive educational experience.

Often students from underrepresented groups feel marginalised or isolated from their peers because they are marked out as “different” due to financial status, educational background, age, or disability. The “othering” of students in education is highly problematic (Freire, 1970; Tatum, 1997). “Othering” these students, making them feel intrinsically different and segregated from their peers, can be highly damaging. Often the very methods by which we support students with disabilities make them feel labelled and removed from the general student population. For example, providing a separate venue for students who require extra time in examinations is supportive but also isolating. By implementing UDI, universities can show a commitment to ensuring that students with additional challenges are treated as equal to their peers. Lack of awareness and the environment are the key factors affecting the impact of a person’s disability in their day-to-day life. At universities we must ensure that all staff are aware of the impact they can have on a student’s experience so that they can do all that is possible to ensure equality. Research has shown that while students may come from diverse backgrounds they share “similar concerns and expectations about going to university” (Hockings, Cooke, & Bowl, 2007, p. 730). Therefore, staff must remember that all students should be encouraged to seek an equally positive and enlightening experience at university as students with a disability enter university with the same expectations and trepidations as their peers.

Widening participation is currently a major concern across the further and higher education sectors. Numerous studies have shown that integrating UDI principles has a positive effect on the experiences of students with disabilities and other under-represented student groups (Chita-Tegmark, Gravel, Serpa, Domingos, & Rose, 2012; David, 2010; Kalivoda, 2003). Students no longer feel they are being singled out as the teaching/learning environment is perceived as
inclusive to all. UDI allows for the consideration of social justice/multiculturalism in education (Pliner & Johnson, 2004). Students from diverse backgrounds need to be considered in education planning. Widening participation, full/active participation and student retention are all important institutional goals that can be at least partially achieved through the implementation of UDI principles.

**Developing the Strategy**

UCD Access & Lifelong Learning developed a communication and training strategy to improve disability awareness among staff. Three key elements were considered when developing this strategy: (1) Message – identifying the areas of concern for staff and students; (2) Audience – identifying the audience for this message and ways of reaching them effectively; and (3) Time – identifying a way of providing knowledge and resources without placing significant time burden on staff.

In determining the message for staff communications and training, we analysed our most common staff concerns and queries. From staff, these involved how to support students in class and how to equitably assess all students. Student queries often involve how best to communicate with academic staff and how to get information regarding assessments and class materials. To ensure that our strategy was evidence-based rather than developed solely from anecdotal experience, detailed quantitative and qualitative data were gathered from students registered for disability support on their experiences in UCD. These data were gathered in an anonymous online survey sent to all 974 students registered with us at the end of the 2012/13 academic year and again to all 1076 students at the end of the 2013/14 academic year. Simple questions were asked with set responses and two open-ended questions that required typed responses. The quantitative questions asked students to identify their programme area and nature of disability and the other questions were as follows:

- What have UCD staff (teaching staff, support staff, etc.) done to make your UCD experience positive as a student with a disability/learning difficulty? Please outline all examples of good practice you have experienced.
- What advice or guidelines would you give to UCD staff in order to improve the experience of students with disabilities/learning difficulties?

We had a 15% response rate each year, and the representation of student categories broadly matched those of the group as a whole (see Table). Students provided a large amount of data for the open questions. This was analysed and categorised with word clouds used to visualise the trends in the responses. The responses clearly showed that students felt staff required more training in supporting students with disabilities. Students identified areas requiring staff attention:

- Knowledge of how to provide reasonable accommodations in the classroom and examinations.
- Knowledge about specific disabilities caused by different impairments.
- Lack of sufficient and/or clear information for students.
- Need for regular formal and informal communication with students.

These items became the key areas covered in our training and communications strategy.

The target audience for our communication and training was determined to be staff across the university rather than just those directly teaching students. This was based on feedback from students who reported discussing their support requirements with staff outside of the academic setting: academic administration and other support units. Reported student experiences seemed to point to an inconsistent level of understanding of how reasonable accommodations should be provided and who was responsible for taking action when a support was requested. It was clear that a more comprehensive communication strategy was required.

We developed our partnerships with the two key units involved in staff training: UCD HR Learning & Development and UCD Teaching & Learning. The suite of workshops developed for delivery through HR is designed to be accessible and useful for all staff in the university. The workshops delivered through UCD Teaching & Learning are designed specifically for teaching staff. We are acutely aware of the increasing time pressure faced by all members of staff working in the education sector. A series of workshops were developed – one-hour lunchtime sessions and two-hour sessions; we felt that any time commitment beyond two hours within one day of the teaching term would place too much of a burden on staff with demanding workloads. However, we have successfully delivered one day-long seminar funded by the National Forum for the Enhancement of Teaching & Learning in Higher Education outside of the teaching term. We also developed an information email to be sent to all academic
staff at the start of each semester, outlining important information regarding student supports, promoting upcoming training opportunities, and reminding staff that we are available as a resource to those with any queries or concerns regarding students with disabilities.

When developing resources, designing communications, and planning training workshops, three key areas were identified for development among staff: Universal Design for Instruction, Tips for Providing Disability Supports, and Understanding Accessibility. The most important area is undoubtedly UDI. Much work has already been done on developing a model of implementation for various aspects of this approach in postsecondary education. Burgstahler and Cory (2008) in particular present a number of strategies that can be rolled out across institutions. UDI strategies are particularly helpful for those students who are currently under-represented in third-level education: mature students, students from socio-economically disadvantaged backgrounds, and in particular students with disabilities. The core tips and strategies we chose are listed here (see Appendix B):

- Consistent good design of Virtual Learning Environment.
- Variety in class delivery.
- Choice of assessment.
- Provision of detailed guidelines for completing assessment.
- Consistency of assessment methods in comparable modules/courses.
- Compliance with WCAG 2.0 and guidelines for producing accessible material.
- Embedding core skills into all modules.
- Practice assessments made available online for every module.
- Facility for submitting drafts of continuous assessments.
- Facilitating study/discussion groups for every module.
- Clear communication strategy between students and faculty.
- Provide a statement of inclusivity for each Module.

Staff Training

All staff working in education need to recognise there is a shared responsibility for providing an equally positive inclusive educational experience to all students. Our communication and training strategy is designed to support staff in their work to support students. Creating this culture of mutual support allows for a “safe” environment where staff feel comfortable asking questions and expressing concerns, resulting in an open dialogue between Access staff and other university employees.

We examined different delivery methods for our training sessions, examining the benefits of self-paced online learning and face-to-face workshop style sessions. Online training would help to address the issues of time commitment required from staff, allowing them to be more flexible about when and where they engage in training. Online training has been very successful in the University of Connecticut project mentioned above. However, we felt that the key messages of our training sessions would be more effective if delivered in person in an informal workshop setting. It was also important to develop a relationship with the staff members who attended the training. Essentially, in face-to-face training, ongoing trust was built up in staff members so that the Access & Lifelong Learning could act as a support in their work and not as governing body who would reprimand them for saying or doing “the wrong thing.”

Our main goal is that all staff in the university can work together pre-emptively to develop a universally supportive strategy that will ultimately benefit all students, including those with disabilities. Recent research has pointed to the fact that the differences between online and face-to-face training outcomes are negligible and what should be considered is the context of the training and the specific desired outcomes (Fishman et al., 2013). For us, relationship building is as important, if not more important, than the delivery of the key information in the sessions and, therefore, a face-to-face approach was the most suitable. However, we are currently developing some online Continuing Professional Development (CPD) modules for those staff members who are entirely unable to attend face-to-face training.

We always strive to implement the teaching strategies that we are promoting – active learning, interaction, learning through discussion, and providing the key information taking into account differing learning styles. A key aspect of our staff training workshops is that they are as interactive as possible. In our earlier sessions, we perhaps worried too much about making sure that all the facts were delivered. However, as the training has developed a much more discussion-based participatory training model has emerged (see Appendix A). At the start of each session, we ask the participants to consider some key questions about their understanding of disability and accessibility. While we are dealing with a very serious issue, we always try to ensure that the sessions have a collegial atmosphere introducing humour where possible. We then deliver our information – how the Access & Lifelong Learning supports students, how to provide reasonable accommodations, and how UDI can be implemented in UCD.
We then present a number of scenarios to participants that encompass all of the most common difficulties faced by students and staff in relation to the topics covered. Participants are then asked to discuss possible solutions to these scenarios in groups (see Appendix C). This interaction and discussion of the core issues allows participants to discuss their own experiences and share their own approach in a safe and supportive environment. Rather than asking participants to think about the procedures, we ask them to reflect on their own experiences and practices which leads to much more fruitful discussion. Fostering an environment where staff members can talk about their experiences of supporting students with disabilities or revealing an experience where retrospectively they feel they should have acted differently is the most successful outcome of the training sessions from our perspective.

Following the participant discussion we go through possible solutions from participants and encourage the use of UDI strategies. We have also included some of our students in the training and this has worked particularly well. In one session, a student described her experience as a student with a disability in relation to teaching/learning aspects of her programme identifying some specific changes that would benefit students with disabilities (and all students). In the day-long session mentioned above, a group of students provided feedback after the scenario discussion on how the issues could be addressed from their perspective.

Following the workshops we provide participants with a number of simple resources that staff can refer to quickly to answer questions or address concerns. These resources include:

- Disability Factsheets: These fact sheets outline the common difficulties experienced by students with disabilities such as Asperger’s Syndrome or Specific Learning Difficulties. The factsheets then offer suggestions to staff on how to best support these students in university as well as providing links to further resources (Fact Sheets may be found at http://www.ucd.ie/openingworlds/ucdadmissioncentre/supportsforstudentswithadisability/informationformucdstaff/).
- Inclusive Curriculum Tips: These tips provide information on how best to include students in the classroom and pre-emptively address issues that may arise. They address issues such as teaching material and assessment.
- Guides for Providing Reasonable Accommodations: These comprehensive guides outline the supports available to students with a disability and how those supports may be implemented in the classroom and in assessment contexts.

These follow-up resources are also available on our website for all staff members to access, not just those who have attended our training sessions. Staff are also provided with all the materials used in workshops, including the scenarios and suggested solutions. Participants are encouraged to pass along the information freely to anyone who may be interested.

Training Outcomes and Future Recommendations

At the time of writing, a total of 322 staff have participated in our staff training sessions across 25 sessions, which varied from six participants to 45, with an average attendance of 13 staff. This has included teaching, administrative, and support staff from across the university as well as some colleagues from outside of UCD. We have completed tailored sessions for all programme-based student advisers, library staff, and staff in a number of specific schools (e.g., Veterinary Medicine, Business, and Agriculture and Food Science). Tailored sessions work particularly well as staff can email a list of areas they would like to focus on in the session, so we directly address their specific concerns as well as deliver the key messages identified by students.

Feedback from participants has been overwhelmingly positive. We gathered this using an anonymous online survey following each workshop/session. A number of participants commented that some training should be compulsory for all staff. This would be ideal; however, we need to be very cautious about how this is implemented as we want staff to continue to see that our role is to support them rather than enforce procedures. Our training already forms part of the Certificate/Diploma in University Teaching offered at UCD. Were this type of qualification to become a requirement of teaching at third level, we would hope that disability awareness would be a core part of that programme. However, it may be some time before it is compulsory for third level teaching staff to have a formal teaching qualification. Currently, we believe it would be best for all staff to receive some basic training in disability awareness and providing reasonable accommodations when they start working in the university. We could then deliver additional training after they had gained some experience working with students with disabilities. The initial training is required so that staff are aware of their responsibilities and the student experience is not impacted negatively where a required reasonable accommodation is not provided.
Our numbers of student queries and issues that required us to contact other staff members across the university have reduced dramatically. For example, queries relating to staff members being unaware of how to provide reasonable accommodations in examinations are now almost exclusively in relation to new staff members. The research on the impact of the training and communication strategy will be the next step in this process. We plan to survey students in schools/departments where many staff members have received training and those in schools/departments where few staff have received training and quantify their responses looking at the key issues identified through our earlier student surveys.

Anecdotally, students now report that staff members are much more active in discussing their support requirements with them and staff actively follow-up with students who may need reasonable accommodations for assessments. This increased communication between students and staff results in an open relationship and helps to overcome the potential “othering” of students as previously discussed. Currently, training is advertised to all staff and they can choose which training sessions, if any, they would like to attend. As supporting students with a disability is an essential component of every staff member’s job, it would be beneficial if an introductory level of training was required for all existing and incoming staff. This could be integrated in existing training for new staff rather than adding a significant time burden. As mentioned above, we plan to pilot an online module with staff in the next academic year. CPD is a necessity in most positions so it should be relatively easy to build this into staff induction. The development of a Disability Support Board with representatives from all areas of the institution to address queries as they arise and to further promote training opportunities to staff would also be a significant step forward. The concurrent development of an institutional UDI forum for sharing of ideas and practices as well as a database with examples of how it has been implemented across the institution would also help in the promotion of inclusivity and knowledge sharing.

**Conclusion**

The ultimate goal in an educational institution, with regard to supporting students with disabilities, should be the mainstreaming of the provision of support to further eliminate the “othering” of students. While some steps have been taken towards this goal, such as the requirements of academic staff to provide supports for in-class tests, there is still much work to do. While it is likely that there will continue to be a need for dedicated support staff, the role of these staff members should expand to include support of staff and provision of awareness training. With the increased implementation of UDI principles and strategies in UCD, we hope to see increased widening participation and an appropriately diverse campus. As our educational practices evolve to include opportunities for participation and engagement for all students, we will hope to lead the way in true inclusivity.

**Table 1**

*Students with a Disability Registered with UCD Access Centre*

<table>
<thead>
<tr>
<th>Category</th>
<th>2012/13</th>
<th>2013/14</th>
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</thead>
<tbody>
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<td>80</td>
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<tr>
<td>Autistic Spectrum Disorder</td>
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<td>33</td>
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<td>Dyspraxia</td>
<td>15</td>
<td>36</td>
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<td>Hearing Impairment</td>
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<td>33</td>
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<tr>
<td>Mental Health Condition</td>
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<td>130</td>
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<td>Physical Disability</td>
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<td>71</td>
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<td>Significant Ongoing Illness</td>
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<td>156</td>
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<td>Specific Learning Difficulty</td>
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<td>495</td>
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<td>Visual Impairment</td>
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<tr>
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<tr>
<td>Total</td>
<td>974</td>
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References


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Footnotes

1 AHEAD, Association for Higher Education Access and Disability is an Irish independent non-profit organization working to promote full access to and participation in further and higher education for students with disabilities and to enhance their employment prospects on graduation.

2 Further Education Courses are usually delivered in Colleges of Further Education rather than Universities or Institutes of Technology, which are often referred to as Higher Education Institutes (HEIs). Further Education courses are usually of one year duration and are most often level 5 or 6 as designated by the Further Education and Training Awards Council. Higher Education usually refers to courses that are level 7 or above – for example, an honours Batchelor’s Degree is level 8.
About the Authors

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Appendix A

Sample Workshop Agenda

1. Principles of Disability Support in UCD
3. Communication with Academic Schools
4. Supports available to students with a disability
5. Providing Reasonable Accommodations
6. Disclosure and Confidentiality
7. Awareness – using the Fact Sheets
8. Universal Design for Instruction
   a. Principles and tips for implementation
9. Assessment & Exams
10. Introduction to Assistive Technology Tools
11. Scenario Discussion
12. Student Input
Appendix B

Implementing Universal Design for Instruction

Consistent good design of Virtual Learning Environment.
Many teaching staff in universities already make their materials available online. The provision of these notes allows students to focus in class without worrying about writing down everything said by the tutor/lecturer. The expansion of this practice would be beneficial to all students. Although some lecturers worry that providing this material may result in a drop in attendance, the benefits of providing notes for those students who are dedicated to their subjects would far outweigh any possible drop in attendance (Larkin, 2010). Research has shown that a well-planned approach to supporting learning using online resources benefits all students (Hwang & Chang 2008). As academic staff seek to provide an active learning experience for students, this should not be a significant issue as teaching practice moves away from the traditional model. In fact, the flipped classroom approach already advocates for the provision of all material ahead of time to allow for active discussion in class. The materials provided, therefore, could not act as a substitute for the experience in classes/lectures. The compulsory provision of notes for every module online would also allow for a more consistent approach.

UCD Teaching & Learning (2013) have developed a project called “Good Practice in Blackboard Design.” This project supports academic staff in the creation of modules in the online learning environment which are uniform in design and layout. As part of this project UCD Access and Lifelong Learning have provided a set of guidelines on how to create accessible material for use on Blackboard. These guidelines form part of the wider project guidelines for academic staff.

Variety in class delivery.
Many teaching staff use a variety of teaching methods. However, others are still overly reliant on the traditional lecture model. Staff should be encouraged to try new methods of delivery through in-school training sessions and forums through which academics are encouraged to share their own experiences. Utilisation of module feedback and active seeking of student feedback on particular delivery methods/styles is also an excellent way to improve teaching practice.

Choice of assessment.
Students should be given the opportunity to prove their knowledge in a variety of ways so as to allow for differing learning styles. For example, assessing a module through essay-format alone does not allow a student for whom verbal expression is preferential to gain the best grade possible for them. Thompson, Johnstone, and Thurlow (2002) note that “universally designed assessments are designed and developed from the beginning to allow participation of the widest possible range of students, and to result in valid inferences about performance for all students who participate in the assessment” (p. 6). UCD Teaching and Learning (2011) have piloted a Choice of Assessment Methods project which can be viewed as a valuable first step in the process of embedding choice for assessment into all modules.

Provision of detailed guidelines for completing assessment.
Students should be provided with a detailed assessment sheet which outlines, in plain language, what is required for the assignment. This sheet should be as detailed as possible and include a clear marking rubric ensuring students know what is expected of them. Guidelines could include details on how many secondary sources are required, which sources are appropriate, an annotated reading list, and a list of FAQs. Ouellett (2004) stresses that being inclusive requires academic staff “to take expectations for assignments out of the intuitive realm and make public the expectations for performance and demonstration of progress. This is done by providing clear expectations and feedback and by offering learners comprehensive instructions for course requirements” (p. 141).

Consistency of assessment methods in comparable modules/courses.
There should be consistency across modules with regard to the amount of work and level of difficulty associated with assessments. In order to make the amount of work predictable in each module there should be a strict set of
guidelines outlining the appropriate amount of assessment. This would be somewhat complex as it would involve attempting to make comparisons between very different types of assessment e.g. essay, quiz, project, presentation.

**Compliance with WCAG 2.0 and guidelines for producing accessible material.**
Following these guidelines will help universities to comply with the legislation which states that material should be equally accessible to all (including the Disability Act 2005 within the Irish context). By embedding these guidelines in the process of creating all new materials the high cost of ‘retrofitting’ will be avoided.

**Embedding core skills into all modules.**
Many universities offer courses in first year which seek to provide students with the skills necessary in third level. However, it is highly beneficial if some time is spent in each module ensuring that students have the skills required to complete the module. These skills may include academic writing, oral presentations, reading techniques or research abilities. Setting aside at least one hour in each module to review these skills, as well as providing resources through the online learning environment, will help to ensure that no student is left at a disadvantage.

**Practice assessments made available online for every module.**
Short quizzes that students can take themselves to judge how well they know the material being covered can help students to become more self-aware in terms of their own knowledge and learning practices. This also helps students to stay focused on their work.

**Facility for submitting drafts of continuous assessments.**
Many university departments already offer this valuable facility, if in a somewhat limited way. Allowing students to submit drafts of their work helps them to understand that producing a complete piece of work is an on-going process. In order to provide consistency in every student’s educational experience, this facility should be made available in every module. This would, of course, require extra time of tutors/lecturers. However, the result of this practice would be much-improved student work which must ultimately be the goal of all staff working in education.

**Facilitating study/discussion groups for every module.**
Jehangir (2008) notes that “the intent of learning communities is to create a space for dialogue and connections between disciplines and ideas, but also to extend the intellectual into the sociocultural experience of students” (p. 184). Study groups should be established in class and encouraged to meet outside of class time. Group study topics/questions can be set to help structure the study time. Online discussion boards can be set up using Blackboard, and these can be a valuable tool for students who may not be able to attend campus outside of class hours. A closed Facebook group can also be set up. This can be a useful way for lecturers to communicate with students. Bringing their educational experience into their social space encourages students to see college life as an important and interesting part of their life as a whole.

**Clear communication strategy between students and faculty.**
This strategy should be clearly communicated to all students within a school/programme. Staff office hours should be advertised and extra time should be made available during peak assessment times. Feedback should be freely available to students, and this feedback should be positive and encouraging. Detailed outlines of how to improve work should also be made available with as much individual feedback given as possible as this is shown to be the most beneficial (Dihoff, Brosvic, Epstein, & Cook 2004). Generic grading sheets should be avoided as in many cases they do not offer any substantial guidance on what a student should do going forward.

**Provide a statement of inclusivity for each module.**
A statement of inclusivity should encourage tolerance of diversity in the classroom and should reassure those who would like to disclose information about their learning needs that this information will be treated with confidentiality and respect. Often disclosure can be very difficult for students with ‘hidden’ disabilities so this encouragement is needed. It is the responsibility of teaching staff to communicate that all students will have “equal access and equal opportunity” (Higbee, Chung, & Hsu 2008, 63). Pedelty (2003) emphasises the need for teaching staff to discuss this statement in their first class so that students are not left to merely read the statement on their own.
Scenario 1–extended deadlines and continuous assessment.
A second-year undergraduate student has approached you to request an extension for an essay that was due the previous week. The student has disclosed to you that they have a mental health difficulty and as such have had difficulty with concentrating in class and when working on the assignment. They have requested that they are able to submit their continuous assessment in June when the exam period is finished. What course of action would you suggest?

Scenario 2–supports for visually impaired students.
You are about to go and teach your first class of the semester. You have just noticed on your online class list that there is one student with a visual impairment registered for your module. You module uses a variety of class delivery methods and resources including audio-visual material. What can you do to ensure that this student does not experience disadvantage due to their disability?

Scenario 3–supporting students with group work.
Your module is assessed using a combination of an end-of-semester exam and a group project. One group of students has come to you to complain that a member of the group is not carrying out their share of the work. You are aware, based on your online class list, that the student being referred to has Asperger’s Syndrome. Suggest an appropriate solution for all students.

Scenario 4–recording devices in classes.
You have noticed that there are many students in your class using recording devices. You are not comfortable being recorded due to the risk of plagiarism and possible misuse of recordings. You have checked your online class list, and there are three students in your class with ‘Use of a recording device’ listed as a Reasonable Accommodation. What can/should you do in this situation?

Scenario 5–investigating poor attendance.
There is one student in your class who attends sporadically. There are marks available for attendance. You’ve noticed on your class list that this student has Epilepsy. The student has not approached you to disclose or provide any medical certs. What should you do in this situation?

Scenario 6–ensuring equitable access to class activities.
You are planning a field trip for your class to an archaeological dig. Your class will be travelling by coach to the site and will then have the opportunity to participate in part of the dig. One of the students taking your module is a wheelchair user. What should you consider when planning the trip?

Scenario 7–supporting students on placements.
You are in charge of a practical/placement module. There are a number of students with disabilities taking your module. You have checked your class lists, and the supports listed only seem relevant to a classroom environment. These include the use of a recording device, use of literacy software, providing notes and a number of awareness supports including Learning Disability, Asperger’s Syndrome and Diabetes. What action should you take?

Scenario 8–supporting students to develop organisational skills.
There is one student in your module who has repeatedly submitted assignments late, comes to class late and has missed a number of classes. When you speak to them about these issues, they don’t have any explanation but appear to be extremely disorganised. Subsequently you have noticed on your class list that this student is registered for disability support, but you are not sure why. What can you do to support this student?

Scenario 9–providing class materials.
A student has approached you and requested that you provide them with your slides in advance of lectures. They have ‘Provide Lecture Notes’ listed as a Reasonable Accommodation. You usually publish summary slides on Blackboard after the lecture as you are concerned that students will not attend if full notes are available. How should you respond to this student’s request?
International Comparisons of Inclusive Instruction Among College Faculty in Spain, Canada, and the United States

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Boris Vukovic²
Ingrid Sala-Bars³

Abstract
Across the globe, students with disabilities have been increasing in prevalence in higher education settings. Thus, it has become more urgent for college faculty to have a broad awareness of disability and inclusive teaching practices based on the tenets of Universal Design. In this study, we examined faculty attitudes toward disability-related topics and inclusive teaching practices and their implementation of these practices using the Inclusive Teaching Strategies Inventory (ITSI). We examined responses from faculty in the United States, Spain, and Canada in order to better understand the phenomenon of inclusive teaching across international contexts. Findings show Canadian faculty tend to positively endorse legal mandates (e.g., the provision of accommodations and disability-related laws) the most; whereas American faculty tend to positively endorse inclusive teaching practices the most. With regard to implementation, there were mixed results among the three countries, and no significant differences between Spanish, Canadian, and American faculty on incorporating inclusive features into the classroom environment. Implications for practice specifically related to disability services personnel and faculty outreach strategies are discussed.

Keywords: Higher education, disability, university faculty, college teaching, universal design

College students with disabilities are a growing subgroup in university settings in both the United States and abroad. A new learning paradigm in higher education has emerged; one that emphasizes diverse learning environments whereby faculty create competencies flexible and suitable enough for a wide spectrum of learners (Embry & McGuire, 2011). In the United States, for example, college students with disabilities now represent approximately 11% of the national college student population. Students with disabilities qualify for and will typically request exam and/or instructional accommodations. At the same time, the rise in online course curricula and demands to provide material in multiple and accessible formats is also occurring. As such, faculty must teach course material in multiple formats and be flexible to students with a wide variety of needs.

The purpose of this study was to compare the inclusive instructional practices of faculty representing universities in the United States, Spain, and Canada. Inclusive instruction is based on several frameworks of Universal Design (McGuire, 2014; McGuire, Scott, & Shaw, 2003; Rose, Harbour, Johnston, Daley, & Abarbanell, 2006; Thompson, Johnston, & Thurlow, 2002). Faculty at participating universities reported their attitudes and actions toward inclusive instruction using a self-report measure that was previously validated and utilized within the United States (Lombardi & Murray, 2011; Lombardi, Murray, & Dallas, 2013; Lombardi, Murray, & Gerdes, 2011).

Literature Review

For the past decade, Universal Design (UD) has been the centerpiece of the literature in postsecondary education and disability (McGuire, 2014). There are various UD frameworks, such as Universal Design for Assessment ([UDA]; Thompson et al., 2002), Universal Design for Instruction ([UDI]; Scott et al., 2003), and Universal Design for Learning ([UDL]; Rose et al., 2006). These frameworks are meant to aid faculty

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in promoting maximum usability and accessibility in the planning, delivery, and evaluation stages of instruction. Ultimately, the various UD frameworks promote inclusive instructional practices.

University faculty should consider integrating inclusive instructional practices for at least three reasons. First, although such practices have the potential to benefit students with disabilities who may have difficulty learning through only one mode of instruction, or processing information as quickly as other students during an exam, these practices can benefit all students and provide greater access to learning opportunities within postsecondary settings. Second, if UD principles were systematically encouraged and adopted, instruction could potentially become more accessible and inclusive to a wide range of learners, including other historically underrepresented groups (e.g., first generation college students, English language learners, and students of color) who are at a heightened risk of performing poorly in higher education settings (Chen, 2005; Lombardi, Murray, & Gerdes, 2012; Strayhorn, 2006). Third, systematic implementation of UD has the potential to reduce the need for other, more specific accommodations for students with disabilities including the two most commonly requested accommodations in postsecondary settings: extended exam time and note-taking services (Ketterlin-Geller & Johnstone, 2006; Orr & Hammig, 2009). While UD frameworks are promising in helping faculty create more accessible and equitable learning environments, the literature base remains very much in development. In fact, very few empirical studies on the effectiveness of UD on student outcomes exist (McGuire, 2014; Roberts, Park, Brown, & Cook, 2011). This is understandable considering that there has not been a standardized way to assess UD practices across different UD models. Yet, the conceptual value of UD frameworks is undeniable, exemplified by the recognition and incorporation of the Universal Design for Learning in the reauthorization of the Higher Education Opportunity Act of 2008 in the United States (Edyburn, 2010). For the purpose of investigating the extent to which postsecondary faculty accommodate and support students with disabilities, the UD instructional models present the most extensively elaborated framework to operationalize the concept of inclusive instructional practices.

In the United States, recent research shows a critical need for training in inclusive instruction among faculty and teaching assistants (Embry & McGuire, 2011; Raue & Lewis, 2011). Of particular importance, faculty attitudes towards students with disabilities and the provision of accommodations can improve after receiving disability-related training (Lombardi & Murray, 2011; Lombardi et al., 2011; Murray, Lombardi, Seeley, & Gerdes, 2014; Murray, Lombardi, & Wren, 2010; Murray, Lombardi, Wren & Keys, 2009). Despite the promise of these findings, particularly to support institutional initiatives to fund and provide such training opportunities to faculty, a recent national survey of 29 public four-year institutions found that the greatest barriers of UD implementation were limited staff resources and minimal faculty interest (Raue & Lewis, 2011). Moreover, when faculty positively endorse aspects of inclusive instruction, these same faculty might not be implementing such practices (Cook, Rumrill, & Tankersley, 2009; Lombardi, Murray, & Gerdes, 2011; Zhang et al., 2010). These findings suggest that faculty may understand the importance of inclusive instruction, yet may lack the time and resources to adopt such practices which, in turn, may affect their interest.

For years, college faculty have relied on institutional resources (e.g., the Office for Disability Services) to provide additional supports to students with disabilities. In fact, many faculty may have been unaware they had students with disabilities enrolled in their classes. However, given the steady increase in the population of college students with disabilities and the lack of funding to bolster supports for such institutional personnel, faculty now find they are in a position to provide accommodations and modifications to exams and assignments in their courses. Oftentimes, requests for modifications come from students with and without disabilities. Examples of such requests might include (but are not limited to) extended deadlines and alternate exam formats and assignments. Even though more faculty are directly supporting students with disabilities, at most universities there is no professional development or training to ensure faculty are aware of their legal obligations. Further, the majority of faculty receive little to no training in effective teaching practices that will benefit diverse learners including students with disabilities.

Some research findings further support the need for disability-awareness training beyond faculty to university staff, such as student affairs, counseling center, and administrative staff (Goad & Robertson, 2000; Murray et al., 2011). Similar to the findings on faculty, the lack of disability awareness tends to be the issue; if available, staff seem agreeable to training opportunities. Thus, at the institutional level, it is important to prioritize disability-related training opportunities for faculty and staff.
Influential Policies Across International Contexts

The Higher Education Opportunity Act (HEOA) of 1965 was among the earliest policies directed toward inclusive higher education in the United States. Among the seven titles of the original policy were the provisions for financial aid programs, as well as scholarships, insured loans, interest subsidies, and work study programs (Madaus, Kowitt, & Lalor, 2012). Decades later in 2008, “programs to provide students with disabilities with quality postsecondary education” was specified among the general provisions of the reauthorization.

Perhaps the most influential policy to encourage inclusive higher education environments in Spain was the European Higher Education Area (EHEA), which was launched in 2010. Part of the larger Bologna Process, the EHEA is a cooperative effort of over 30 European countries to collectively strengthen higher education across Europe (EHEA, 2014). Equal opportunity and access to higher education in Europe has been a major goal of EHEA, including equality for people with disabilities. Several researchers have studied the influence of EHEA in Spain on a preliminary level (Diez, 2005; González, 2005). For the most part, it is unknown whether or not the EHEA has benefitted Spanish students with disabilities, but data show the numbers of students with disabilities in higher education have increased. Thus, at the very least, trends show that access to higher education has increased, and the EHEA has been influential.

Representing a Canadian context and the most populous province, Ontario regulates postsecondary supports for students with disabilities through Ontario Human Rights Code and Accessibility for Ontarians with Disabilities Act of 2005 (AODA). With respect to inclusive instructional practices, AODA mandates postsecondary institutions to provide educators at all levels of schooling with “accessibility awareness training related to accessible program or course delivery and instruction” (Ontario Gazette, 2011). Indeed, college students with disabilities continue to increase in prevalence; in Ontario, for example, the numbers in enrollment have increased as much as 66% (McCloy & DeClou, 2013). Thus, legal mandates may have had some influence in affecting change within university contexts regarding students with disabilities, an increasing population in all three countries.

Measuring Faculty Attitudes and Actions

In order to examine the effects of inclusive teaching practices on student performance, it is important to first operationalize and measure inclusive instruction. In a recent systematic literature review of UD-related empirical studies across K-12 and postsecondary education settings, Rao, Ok, and Bryant (2014) found a wide variety of study designs and definitions of UD principles. Ultimately, these authors concluded the need for more explicit connections between UD frameworks and interventions in which they are the basis, including the measures used in research studies (Rao et al., 2013). Similarly, Roberts and colleagues (2011) reviewed existing empirical research related to UD and postsecondary settings. These authors concluded with a recommendation to operationalize UD principles to ensure more consistent data collection and analysis in future research. As such, there is a clear need to use consistent definitions of UD in order to develop and test measures that are used in future empirical research on the effects of UD on student learning.

Careful measurement of faculty knowledge and disability and inclusive teaching practices will help aid disability services personnel and the broader campus to make data-based decisions about faculty training opportunities. Prior researchers have examined faculty attitudes toward disability, their knowledge of disability law, and their responses to accommodation requests from students (Murray, Wren, & Keys, 2008; Vogel, Holt, Sligar, & Leake, 2008). Recent research efforts have incorporated issues pertaining to UD principles. However, these researchers did not evaluate the extent to which faculty reported implementing these principles into their own teaching. Further, international research studies of this nature are sparse. In one study, faculty at one U.S. university and one Mexican university were surveyed on attitudes and perceptions toward students with disabilities (Wolman, McCrink, Rodriguez, & Harris-Looby, 2004). When compared, U.S. and Mexican faculty were very similar in their overall willingness to provide accommodations at students’ request; although U.S. faculty showed greater willingness to accommodate students from a range of disabilities (e.g., LD, deaf, hard of hearing, emotional/behavioral disorders). Also, U.S. faculty demonstrated more disability-related knowledge and reported greater opportunities for professional development at their university (Wolman et al., 2004). These results provide much needed comparisons between countries with regard to disability and higher education; however, this study did not address teaching practices, particularly those promoted by UD. As such, little is known about faculty teaching practices and how they might vary between countries.

In this study, university faculty attitudes and actions toward disability-related content and inclusive instruction were measured with the same instrument, the Inclusive Teaching Strategies Inventory (ITSI);
Lombardi et al., 2011). The measurement of attitudes and actions was purposeful. Previous findings show that faculty might positively endorse disability-related topics (e.g., knowledge of law and providing accommodations) and inclusive instruction based on the tenets of UD (e.g., accessible course materials); however, these positive endorsements do not necessarily translate into instructional practices (Cook et al., 2009). Also, faculty might implement certain inclusive instructional practices but not as a by-product of positive endorsements of support of disability-related advocacy and efforts. In other words, faculty could be using more accessible course materials simply because departmental policies have recently changed, not necessarily because they believe multiple formats of course materials is important for students with disabilities and other diverse needs (Lombardi et al., 2011). Thus, a major objective in the current study was to examine the differences between self-reported attitudes and actions toward disability-related topics and inclusive instruction across several university settings in three different countries.

Methods

Sample and Procedures

United States. One university participated in this study in the U.S. This university is a medium-sized, public institution located in the Pacific Northwest. At the time of the study, there were approximately 21,000 students and approximately 1,200 tenure-line and instructional faculty. Overall, 82% of faculty were white, 7% were Asian/Pacific Islander, 3% were Hispanic, 1% was African American, 1% was Native American, and 1% was Multi-ethnic. Approximately 4% declined to report racial identity, and there are slightly more male (54%) than female (46%) faculty. At the time of study, there were 765 graduate and undergraduate students with disabilities (approximately 4% of the student population). At this university, the majority (70%) of students with disabilities were diagnosed with either a learning disability (LD) or Attention Deficit Hyperactivity Disorder (ADHD), 10% were diagnosed with a psychological disorder, and the remaining 20% were diagnosed with another disability type, such as mobility, hearing, visual, speech impairments, health disability, brain injury, or seizure disorder.

At the time of this study, the university was in the process of implementing new resources for teaching faculty. These resources were meant to support faculty in teaching students with disabilities, emphasized inclusive instructional practices, and were delivered in three forms: (1) workshops, (2) print resources delivered online as e-newsletters, and (3) website resources. The funding source behind these initiatives was the U.S. Department of Education, Office of Postsecondary Education’s Demonstration Projects to Ensure Quality Higher Education for Students with Disabilities.

A focal point of these efforts was an intense four-day workshop in the summer. The workshop content included disability definitions, legal obligations, providing accommodations, promotion of inclusive strategies in the planning for and delivery of instruction, as well as alternate, inclusive strategies for assessing student knowledge and acquisition of course content. Faculty (n = 102) participated in these workshops over a three-year period and were compensated for their time. In addition to attending the four-day summer institute, these participants were asked to disseminate the workshop content to their colleagues in their respective departments. Participants were given resources specifically for the purpose of dissemination. Essentially, this was a “train-the-trainer” approach to changing the university culture so that a large number of faculty would become more informed about disability-related topics. Detailed information about this project has been published (Murray et al., 2014).

In addition to the summer workshop, researchers and disability services staff collaborated in writing regular issues of an e-newsletter. These newsletters were emailed to all faculty and staff at the university. There were six issues per academic year, and each issue focused on a specific topic area. Some examples of e-newsletter topics are procedural information from the Disability Services office in terms of accommodations, assistive technology, inclusive strategies for planning and delivering instruction, inclusive assessment strategies, and disability-related laws and concepts.

To administer the ITSI, all full-time teaching faculty received a recruitment email that described the research project and a link to the online ITSI. Participants were asked to complete the survey on a voluntary basis and were offered a $5 coupon to a campus café regardless of whether they completed the survey. Prior to participating in the survey, participants completed an online consent form. If participants did not consent, they were not able to advance to the survey. Following the initial contact, three additional follow-up requests were sent spaced approximately two weeks apart.

In the U.S., the ITSI was administered to 1,011 tenure-line and instructional faculty at one university. From this population we received responses from 23% of the target population (n = 231). The study sample included 115 males (49.7%) and 116 females (50.3%). Consistent with the overall demographics of the university, 86% of respondents were white, 4% were Asian American (4%), 3% reported Multiple Races, 2% were
Latino less than 1% were American Indian/Alaskan Native, and 5% declined to report race.

Canada. A comprehensive university in Ontario was the study participant representing the Canadian perspective. At the time of the study there were 22,957 full-time and 4,867 part-time students enrolled, including undergraduate, graduate, and special (no degree) students. There were slightly more male students at just over 52% compared to female students at 48% in the undergraduate and graduate population. With respect to Canada’s officially bilingual English and French status, the student population is predominantly native English speaking with only 2.8% whose native language is French but with a considerable proportion of students whose first language is neither English nor French at 19.6%.

The data for students with disabilities comes from the Disability Service Office (DSO), a centralized university unit serving this population. The services of the DSOs are partially funded by the provincial government and are focused on academic accommodations and support services such as extra time for exams or learning strategists. At the time of the study, there were a total of 1,922 students with a primary disability registered with the DSO. The largest proportion were students with LD at 29%, followed by psychiatric or mental health disabilities at 24%, ADHD at 19%, and medical disabilities at 13%, while the other six categories such as mobility, sensory, and autism spectrum comprised the remaining 15%. Close to 22% of all students registered at the DSO had multiple disabilities, i.e. other documented disability or disabilities in addition to the disability documented as the primary disability.

At the time of the study, the university employed 841 full-time academic staff including professors, lecturers, and instructors, as well as 717 contract (or sessional) instructors. The faculty at the university are generally well informed of the existence and purpose of the DSO. Historically, the DSO has been actively engaged in faculty outreach and professional development, most often in partnership with the teaching and learning unit. The DSO delivers on average of six to seven workshops per academic year to various groups of educators at the university and takes part in the new faculty orientation and other events at the university that cater to educators. The DSO also directs the course instructors to its online resources for educators at the university with a link included in all formal accommodation emails.

The results reported in the present article are part of a larger research study that investigated the effectiveness of a workshop on faculty attitudes and practices toward students with disabilities. Specifically, data included here are from a survey administered to the comparison or non-workshop group of faculty members and instructors. The invitation to the survey was sent to course instructors who taught a course at the university and received one or more letters that requested specific student accommodations over a three-year period. Following two email invitations and consolidation of responses 315 survey submissions were collected, representing a 27% response rate.

Spain. Unlike the U.S. and Canada, where the ITSI was administered at a single university within each country, the Spanish data collection efforts were broad in scope. A translated version of the ITSI was administered across 76 public and private universities in Spain. The research team sent letters to resource offices for students with disabilities and to the head of each university in Spain (similar to a university Dean), where they were invited to collaborate in the research study. Specifically, they were asked if they could send the online survey link to all instructors in the institution. This process was handled via email. Once the heads of the universities decided to collaborate in the study, they received a recruitment letter that was prepared by a member of the research team via email. The letter invited the instructor to participate in the study, included the purpose of the research, offered to support any questions they may have, and ensured maximum efforts to maintain confidentiality of the data. The program google.docs was used to administer the online survey. In total, 649 instructors from 43 Spanish universities responded to the survey, which represents 67.2% of all universities in Spain. It is important to note there are an additional twelve universities in Catalonia, where the primary spoken language is Catalán. These universities were not included in the present study.

Measure

The ITSI was administered to faculty at all participating universities in the U.S., Canada, and Spain. The ITSI measures seven constructs in the broad areas of disability-related knowledge and laws and inclusive instructional practices based on the tenets of UD across several frameworks. These constructs are: (a) Accommodations, (b) Accessible Course Materials, (c) Course Modifications, (d) Inclusive Lecture Strategies, (e) Inclusive Classroom (f) Inclusive Assessment, and (g) Disability Laws and Concepts. There are two response types: Attitudes and Actions. The Attitudes response options range from 1 (strongly disagree) to 6 (strongly agree). Each item begins with the stem “I believe it’s important to.” The Actions response options range from 1 (never) to 4 (always) with a no opportunity option. Each item begins with the stem “I do this.”
The ITSI has undergone multiple development phases and validation studies (Lombardi & Murray, 2011; Lombardi, Murray, & Gerdes, 2011) and has been used in previous studies to examine institutional context (Lombardi et al. 2013; Sprong, Dallas, & Upton, 2014). Recently, a Spanish-language version of the ITSI was examined for validity with promising preliminary evidence (Sala-Bars, 2013). The ITSI items and subscales are provided in the Appendix.

The first subscale, Accommodations, contains eight items specific to accommodations requests from students (e.g., “make individual accommodations for students who have disclosed their disability to me). The second subscale, Disability Law and Concepts, contains six items that relate to knowledge of Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, as well as understanding of the terms “disability” and “Universal Design.” The third subscale, Accessible Course Materials, contains four items relevant to use of a course website, posting electronic course materials, and allowing students to submit assignments in electronic formats.

The fourth subscale, Inclusive Lecture Strategies, contains four items that measure teaching strategies specific to a typical postsecondary lecture-style class, including simple strategies faculty may utilize to assess student comprehension such as repeating student questions to the class before answering and periodically summarizing key points throughout the lecture. The fifth subscale, Inclusive Classroom, contains nine items related to presentation of course content with a particular emphasis on flexibility, use of technology, and various instructional formats (e.g., small group work, peer-assisted learning, and hand-on activities). This subscale also includes items that measure willingness to make announcements in class or include written statements in the course syllabus that encourage students to disclose a disability or any barriers to learning they anticipate they might have. The sixth subscale, Inclusive Assessment, contains four items pertaining to flexible response options on exams, non-traditional exams, and flexibility with deadlines.

The seventh subscale, Course Modifications, contains four items related to major changes in course assignments or requirements for students with and without disabilities (e.g., “allow a student with a documented disability to complete extra credit assignments” and “allow any student to complete extra credit assignments”). These are called modifications because they are not typical accommodations that faculty are required to provide, and in some cases faculty might see these changes as going above and beyond what they ought to do to support students with disabilities. Further, we include items about students with disabilities and any students on this subscale because we anticipate that, if faculty are flexible in these areas, they tend to be flexible for students regardless of whether they have a disability. While these modifications may not always be appropriate, we believe it is important to measure the willingness of faculty to provide these types of modifications for students with and without disabilities. By measuring this willingness, disability service providers can get a better sense for areas where faculty may be more or less flexible with course requirements.

**Results**

We conducted statistical t-tests to compare mean scores on the Attitudes and Actions subscales across the U.S., Canadian, and Spanish samples. The results of the mean score comparisons across all Attitudes and Actions subscales between the U.S., Canada, and Spain are presented in Tables 1 and 2.

**Comparisons in Attitudes and Actions**

With regard to Attitudes (See Table 1), the three countries were statistically significantly different across the seven subscales of the ITSI. For the most part, the U.S. responses were the highest, specifically indicating U.S. faculty believed it was important to provide accessible course materials to all students, promote an inclusive classroom, use inclusive lecture strategies while teaching, use inclusive assessment methods when evaluating student performance, and employ course modifications should a need arise for any student, with or without a disability. The Canadian faculty responses were highest in regards to awareness and knowledge of disability-related law and concepts as well as the belief that the provision of accommodations is important. Across the seven subscales, the Spanish faculty responses were consistently the lowest of the three countries.

With regard to Actions (See Table 2), the U.S. faculty responses were the highest for the inclusive assessment and course modifications subscales. These scores indicate U.S. faculty integrated these practices into their teaching at the time of the study. The Canadian faculty responses were highest on the provision of accommodations. The Spanish faculty responses were highest in providing accessible course materials and their use of inclusive lecture strategies. Scores were very similar on the inclusive classroom subscale, indicating no significant differences among the faculty in promoting an inclusive classroom environment across the three countries.
Discussion

In this study, we compared the reported practices of university faculty in inclusive instruction as measured by the ITSI across three countries, the United States, Spain, and Canada. The findings demonstrate the utility of the ITSI across different university contexts within and outside of the United States to measure faculty disability-related knowledge and inclusive instructional practices in two languages. Although there are existing instruments intended to measure campus climate, faculty attitudes, and disability-related knowledge (Murray et al., 2008; Vogel et al., 2008; Wolman et al., 2004), other measures of inclusive instruction based on UD principles are not established in the current literature base. Further, numerous researchers agree there is a gap in the literature between the theoretical basis of UD and empirical support for the benefits on student learning and outcomes (McGuire, 2014; Rao et al., 2013; Roberts et al., 2011). A measure developed based on several theoretical UD frameworks may be the first step to building a sound empirical literature base.

The comparison of ITSI scores across the U.S., Spain, and Canada was particularly revealing. With regard to disability-related law and policies, we might assume the U.S. faculty would score the highest in their attitudes and actions simply because laws on accessibility and higher education have existed for a longer period of time in the U.S. For example, Section 504 of the Rehabilitation Act was passed in 1973, and the American with Disabilities Act was first passed in 1992, then amended in 2008. Canadian faculty responses showed a more positive endorsement of these laws than U.S. and Spanish faculty, as reflected in the Accommodations and Disability Law and Concepts subscales.

In this study, the course modifications subscale was defined as modifications to the content or curriculum of a course that may reduce the overall workload (e.g., reduced reading assignments, offering extra credit opportunities) for students with and without disabilities. It is important to clarify that the authors of this study do not necessarily promote that faculty make such modifications; but rather, aimed to clarify and differentiate modifications from inclusive teaching practices that are operationalized in the other subscales (e.g., inclusive classroom, inclusive assessment, inclusive lecture strategies, accessible course materials). With regard to course modifications, Canadian faculty responded with the lowest overall endorsement of these practices. Interestingly, the Canadian responses were consistent between lower endorsement (attitudes) and implementation (actions), indicating Canadian faculty did not endorse nor implement these practices; whereas, the U.S. and Spanish faculty showed greater inconsistencies between a somewhat positive endorsement but lack of implementation.

U.S. faculty scored the highest in their beliefs that other facets of inclusive instruction are important, yet they did not score the highest in regards to the actual implementation of these practices. In other words, U.S. faculty reported they believed accessible course materials, inclusive classroom, and inclusive lecture strategies were important, but yet they may not necessarily use these strategies. These findings are similar to previous studies that showed university faculty positively endorse inclusive instruction based on the tenets of Universal Design, yet do not implement such practices (Cook et al., 2009; Lombardi et al., 2011; Raue & Lewis, 2011). While it is not entirely clear why faculty do not implement inclusive instruction, some evidence shows lack of institutional support, time, and resources may play a part (Raue & Lewis, 2011; Zhang et al., 2010).

Limitations

Although these findings offer a preliminary glimpse of the differences between the U.S., Spain, and Canada, there are several important limitations to consider in the interpretation of the findings. First, faculty within the respective universities were compared broadly and not across departmental affiliation. Further, the U.S. and Canadian samples were of one university each, whereas the Spanish sample represented 43 different universities. These limitations create difficulties in making broad generalizations between the three countries. Future researchers in these countries and beyond should be more calculated in their research design to ensure proportional representation of faculty across multiple institutions and within departments, institutional types (e.g., private, public, for-profit, not-for-profit), and in consideration of demographic variables (e.g., gender, race), which were not reported in this study. Overall, the rigor of the sampling practices and study design should be improved in future research so that more generalized comparisons across countries can be made.

Implications

Perhaps the most important implication of this study is the potential of the ITSI. Ideally, institutional administrators will use the ITSI to determine training needs of faculty, and professional development and resources will be made available accordingly. In other words, the ITSI has the potential to help institutions promote and enact data-based practices in inclusive instruction based on UD principles. The ITSI as a self-
assessment with immediate feedback would perhaps be most useful. In this format, faculty could take the ITSI, receive immediate and automated feedback based on their responses, and gain a deeper understanding for how they might adjust their course so that inclusive instruction is promoted. This sort of exercise could be beneficial during the course planning and design phase that occurs prior to the start of the teaching term.

Disability services personnel may find the ITSI useful in identifying and targeting professional development opportunities on college campuses. For example, after administration and examination of ITSI response data, it may be clear that faculty know about the provision of accommodations and legal mandates; yet, they are not sure how to implement inclusive instruction. As such, disability services personnel may decide to hold a series of workshops or distribute e-newsletters on topics related to planning and delivering course content that is inclusive of a wide range of learners. These suggested approaches encourage more pro-active, preventive strategies, which is more consistent with the concept of inclusion. In opposition are the more reactive approaches, such as making accommodations for students, which tend to be commonplace in postsecondary education today.

Disability services personnel will continue to face the challenge of providing a variety of resources to faculty. It is important to offer a wide range of resources to faculty. These resources could be as intense as multi-day workshops or as flexible as online modules. If possible, disability services personnel should plan for a large training event (one that would span multiple days) and then use the content to create smaller modules that could be delivered as short workshops, lunchtime “brown bags”, or online modules. There are published examples of this approach (Murray et al., 2014; Murray et al., 2009). The ITSI may be a useful tool to help prioritize topics and content. Results can help confirm faculty areas of need.

Conclusion

The continuing increase in prevalence of college students with disabilities shows that more faculty will teach students with diverse learning styles across the United States and abroad. Faculty across many disciplines, including professional schools with perceived non-negotiable standards that can be academic or practical in nature (e.g., nursing, other medical professionals), will experience more diverse student populations over time. The findings from this study show there are effective and efficient ways to identify areas of need of faculty with regard to increasing disability awareness and adopting inclusive instructional practices. The ITSI helps to identify these areas, encourages data-based decision making, and ultimately helps disability services personnel to focus their outreach efforts on empowering faculty with the resources they will need to support college students with disabilities.
Table 1

Comparison of Attitude Across U.S., Spain, and Canada

<table>
<thead>
<tr>
<th>ITSI Subscale</th>
<th>U.S.</th>
<th></th>
<th>Spain</th>
<th></th>
<th>Canada</th>
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<tbody>
<tr>
<td></td>
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<td>SD</td>
<td>M</td>
<td>SD</td>
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<td>SD</td>
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<tr>
<td>Accommodations</td>
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<td>0.46</td>
<td>2.08&lt;sup&gt;ac&lt;/sup&gt;</td>
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<tr>
<td>Disability Law and Concepts</td>
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<td>0.76</td>
<td>1.62&lt;sup&gt;ac&lt;/sup&gt;</td>
<td>0.57</td>
<td>2.97&lt;sup&gt;bc&lt;/sup&gt;</td>
<td>0.59</td>
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<tr>
<td>Accessible Course Materials</td>
<td>3.49&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>0.54</td>
<td>2.58&lt;sup&gt;ac&lt;/sup&gt;</td>
<td>0.47</td>
<td>3.37&lt;sup&gt;bc&lt;/sup&gt;</td>
<td>0.57</td>
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<tr>
<td>Inclusive Classroom</td>
<td>3.47&lt;sup&gt;ab&lt;/sup&gt;</td>
<td>0.51</td>
<td>2.52&lt;sup&gt;ac&lt;/sup&gt;</td>
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<td>3.36&lt;sup&gt;bc&lt;/sup&gt;</td>
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<td>2.78&lt;sup&gt;ac&lt;/sup&gt;</td>
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<tr>
<td>Inclusive Assessment</td>
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<td>2.66&lt;sup&gt;bc&lt;/sup&gt;</td>
<td>0.62</td>
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<tr>
<td>Course Modifications</td>
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<td>0.69</td>
<td>2.29&lt;sup&gt;c&lt;/sup&gt;</td>
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<td>1.86&lt;sup&gt;bc&lt;/sup&gt;</td>
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Note.  <sup>a</sup> t-test between U.S. and Spain significant, p < .05; <sup>b</sup> t-test between U.S. and Canada significant, p < .05; <sup>c</sup> t-test between Spain and Canada significant, p < .05; <strong>bolded</strong> values denote the highest score

Table 2

Comparison of Actions Across U.S., Spain, and Canada

<table>
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<tr>
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<td>Accessible Course Materials</td>
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<td>2.67</td>
<td>0.62</td>
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<td>0.62</td>
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<td>0.61</td>
<td>3.21&lt;sup&gt;c&lt;/sup&gt;</td>
<td>0.58</td>
</tr>
<tr>
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<td>2.19&lt;sup&gt;ac&lt;/sup&gt;</td>
<td>1.01</td>
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<td>1.47&lt;sup&gt;ac&lt;/sup&gt;</td>
<td>1.29</td>
<td>1.15&lt;sup&gt;bc&lt;/sup&gt;</td>
<td>0.69</td>
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Note.  <sup>a</sup> t-test between U.S. and Spain significant, p < .05; <sup>b</sup> t-test between U.S. and Canada significant, p < .05; <sup>c</sup> t-test between Spain and Canada significant, p < .05; <strong>bolded</strong> values denote the highest score
References


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This research was supported in part by funding from the U.S. Department of Education, Office of Postsecondary Education, Award No. P333A080037. The views expressed are solely our own.
### Appendix

#### Inclusive Teaching Strategies Inventory (ITSI) subscales, items, and response stems

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Stem</strong></td>
<td><strong>Attitudes:</strong> I believe it’s important to… <strong>Actions:</strong> I do...</td>
</tr>
<tr>
<td><strong>Accommodations</strong></td>
<td>allow students with documented disabilities to use technology (e.g. laptop, calculator, spell checker) to complete tests even when such technologies are not permitted for use by students without disabilities</td>
</tr>
<tr>
<td></td>
<td>provide copies of my lecture notes or outlines to students with documented disabilities</td>
</tr>
<tr>
<td></td>
<td>provide copies of my overhead and/or PowerPoint presentations to students with documented disabilities</td>
</tr>
<tr>
<td></td>
<td>allow flexible response options on exams (e.g. change from written to oral) for students with documented disabilities</td>
</tr>
<tr>
<td></td>
<td>allow students with documented disabilities to digitally record (audio or visual) class sessions</td>
</tr>
<tr>
<td></td>
<td>make individual accommodations for students who have disclosed their disability to me</td>
</tr>
<tr>
<td></td>
<td>arrange extended time on exams for students who have documented disabilities</td>
</tr>
<tr>
<td></td>
<td>extend the due dates of assignments to accommodate the needs of students with documented disabilities</td>
</tr>
<tr>
<td><strong>Accessible Course Materials</strong></td>
<td>use a course website (e.g. Blackboard or faculty web page)</td>
</tr>
<tr>
<td></td>
<td>put my lecture notes online for ALL students (on Blackboard or another website)</td>
</tr>
<tr>
<td></td>
<td>post electronic versions of course handouts</td>
</tr>
<tr>
<td></td>
<td>allow students flexibility in submitting assignments electronically (e.g. mail attachment, digital drop box)</td>
</tr>
<tr>
<td><strong>Course Modifications</strong></td>
<td>allow a student with a documented disability to complete extra credit assignments</td>
</tr>
<tr>
<td></td>
<td>reduce the overall course reading load for a student with a documented disability even when I would not allow a reduced reading load for another student</td>
</tr>
<tr>
<td></td>
<td>reduce the course reading load for ANY student who expresses a need</td>
</tr>
<tr>
<td></td>
<td>allow ANY student to complete extra credit assignments in my course(s)</td>
</tr>
<tr>
<td><strong>Inclusive Lecture Strategies</strong></td>
<td>repeat the question back to the class before answering when a question is asked during a class session</td>
</tr>
<tr>
<td></td>
<td>begin each class session with an outline/agenda of the topics that will be covered</td>
</tr>
<tr>
<td></td>
<td>summarize key points throughout each class session</td>
</tr>
<tr>
<td></td>
<td>connect key points with larger course objectives during class sessions</td>
</tr>
</tbody>
</table>
Inclusive Classroom

- use technology so that my course material can be available in a variety of formats (e.g., podcast of lecture available for download, course readings available as mp3 files)
- use interactive technology to facilitate class communication and participation (e.g., Discussion Board)
- present course information in multiple formats (e.g., lecture, text, graphics, audio, video, hands-on exercises)
- create multiple opportunities for engagement
- survey my classroom in advance to anticipate any physical barriers
- include a statement in my syllabus inviting students with disabilities to discuss their needs with me
- make a verbal statement in class inviting students with disabilities to discuss their needs with me
- use a variety of instructional formats in addition to lecture, such as small groups, peer assisted learning, and hands-on activities
- supplement class sessions and reading assignments with visual aids (e.g., photographs, videos, diagrams, interactive simulations)

Inclusive Assessment

- allow students to demonstrate the knowledge and skills in ways other than traditional tests and exams (e.g., written essays, portfolios, journals)
- allow students to express comprehension in multiple ways
- be flexible with assignment deadlines in my course(s) for ANY student who expresses a need
- allow flexible response options on exams (e.g., change from written to oral) for ANY student who expresses a need

Response stem

**I am confident in...**

Disability Law & Concepts

- my understanding of the Americans with Disabilities Act (1990) *
- my responsibilities as an instructor to provide or facilitate disability related accommodations
- my knowledge to make adequate accommodations for students with disabilities in my course(s)
- my understanding of section 504 of the Rehabilitation Act of 1973 *
- my understanding of Universal Design
- my understanding of the legal definition of disability

*Note. *Canadian and Spanish versions of the ITSI included the legal wording of laws that are similar to these listed American laws.
Educating Nursing Students with Disabilities: Replacing Essential Functions with Technical Standards for Program Entry Criteria

Susan B. Matt
Donna Maheady
Susan E. Fleming

Abstract
Across the globe, students with disabilities have been increasing in prevalence in higher education settings. In the twenty-first century the struggle to include individuals with disabilities into nursing schools and workplaces continues in different parts of the world. Historically, entry criteria in nursing schools have been based on essential functions, which were primarily designed to be used in the workforce, rather than technical standards for education. In other health professions, such as medicine, this is not necessarily the case. For example, the American Association of Medical Colleges has worked over the past two decades to develop appreciation among medical schools for the need to admit and accommodate students with disabilities. We argue that nursing has not followed suit. This paper presents an integrative literature review, consisting of material from the United States, Ireland, United Kingdom, and Australia, investigating compelling stories, legal mandates, websites, and extant literature looking at essential functions or technical standards as entry criteria for nursing schools. The results show that, when essential functions for employment are used in nursing education, they may be a barrier to entry into that program. The paper concludes with recommendations for well-defined technical standards for nursing schools to be used primarily as entry criteria.

Keywords: Nursing students with disabilities, technical standards, essential functions, entry criteria

In the twenty-first century, the challenges of including individuals with disabilities in nursing schools and workplaces continue throughout the Western world. Laws preventing discrimination against these individuals have been enacted; however, the interpretations of those mandates are often unclear and questions remain (Matt, Fleming, & Maheady, 2015). The main issue involves what constitutes essential functions in the workplace and whether these standards are appropriate for use as entry criteria in educational programs. As is the case with most practice professions, particularly those in the health care professions, postsecondary education of nursing students has traditionally been viewed as the preparation of practitioners. To that end, nursing programs strive to provide students with realistic clinical experiences in which students are expected to function in health care settings, providing hands-on care to patients to assist students in developing skills in the classroom and lab settings that they can apply later to a work environment. Faculty often look to the work environment, using essential functions of the job, for guidance to determine appropriate accommodations for students with disabilities in these preparatory programs. The primary focus of this paper is to investigate the compelling stories, laws, websites, and extant literature reporting a different approach for entry criteria and accommodations for nursing students, one that relies on technical standards rather than essential functions of future employment in the educational context. The authors conclude with specific recommendations for development of entry criteria and determination of accommodations based on technical standards.

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Review of the Literature

Using a method described by Whittemore and Knafl (2005), the authors conducted a broad, systematic integrative review of this topic. This review encompassed an in-depth investigation of personal stories, legal mandates, websites, and a systematic review of the extant literature from the U.S., Ireland, U.K., and Australia, using the following search terms: nurse AND disability OR nurse AND essential functions OR nurse AND technical standards, in CINHAL for 2007-2015 and on the Internet. Articles, laws, relevant cases, and websites were selected based on the relevance to this concept. Three themes related to this investigation emerged: legal mandates for disability accommodation in higher education, students with disabilities in health professions training programs, and the use of employment-related essential functions in educational contexts.

Legal Mandates for Disability Accommodation in Higher Education

Statutory Authority

While the Americans with Disabilities Act ([ADA]; 1990) is widely recognized as the law that made reasonable accommodations for individuals with disabilities a common household word in the U.S., Section 504 of the Rehabilitation Act of 1973 was the first legal mandate to protect students with disabilities from discrimination. Ireland, the U.K., and Australia have similar laws that protect students with disabilities in higher education (Irish Statute Book, 2005; United Kingdom Parliament, 2010; Australian Human Rights Commission, 2015).

While enacting Section 504, the American Congress found that “disability is a natural part of the human experience and in no way diminishes the right of individuals to - (F) enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society” (29 U.S.C. § 701(a)(3)(F)). Section 504 stipulates that, among other mandates, qualified students with disabilities shall not be excluded from participation in any program or activity receiving federal financial assistance solely on the basis of the disability. The definition of a disability is the same as that in the ADA: a physical or mental impairment that substantially limits one or more major life activities, a record of having such an impairment, or being regarded as having such an impairment (42 U.S.C. Chapter 126 § 12102(2)). Postsecondary schools receiving federal financial assistance must also provide auxiliary aids to students who are disabled. If an aid is necessary, the institution must make it available, unless provision of the aid would cause undue burden. A student with a disability may not be required to pay part or all of the costs of that aid or service (U.S. Department of Education, 1998).

Section 504 also provides for technical standards, defining a “qualified handicapped person” as one who meets the “academic and technical standards requisite to admission or participation in the recipient’s education program or activity” (Title 34 Education Part 104, Subpart A §104.3(l)(3)). In this context, technical standards are the requirements for admission into and participation in the educational program. On its face, this is different from essential functions, which are included in ADA in the context of employment. According to the ADA, an individual with a disability must be qualified to perform the essential functions of the job with or without reasonable accommodation to be protected by the law (EEOC, 2008).

The purpose of the ADA was clearly to eliminate discrimination against individuals with disabilities (42 U.S. Code Chapter 126 § 12101(b)(1)). Title I addresses employment and Title II addresses public services, neither of which applies to students in higher education; however, Title III addresses public accommodations and services operated by private entities, which does include institutions of higher education and their students. Included in the definition of public accommodation are “a nursery, elementary, secondary, undergraduate, or postgraduate private school, or other place of education” (42 U.S. Code Chapter 126 §12181 (7)(J)).

Other countries have also enacted laws to protect individuals with disabilities in higher education. In Ireland, the law is the Disability Act of 2005; the U.K. enacted the Equality Act of 2010; and Australia passed the Disability Discrimination Act of 1992 (Irish Statute Book, 2005; United Kingdom Parliament, 2010; Australian Human Rights Commission, 2015).

In 2005, Ireland enacted the Disability Act of 2005, with a provision mandating public bodies to support access for persons with disabilities over 18 years of age to services and facilities such as educational institutions. The Act is dedicated to mainstreaming people with disabilities in society through education and employment. Specifically, this Act postulates that persons with disabilities are entitled to an independent assessment of their health and educational needs and will be offered a report of a statement of services to be provided (Irish Statute Book, 2005). There is funding available specifically for students with disabilities to fund educational supports. For example, if a student requires a piece of assistive software, the college will apply to the Fund for Students with Disabilities on the
student’s behalf, then buy the software and deliver it to the student (Association for Higher Education Access & Disability [AHEAD], n.d.).

The Equality Act of 2010, passed by Parliament in the U.K., harmonized and/or extended discrimination laws, including those pertaining to students with disabilities. This law made it unlawful to discriminate against students with disabilities in universities by treating them less favorably or offering fewer services. In addition, universities must make “reasonable adjustments” for students with disabilities so they are not significantly disadvantaged when compared to able bodied students (United Kingdom Parliament, 2010). The law also introduced anticipatory duties, for example, requiring the designing or redesigning of curricula and study programs to be as inclusive as possible from the start. Students with disabilities in higher education are eligible for Disabled Students Allowance (DSAs) to cover extra disability-related costs or expenses (Disability Rights U.K., 2013).

The Disability Discrimination Act (DDA) of 1992 in Australia provides protection from discrimination for all people in Australia, including relatives who are treated less fairly solely due to their relationship to individuals with disabilities. Specifically for educators, the DDA states: “If a person with a disability meets the essential entry requirements, then educators must make changes or ‘reasonable adjustments’ if that person needs them to perform essential course-work.” (“Course changes,” n.d., para 10). The DDA specifies that the essential entry requirements are specific to course work (Australian Human Rights Commission, 2015; Commonwealth of Australia, 2005).

**Case Law**

There have been court cases addressing educational institutions’ appropriate investigation of accommodations for students with disabilities. In one case, the court overturned a lower court’s support of dismissal of a medical student because the court determined that the dean did not investigate the student’s proposed accommodation, instead denying the request for accommodation through the registrar (Weber, 2000).

A particularly impactful case, *Southeastern Community College v. Davis* (1979), involved a hard of hearing applicant to a nursing program. The U.S. Supreme Court held that an applicant with a hearing impairment is not “otherwise qualified” because she could not meet physical qualifications of the program. The applicant in the case was unable to understand speech without lip-reading. Since that time, advances in technology have improved the ability of individuals with hearing loss to communicate. Hearing aids and cochlear implants today make it possible for people to accommodate for their hearing loss. The Davis case also established the permissibility of technical standards in higher education.

**Students with Disabilities in Health Related Academic Programs**

Medical schools have admitted and graduated students with a variety of disabilities. In fact, a medical student was admitted to a program when he was legally blind, receiving accommodation on the medical college application test of a scribe and a reader and later making rounds as a fourth year student with his guide dog at a Veterans Administration (VA) hospital (Villarosa, 2003). The Association of American Medical Colleges ([AAMC]; 2005) published a report describing various disabilities in medical education, guidelines for accommodation, and court decisions regarding the need to accommodate in the context of health professions training programs. The AAMC cited the *Davis* case, as well as others that specifically pertain to medical school students. The courts generally found that schools were not required to accommodate if necessary modifications would fundamentally alter the academic requirements “essential to the program of instruction” and “impose an undue burden on faculty.”

The AAMC has published multiple documents since the implementation of the ADA addressing the accommodation of students with disabilities in medical schools and technical standards for medical students (Eickmeyer, Do, Kirschner, & Curry, 2012). These publications continue to refer to the definition of technical standards from a 1979 Special Advisory Panel report, which included the following categories of necessary skills and abilities: “(1) observation, (2) communication, (3) motor, (4) conceptual, integrative, and quantitative, and (5) behavioral and social” (p. 568). Although the advisory panel did not find that use of intermediaries was an appropriate accommodation for students with disabilities, the Association of Academic Physiatrists (1993) published a white paper addressing the issue, emphasizing accommodation and alternative means, and stating “the candidate who cannot perform these activities independently should be able, at least, to understand and direct the methodology involved in such activities” (p. 47). According to Eickmeyer et al. (2012), there is no consensus within the medical profession about the technical skills required of medical students and they suggest revisiting these standards to be less of a barrier to admission of students with disabilities to medical schools.
In Ireland, the Association for Higher Education Access and Disability (AHEAD) “is an independent non-profit organisation working to promote full access to and participation in further and higher education for students with disabilities and to enhance their employment prospects on graduation” (http://www.ahead.ie/aboutus). In addition, they coordinate the LINK Network, which is a coalition of seven partners located in Europe (i.e., SIHO in Belgium; AHEAD in Ireland; handicap + studie in Netherlands; DSIS in Slovakia; Stockholm University in Sweden; Universell in Norway; and the National Association of Disability Practitioners [NADP] in U.K.) dedicated to sharing ideas and improving current practice and standards in their respective countries. AHEAD published guidelines for working with midwifery and nursing students with disabilities in clinical practice, a document that describes a needs assessment process for determining appropriate accommodation for identified disabilities in clinical environments, giving examples of accommodations for specific disabilities (i.e., visual, cognitive, physical, and mental health). A case was presented in which a midwife who suffered from depression as a student was given an accommodation of reduced hours and flexible hours as a means to complete her placements and achieve her postgraduate requirements (McKernan & Quirke, 2012). Although no longer in existence, Skill: National Bureau for Students with Disabilities, published one of its more useful publications, encouraging students with disabilities to consider a wide range of career options, which included case studies of individuals with a range of impairments who had studied nursing successfully and were employed. This publication (Into Nursing and Midwifery, n.d.) also included useful practical advice about the applications process.

In the U.S., examples of nursing students with various disabilities being admitted, receiving accommodations and going on to practice as nurses are reported in the literature. In one such case, a nurse born with spina bifida, who uses a wheelchair, reports her interaction with the assistant dean:

We knew that we were going to have to pick apart each clinical and assess whether or not I absolutely had to perform every skill. If it was not an essential function for nursing, then we discussed delegating the task. If I knew there was a lift or transfer that I could not perform, I asked a classmate to do it for me, promising to lend my help when he or she needed it. (Maheady, 2006, p.76)

In another example, a nurse was accommodated for hearing loss with an amplified stethoscope and front row seating while in nursing school. She later had a cochlear implant and now works as a nurse in an intensive care unit (Maheady, 2014).

Scholarly literature addressing the issue of technical standards in nursing programs is scarce. In fact, in the U.S., only one such paper was found in an extensive online search. In 1995, Watson surveyed baccalaureate nursing programs to explore responses and reactions to applicants to the programs and students with disabilities. In the article, Watson discussed the lack of technical standards in nursing schools and included core performance standards required for nursing, developed by the Board of Directors of the Southern Council on College Education for Nursing. The standards were broken down into the following issues: critical thinking, interpersonal, communication, mobility, motor skills, hearing, visual, and tactile (p. 150). Although these standards targeted nursing programs in Southern states, they specifically focused on nursing skills and did not address necessary skills for nursing students. Watson stated that “[c]urrent accurate performance expectations and technical standards have been needed for some time” (p. 152). It is clear that these are still needed.

**Essential Functions of Employment vs. Academic Technical Standards**

There is no published document from any American nursing school accrediting body providing guidelines for technical standards and accommodation of students with disabilities in nursing training programs comparable to the publication from the AAMC. In 1996, however, the National Council of State Boards of Nursing (NCSBN) supported a study conducted with the express purpose of validating previous studies to assist state boards of nursing in evaluation of candidates for licensure in light of the Americans with Disabilities Act (Yocom, 1996). The researcher specified tasks and skills that were identified by practicing nurses, and the study was subsequently the basis for entry criteria developed by a number of nursing programs across the United States (e.g., American International College, 2012; Hackensack UMC Mountainside School of Nursing, 2011; Missouri State University, 2012). Yocom explained at the Rush University College of Nursing Symposium on Nursing Students with Disabilities that the Validation Study was not the list that students must possess, but it is a representative list of skills and abilities that students may need to possess (Pischke-Winn, Andreoli, & Halstead, 2003).
As noted above, Ireland’s AHEAD provides support for educational institutions such as conducting a needs assessment of people with disabilities, where reasonable accommodations can be identified. AHEAD specifies that reasonable accommodations can enable students to perform “essential tasks” that are pertinent to their current courses and can transition to assist them in the workplace. They carefully focus on current course work (AHEAD, 2015).

Stanley, Ridley, Manthorpe, Harris, and Hurst (2007) studied disabled students and practitioners in social work, nursing and teaching. They reported that employers and staff in higher education have often struggled to reconcile professional demands and fitness for practice concerns with disability legislation. Interestingly, by addressing the barriers in the educational context, employers may be made aware of strategies to improve the work environment for graduate nurses with disabilities, thus increasing inclusivity in the nursing profession (Crawshaw, 2002).

In a comprehensive guide to support nursing and midwifery students with disabilities in clinical settings, Howlin and Halligan (2011) provide a detailed discussion of legal protections for students with disabilities in Ireland. This publication provides extensive information about the preparation of students for practice, including the distinction between the competencies required by regulatory bodies and the mechanisms by which individuals may achieve them in the educational setting. The guide provides examples of suggested accommodations for a variety of specific disabilities in the context of nursing and midwifery education and the Employment Equality Acts in Ireland.

Similarly, in the U.S., the Job Accommodation Network (2013) published a guide for disability accommodations in the context of nursing, which provides practical solutions to accommodating specific disabilities in compliance with the ADA. The same accommodations are available to students with disabilities in clinical settings.

Discussion

In the U.S., the Rehabilitation Act of 1973 introduced the concept of essential functions of a job, requiring individuals with disabilities to be able to perform these essential functions with or without accommodation in order to be eligible for employment. Employers determine the essential functions for a particular job, and the functions are related to each individual employment setting and each individual job. In the context of higher education, however, essential functions are not a consideration. Technical standards, or eligibility criteria, define the parameters of what must be done to ensure safe and effective practice in a given field (Jarrow, 2014). They might be thought of as the essential functions of a health professions training program, as defined by the school (VanMatre, Nampiaparampil, Curry, & Kirschner, 2003). They differ from the essential functions of a job and should not be based on essential functions defined by employers in health care workplaces.

This means that entry criteria for nursing programs should not be based on requirements by employers for nurses to enter employment. Technical standards must reflect current practice and not historical precedent. For example, a nursing program cannot include a standard requiring the ability to lift 50 pounds because, in the past, there were no mechanical lifts or lift teams and nursing students were expected to be able to move patients. Moreover, technical standards cannot specify how a skill must be accomplished; they can only require that a person accomplish the skill. For example, a standard might be that the individual must be able to detect blood pressure and heart sounds, but it cannot state that the individual must use specific equipment (i.e., standard hospital stethoscopes and blood pressure cuffs) to accomplish this, allowing for reasonable accommodation and the use of non-traditional equipment.

In the context of technical standards, future employment cannot be a consideration (Jarrow, 2014). Since nursing graduates may find employment in a variety of environments, it is not reasonable to assume they will require every ability and skill imaginable. Jarrow (2006) describes the example of a statement that a nurse must be able to climb stairs; however, climbing stairs is not a nursing task, nor is it required in every employment situation. If it is an essential skill that every nurse must have, it should be built into the program as a skill to be developed.

Technical standards are used as entry criteria; thus, they are not exit criteria and should not reflect skills that students must demonstrate by completion of the program. Those would be considered competencies and must be taught and evaluated in the program. Technical standards are skills and abilities that are needed to be successful in the program (Jarrow, 2014).

Essential functions may be a barrier to entry into a nursing job for an individual with a disability, but technical standards that are well written should not be a barrier to entry into a nursing program. They should be applied equally to all students and should not serve as a way to screen out certain students; instead, they should serve as information to help students know what to expect. They should focus on the skills students will need in order to learn to perform nursing skills, not how the students will perform those skills (Evans, 2014).
Conclusion and Recommendations

As is the case in medical schools, students with disabilities are underrepresented in nursing schools, although numbers are unavailable since disability data is not collected in this context in most programs (Marks & Ailey, 2014). It is clear from the literature that the AAMC has been working to address this phenomenon by providing research and papers that encourage reasonable accommodation in medical schools. Researchers have lamented that technical standards need to be revisited to break down barriers to the admission of students with physical and sensory disabilities to medical schools. Nursing school accrediting associations have not given as much attention to this problem. Consequently, some schools continue to base admission criteria on Yocom’s Validation Study, which was focused on practicing nurses rather than nursing students.

Advances in technology and legal mandates requiring equal access to educational programs make it imperative that nursing schools revisit technical standards and admission criteria to ensure that individuals with disabilities are not arbitrarily excluded from nursing education. The American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN), as well as European nursing program accrediting bodies, should begin an in-depth process to develop comprehensive, realistic technical standards, appropriate to current professional nursing roles and nursing educational objectives and strategies, to assist nursing schools in their efforts to comply with the Americans with Disabilities Act mandates.

Nursing programs should develop technical standards considering the following guidelines:

- Do not use exit standards as entry standards.
- Focus on the abilities and skills students need in order to learn nursing skills, not how they will do them.
- Standards must be equally applied to all applicants, not only those with disabilities.
- Consider accommodations and alternative ways of accomplishing tasks, but do not include specific accommodations in the standards.
- Include the tag line: able to meet these requirements with or without reasonable accommodation.
- Do not conflate technical standards with essential functions of a specific nursing job.
- Work with the school’s office of disability services.

In a white paper addressing inclusion of students with disabilities in nursing schools, Marks and Ailey (2014) suggested model technical standards for nursing schools. Examples of technical standards included in the white paper are:

- Ability to learn in classroom and educational settings.
- Communication abilities for sensitive and effective interactions with patients (persons, families and/or communities).
- Ability to observe patient conditions and responses to health and illness.
- Ability to assess and monitor health needs.
- Critical thinking, problem-solving and decision making ability needed to care for persons, families and/or communities across the health continuum and within their environments – in one or more environments of care.
- Concern for others, integrity, ethical conduct, accountability, interest and motivation.

At the very least, nursing schools should be engaging in a dialogue about technical standards and accommodation of students with disabilities. Through such dialogue, the need to comply with legal mandates and the benefits of designing nursing education to include individuals with disabilities will be realized, opening the doors to a population of future nurses that will bring unique perspectives to the profession and benefits to the patients they serve.
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Universal Design for Learning and Its Application to Clinical Placements in Health Science Courses (Practice Brief)

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Phil Halligan²
Mary Quirke³

Abstract
In 2013 Ireland’s Association for Higher Education, Access and Disability (AHEAD), in partnership with the School of Nursing University College Dublin (UCD), hosted a summer school for professionals working in the Health Sciences sector who have responsibility for including students with disabilities in the health professions, including clinical placements. The topic of Universal Design for Learning (UDL) was explored and particular emphasis was given to how these principles could translate into practice on clinical placements sites. The summer school used a positive enquiry method to open a detailed dialogue about the inclusion of a diverse range of students in Health Sciences, especially students with disability. The participants comprised 25 academics working across a number of health-related sciences including nursing, medicine, and physiotherapy. While each participant is an expert in their occupational area, they attended the workshop because of an interest in inclusive practice. Using a framework presented by Dr. Joan McGuire from the University of Connecticut, the group explored how Universal Design interacts with the performance standards to be achieved by students in clinical placements. The rich discussion generated a wide variety of examples of the application of UDL. The paper is a summary of the findings of the summer school.

Keywords: Universal design for learning, health related sciences, diversity

Background
Today higher education is a far more diverse place with far greater numbers of students from different backgrounds including students with disabilities; mature students; lesbian, gay, bisexual and transgender (LGBT); and those from a range of cultural backgrounds. This change in the profile of participants in higher education has obvious implications for teaching and learning and for academic and other professional staff who are committed to creating learning environments in which all students can learn on an equal footing.

Students with disabilities have an equal right to take part in all aspects of the course, but the question is: are they getting the opportunity to exercise those rights or are they being excluded? Research into the participation rates of students (Association for Higher Education, Access and Disability [AHEAD], 2013) with disabilities suggests that while the culture and practice within academic courses is changing and there has been an increase in the enrolment of students with disabilities across many health-related science courses, students with disabilities remain very under-represented on many professional courses, in particular health related sciences.

This is not just an Irish problem as students with disabilities meet barriers in accessing higher education across the European Union (EU). According to the Organisation for Economic Co-Operation and Development (OECD), the under-representation of students with disabilities in higher education is largely because “tertiary education fails to make disability a component of their policy or to promote an inclusive ethos that mobilizes the entire community around the success and future of each student” (OECD, 2012, p.100).

¹ AHEAD, Ireland; ² School of Nursing, University College Dublin; ³ AHEAD, Ireland
In the past, the inclusion of students with disabilities has been perceived as the job of a disability specialist. This approach is based clearly within the medical model, as the student was expected to be assimilated into the structure of the existing course with additional support added on. This approach is recognised as a retro-fit model that relies on the student making the adjustments without any obligation on staff to change the structure of the course itself. Such a model will only work with small numbers of students and does not have the capacity to deal with the ever-increasing number of students with disabilities who are successfully making the transition to higher education. More recent thinking on inclusion is about taking a Universal Design for Learning (UDL) approach.

UDL designs learning with the learning requirements of all potential learners in mind and recognises that every student is an individual with different ways of learning, motivations, and experiences that need to be considered. Within the UDL model, the inclusion of students with disabilities is no longer seen simply as the job of the disability support service, but “it is the job of all higher education staff to be more responsive to learner differences and to be more open to multiple ways of engaging all of their students, including students with disabilities” (Rose & Meyer, 2014, p. 89). Many Irish Institutions of Higher Education publicly state their commitment to UDL principles and there are many examples of excellent practices in this area. However, the development of UDL can still be seen as experimental and requires more critical attention and evaluation as this theory evolves into efficacious practice.

**Universal Design for Learning**

So what is UDL? Universal Design is a term borrowed from architecture and, when translated into education, means designing the course for all potential learners. Until now, outside of architecture, the term Universal Design has been perceived as of relevance to people with disabilities only. However, according to O’Leary and Gorden (2009, pg. 22-23), a focus only on the needs of people with disabilities have been incorporated only due to an accessibility guideline, or legal imperative, to assist wheelchair users. However, such a facility is clearly of great use to a large number of non-wheelchair users. Parents with buggies, delivery personnel or people with luggage are all examples of people for whom the design is improved through the incorporation of the elevator.

UDL is the design of learning for a diversity of learners, proactively anticipating the different learning needs of ALL learners. It recognises the uniqueness of individuals and promotes choice in how learning takes place, and how learners may choose to engage with learning tasks in order to meet the learning outcomes. It applies to all aspects of learning including declarative, procedural, affective, and conditional knowledge and how they come together in the acquisition of knowledge and skills. Thus, UDL can support engagement in the academic process as a key component of retention (Thomas, 2013).

Knaflag (2013) describes four levels of Universal Design (see Figure 1):

1. Level one states that learning is designed to include the variability of learners in ordinary learning activities. According to Rose et al. (2014, p. 89), “the needs of all students are considered minimizing the need for retrofitting and subsequent accommodations.”
2. Level two recognises that certain groups of students have similar needs and can be addressed by making adaptations for the group, for example getting a site licence to put software on all college computers for students with dyslexia, ensuring all materials are accessible.
3. Level three recognises the need for some students to have an individualised accommodation such as text to speech software for students with visual impairments.
4. Level four applies to individual students who require additional personal support such as a sign interpreter or a mentor or coach.

Universal Design for Learning is consistent with the approach of learner-centred pedagogy outlined by Huba and Freed (2000), which views learning as a cognitive and social act and emphasises the importance of a culture of engagement and the capacity to persist with that engagement. They state that “learning is socially constructed. In learner-centred environments, all learners-students are respected and valued” (p. 33).
This UDL model represents a shift from the more traditional teacher-centered approach, in which the teacher is the source of knowledge, to a model in which the student is actively engaged. In managing this cultural change, a coherent approach to staff development is a key factor in moving forward as academic and other staff will require up-skilling in learner-centred strategies and understanding the barriers students may meet.

The Bologna Agreement and Its Implications for Higher Education

UDL is a framework within which institutions may meet their Access obligations outlined within the Bologna Policy Forum, statement on social Inclusion policy (2009). Clause 9 of the Agreement, the Social Dimension, which places responsibility on institutions to include students with disabilities on a whole college basis states:

Access into higher education should be widened by fostering the potential of students from under-represented groups and by providing adequate conditions for the completion of their studies. This involves improving the learning environment, removing all barriers to study, and creating the appropriate economic conditions for students to be able to benefit from study opportunities at all levels. (p. 4)

The Bologna Agreement is an important policy directive for inclusion as students with disabilities are a growing population, making up between 3 to 12% of the student population across the EU. In Ireland we know that they are studying across all curriculum areas, including computing, information technology, journalism, languages, medicine, accounting, law, social science, arts, and education, many of which have mandatory study abroad elements (AHEAD Participation Rates 2013-14). Although they meet the same entry requirements, they have different learning requirements to other students and therefore require greater flexibility in how the learning environment is designed. This includes all aspects including clinical placements.

Another implication of the Bologna Agreement in higher education across the EU is the emphasis on employability. This has resulted in interaction with the workplace. Many professional courses, particularly in the health-related sciences, have a mandatory work placement element. An external element of a course can create a number of challenges for colleges as this creates a more complex learning environment within which student learning is dependent upon the skill of staff not employed within the educational institution itself, but within the work or clinical setting. In relation to students with disabilities, it is important that there are no unnecessary or irrelevant barriers in the transition to the work placement or in the learning environment of the work place. Furthermore, students have a right under Equality in Employment Legislation to receive a reasonable accommodation to enable them to carry out their work, so long as it does not create a disproportionate burden on the employer (Irish Statute Book, 2004). Within the health-related sciences, the clinical placement for students with disabilities requires careful management to ensure that students with disabilities and staff are supported so that they can acquire the requisite skills.

Case Study

Suzanne was studying for a Nursing Degree. She has dyslexia but was given a place on the course on merit. She coped well enough during the first term in college with the academic demands and submitted her assignments on time, but she got into some difficulties when she went out on her first clinical placement in a hospital. While a needs assessment had been carried out regarding Suzanne’s academic skills, it had not looked at the demands of the workplace nor at what accommodations would be feasible in a hospital ward. When she arrived and disclosed her dyslexia and requested the use of her LiveScribe Pen to take her notes, she was refused by the ward supervisor. She said she felt that “I have to fight all the time for everything.” This was not a good start and while it was resolved in the end by explaining to the supervisor what a LiveScribe Pen is and agreeing on confidentiality issues that may arise, a more coherent approach to the clinical placement would have anticipated and avoided the difficulty, making her feel more welcome.

Universal Design for Learning Applied to Clinical Placements

This paper proposes that extending the principles of UDL to the clinical learning environment is consistent with maintaining robust standards. However, it is challenging and it means introducing greater flexibility and variability of options for how to achieve the performance standards outlined by the Nursing Board in the Code of Conduct and Ethics for nurses and midwives. Using the UDL approach within the clinical environment will provide a greater range of means to reach the standards. Rose, Meyer, and Gordon (2014) state that “UDL happens both in the design, and in the use of
design to facilitate the appropriate, dynamic interaction between learner and context” (p. 11).

It should be recognised that the clinical placement represents a totally different learning environment to the academic environment and presents a whole new set of challenges. One of the principal challenges is the non-negotiable element of many of the fitness-to-practice standards, which means that a student must demonstrate that they have reached the standard when working with patients. For example, when a student is working with a fitness-to-practice element such as inserting a needle into a patient’s body to take blood, the student must be competent. Managing the transition requires planning so that the student is encouraged to make the links between the academic learning environment and the clinical work placement and to consider the fitness to practice elements of a clinical work place.

Implementing UDL within a Clinical Learning Environment

Many health-related sciences including nursing contain a mandatory clinical placement as part of the course which takes place in the workplace and in which standards of competence must be demonstrated with no room for error in relation to patient care and safety. This is a complex situation as the student with a disability must acquire proficiency in tasks but also has a legal entitlement to be assessed using accommodations that are reasonable, fair, and which do not compromise on the technical standards of the course.

During the summer school workshop, the question posed to the group was: What would UDL look like within a clinical learning environment? The challenge, therefore, is to explore the clinical learning environment through a UDL lens and to consider how to balance flexibility while also maintaining robust technical practice standards. The Universal Model (Figure 1) illustrates how flexibility and variability can be embedded into the normal learning environment. This model provides a framework for the implementation of UDL in education for a diversity of students. In brief, the summer school focus group used the nine Principles of Universal Design for Instruction (Scott, Shaw, & McGuire, 2003) as the basis for discussion (see Appendix).

Summary of the Discussion Outcomes

Participants took each of these principles and in small groups explored what they would look like in a clinical setting and what the implementation challenges would be, if any. In addition to summary comments in Appendix 1, the following two examples will provide a sense of how these discussions ensued.

Example Summary 1

Principle 1: Equitable Use. The first of these principles states that all the students can access the learning experience equally in real time. On a clinical placement this means ensuring that the students would be able to disclose their impairment in a safe environment so that they would be supported appropriately. To identify the support and accommodations needed on a clinical placement, it is important to ensure that a needs assessment for the placement is conducted. In order to identify any accommodations in the needs assessment it is important to consider what the demands of the placement are. Both the learning objectives and job specification of the placement must be clearly identified to the student prior to the placement. Then the student should be involved in the discussion about how these objectives interact.

The idea of a pre-placement orientation was seen as very helpful as it would enable the student to suggest different ways of doing tasks which could then be discussed with the clinical supervisor (e.g., using technology to take patient notes). The pre-placement visit and involvement of the student and supervisor in the discussion about the variability of how the objectives could be reached was seen as key to getting agreement on accommodations that would work. The discussion on learning objectives also had to explore the variability of assessment methods available to all students. For example, some objectives/tasks may be amenable to a choice of assessment instruments, such as writing a reflective report based on an evaluation of local practice or writing an assessment practice report (McNulty, 2011).

Example Summary 2

Principle 5: Tolerance for Error. The principle of tolerance for error created the most concerns and differences of opinion within the group. The words “tolerance for error” could be seen to imply tolerating low standards of performance. On a clinical placement there can be no room for low standards of performance. However it should be recognised that getting it wrong is a part of learning and of eventually getting it right. This principle refers to the creation of a positive culture of reflective learning and constructive feedback that actively supports learning.

There was the unanimous view that within the clinical environment, patient safety and care were the priority and there was no room for error in the execution of many non-negotiable tasks. The discussion

Appendix 1, the following two examples will provide
highlighted the need for mentoring and support for the student and the role of consistent, constructive feedback in the acquisition of skills and competencies. The requirement for staff training was raised as a priority for all mentors/supervisors. Such training should equip staff with an understanding of the impact of the impairment and knowledge about accommodations and alternative ways of doing things that compensate for the student’s impairment. One example to emerge from the discussion was the use of electronic devices to record notes instead of writing by hand. In managing a clinical situation in which competence to do the job is balanced with the need to provide accommodations, it was felt that greater clarity around the job specification and actual tasks where competence is non-negotiable (e.g., taking blood) is required. There should be a distinction made between the non-negotiable and the negotiable tasks, thus allowing greater flexibility in learning how to do them proficiently. The group clearly felt that students with disabilities who do not reach the standard, with or without accommodations, should not be allowed to pass.

Affective and motivational learning is an integral aspect of the psychology of learning. Therefore, creating a sensitive and supportive learning environment on clinical placements is essential. Mentoring was identified as a model capable of structuring the engagement and motivation of students and of helping them to develop their confidence learning function. According to Thompson (2009) the role of the expert tutor is instrumental in engaging and motivating the student:

The expert tutor and the less expert work together to achieve the student’s goal…unless the relationship between the tutor and the student is highly interactive, learning is not likely to occur, even though active participation is not by itself sufficient for learning. In other words tutors balance between encouraging student responsibility and ownership and guaranteeing successful student performance. (p. 419)

This balance of instruction and challenge is the essence of the supportive relationship on a clinical placement.

Conclusions

This account of the conference discussions highlights the relevance and application of the UDL approach to clinical placements on health-related science courses with a particular focus on students with disabilities. As a framework, UDL and UDI provided the participating clinicians, academics, and disability officers with key principles of Universal Design to evaluate against the practical day-to-day realities of the clinical environment. The process of applying the nine principles of UDI to clinical placements has led to a greater understanding of UD and has generated new information as examples of good practice based on these principles. Possible actions were shared and discussed by members of the summer school group. This summer school created an environment for in-depth discussion and analysis of the many issues involved in striking a balance between maintaining technical nursing standards, fitness-to-practice requirements, and introducing greater flexibility and tolerance for error. Members of the group openly explored their successes, reservations, and mistakes in relation to the complex issues that could arise. Collectively the group considered theories of UD in practice and discussed what it meant, from their own experience, when applied to the experiences of students with disabilities on clinical placements. As a result of this dialogue and analysis, many ideas and examples of innovative practises on clinical placements were identified and disseminated, thus generating new knowledge.
References


About the Authors

Ann Heelan received her B.A. degree in English and French and a Higher Diploma in Teaching from University College Dublin and a Masters in Education from Sheffield University. Her experience includes working as a teacher in further education and adult education, and a manager of Disability Services for young people with learning difficulties for many years. Currently CEO of AHEAD, the Association for Higher Education, Access and Disability in Ireland, she works with a team of committed Board members and staff to improve the experiences of students with disabilities in both education and work.

Phil Halligan received her B.N.S. degree in Nursing from University College Dublin, Ireland and a Ph.D. from Smurfit Graduate Business School, University College Dublin. Her experience includes working as a critical care nurse for over fifteen years and as an academic in the past fifteen years in many countries worldwide. She is currently a lecturer in the Department of Nursing, Midwifery and Health systems in University College Dublin. She has a strong interest in supporting students with a disability in the teaching and learning support provided for students with disability on work placements. Her research interests include: disability support in clinical practice, reasonable accommodations, leadership and professional practice environments. She can be reached by email at: phil.halligan@ucd.ie.

Mary Quirke received her registered nursing qualification from the Mercy Hospital in Cork, Ireland and her registered Midwife Qualification from the Cork School of Midwifery. Mary qualified as a career guidance counsellor from University College in Cork and her MA.in Adult & Community from Maynooth University. Mary Quirke is currently Assistant Director with AHEAD. While very involved in the work of AHEAD, Mary manages a European network - LINK - which shares learning and practices on Universal Design of Learning, and also manages the projects focusing on transitions including the WAM project (a work placement programme that engages with employers to create opportunity for graduates with disabilities) and GET AHEAD (this focuses more on building the capacity of graduates with disabilities and enabling them to make positive transitions to work).

She has worked in the area of disability, education and guidance for over 20 years now and past roles have included working with the HSE, the National Learning Network, FETAC and the Institute of Guidance Counsellors. Mary has a keen interest in mentoring and empowering people seeking to attain their personal goals; and she has presented at conferences nationally and internationally on the subject and also contributed to publications on the topic. Mary can be reached at mary.quirke@ahead.ie.
Appendix

Guidelines on the Application of Principles of Universal Design in a Clinical Placement

<table>
<thead>
<tr>
<th>Principle</th>
<th>What is it?</th>
<th>Example in practice on clinical sites</th>
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<tr>
<td>Principle 1: Equitable</td>
<td>Clinical placements are designed to be accessible to all the learners and to provide students with equivalence of use. All students learn equally. On the job teaching is made accessible to all the students including those with different learning abilities. All students should have the same means of learning.</td>
<td>The tasks to be carried out by the student are clearly identified and in some cases can be viewed on a pre-placement visit. The tasks are broken down into a structured and logical format for example, simple to more complex. Information on the work placement is provided to the student in advance of the commencement of the placement and an assessment of accommodation needs takes place prior to the placement.</td>
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<td>Principle 2: Flexibility</td>
<td>On the job teaching is sufficiently varied to incorporate a range/choice of acceptable ways of carrying out tasks and demonstrating the learning outcomes are reached in a safe manner.</td>
<td>Placement supervisors/ staff/preceptors have an understanding of the impact of the students’ disability and have given consideration to “the different ways of doing things” that could be used by the student, for example with dyslexia. Allow the use of tape recorders and LiveScribe pens to record notes, all of which are subject to confidentiality agreements etc. Learning outcomes for the placement can be prioritised into non-negotiable skills and optional ones, where possible tasks and schedules are adapted to enable the student to reach the learning outcome. For example, a schedule of night time shifts can be amended for a student with fatigue.</td>
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<td>Principle 3: Simple and Intuitive</td>
<td>On the job teaching is straightforward and predictable without unnecessary complexity. The work placement tasks and performance outcomes are clearly outlined and transparent so the student understands the performance competencies to be assessed.</td>
<td>The practice standards/competencies to be acquired on the placement are clearly communicated to the student and they understand the performance standards to be reached. Self-assessment checklists can provide very effective strategies to support procedural learning and to encourage engagement with the learning task, thus improve learning on the job. Information is provided to the student in advance of the placement to include • maps of the site • advance copies of timetables • glossaries of terms Induction for the placement site is organised in advance of the commencement of the placement. Concept maps of the course are provided to ensure there is an overview clearly identifying where the placement fits with the achievement of course outcomes. Develop a clear procedure for accessing a reasonable accommodation where a student requires additional support.</td>
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<td>Principle 4: Perceptible Information</td>
<td>On-the-job information is communicated in a range of ways so it is accessible to the student in real time.</td>
<td>A range of modelling templates are provided to learn how to carry out placement tasks (for example, changing a dressing on a patient). These may be available in podcasts and videos for reinforcement of learning. Templates for reporting handovers are available with checklists available. Some examples would include a template time planner including hourly time slots to be completed by the student. Reference materials are available in electronic formats to facilitate independent learning. Information on specific placement procedures such as shift patterns are made available to students in a range of methods. One hospital developed a handover hourly planner to help the student prioritise their day and this helped with care plans for patients. Instructions given to students are clear and provided in a number of formats (e.g., oral and written, electronic, storyboarding). The use of assistive technology such as reading and writing software will enable students to complete tasks and access information in real time.</td>
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<td>Principle 5: Tolerance of Error</td>
<td>On-the-job teaching anticipates that practice makes perfect. The student is given the opportunity to use the formative learning environment to meet the performance criteria. Getting things wrong is part of learning to getting them right. Supervision is critical here to provide the student with constructive and non-judgemental feedback on performance throughout their clinical placement. Students have the opportunity to practice the critical skills off the job in simulations to ensure adequate performance of tasks where patient safety is an issue and where there is no room for error. There is transparency of practice standards available to students and students are encouraged to self-assess and rate their own performance against the standards for the tasks. Ensure that the students are engaged with monitoring their own performance and understand the standards to be achieved and can become a self-aware learner. Students with different learning needs are supported, for example, by on-the-job mentors to acquire the habits of mind of the profession, for example reading out notes in front of others can be helped by practice and feedback.</td>
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<td>Principle 6: Low Physical Effort</td>
<td>On-the-job teaching is designed to minimise non-essential physical effort, unless physical effort is a core aspect of the job. Tasks are described so they focus on what is to be done and not how, unless the how is a core skill. For example the student will ensure the safe lifting of the patient rather than the student will lift the patient. Templates for the completion of written reports such as handover reports will direct the student and provide them with a structured pathway to independent learning. Consideration is given to duration of placements (the impact of some disabilities will rule out placements with long night shifts), so that the student can reach the learning outcomes.</td>
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<td>Principle 7: Size and Space for Approach and Use</td>
<td>On-the-job teaching is designed with regard for the appropriate use of space and manipulation. Consideration can be given to the number and location of placements required by the student in order to reach the learning outcomes; to what extent does size matter? An environmental assessment is conducted of the specific workplace to include the physical environment (e.g., lighting, use of equipment such as phones) to identify any potential barriers for the student and to ensure ease of work.</td>
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<td>Principle 8: Community of Learners</td>
<td>The environment is created that encourages shared learning and the interaction of learners and staff on clinical placement.</td>
<td>A collective and shared learning environment can be created by the use of orientations and ice-breakers so students get to know each other and staff. Buddy systems and peer learning highlight that learning has an interactive nature rather than being a competition. It is important for clinical staff to have a human approach and to emphasise that the placement is a learning environment. Staff training is an essential aspect of creating a culture of acceptance and respect for diversity; understanding is key.</td>
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<td>Principle 9: Instructional Climate</td>
<td>Teaching is designed to welcome and include all students. Staff training is essential to ensure that staff are prepared and have some confidence in disability management.</td>
<td>A welcoming environment is created which values diversity and deliberately highlights the benefits of different thinking and approaches within a team. Ensure that all clinical staff have received training on disability awareness so that they have an understanding of the impact of conditions such as dyslexia for example.</td>
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This publication brings us information about the experiences of disabled students in an area where there has been very little research in the past, certainly in the United Kingdom (U.K.). The author draws on her own experience and passion together with her research skills to bring a thorough picture of life for disabled international students in higher education in Britain. Through her Ph.D. research on which this book is based, we are able to share their stories from arriving in an English university, choosing and studying on course, arranging disability support, and engaging in social life and general experiences. This in itself is a valuable addition to our understanding. However, Soorenian was well placed in her studies at the Centre for Disability Studies at the University of Leeds to provide a detailed description of the place of disability in higher education and policy on the participation of disabled students in Britain. This provides a rich resource for researchers, educationalists, and policy makers around the world to understand the growth of the disability movement and its impact on higher education policies, practices, and procedures. The detailed description and referencing will be of great assistance to those planning their own research.

There has been steady growth in international students studying in Britain but it is less clear how international disabled students have participated in this trend. Soorenian begins by tracking the underpinning policies and influences from the significant amount of educational disability research and evidence from the disability rights movement. She continues in Chapter 1 by describing the cohort of 30 disabled adult students who participated in her study and their origins in Europe, North America, Africa, Asia, and the Far East. These students included exchange students, postgraduate students going through either a research or taught course program, and undergraduates. As well as analysing the literature and national policies, and documenting the experiences of the students, Soorenian begins to draw out how these can contribute to the development of inclusive education. This provides a solid basis for those now pushing forward on implementing universal design for learning in higher education.

In Chapter 2, the author gives an in-depth explanation of the understanding of “disability” in a Western context and the medical and social definitions of disability. She looks at the theories of special, “integrated” and “inclusive” education and their impact on domestic and international disabled students and their shared difficulties. These had an impact on whether or not attitudinal barriers were found, and on areas such as information, access and funding, pedagogy, social life, and general support services. Soorenian identified overlapping gaps in provision for international disabled students between equality and diversity approaches and the internationalisation of higher education, which had the potential to further marginalise international disabled students. This will provide a useful foundation for readers including those embarking on their studies in disability and higher education.

Chapter 3 provides essential coverage of the development of national and higher education institutional policies from the 1990s to widen participation in post-16 non-compulsory education in Britain. It provides policy background for key developments. Soorenian describes the positives of enshrining equality in education policy and law but discusses whether this has always reached all aspects of delivery of education and services in a consistent manner. She identifies the areas of significance for participation of disabled students since the 1990s and discusses how effective work in these areas has been for disabled students and in particular for international disabled students. The areas are information, access, and funding; disability services; learning and teaching, and non-disability support services and social life. International disabled students’ experiences in these areas form the focus for the later chapters of the book.

The analysis of firsthand accounts from the study cohort begins with Chapter 4 – Choosing, arriving, and settling in an English university. Participants’ experiences were varied, underlining the suggestion of lack of consistency in Chapter 3. One example is that some students with dyslexia experienced excellent service, with prospectuses in electronic or hard copy with their preferred background colours; others received no
adjustment despite stating their needs clearly. Lack of accessible information was found to be detrimental to international disabled students making life-changing decisions and could create considerable anxiety. Soorenian discusses the disadvantages students experienced of the uncertainty of funding and the patchwork of funding arrangements to be navigated, both for courses and disability support.

Chapter 5 discusses aspects of disclosing a disability and receiving disability support. Disclosure is an area that causes considerable debate. Many students are reluctant to disclose information and do not want to be treated differently from other students. Higher education institutions are keen to have as much advance information as possible to put support in place. International students come from a range of cultural backgrounds where disability has many (or few) meanings, and the students in the study faced the structured British requirements with uncertainty. Of the cohort of 30 students, five chose not to disclose. The students discuss their reasons and the impact of their choices. Soorenian underpins these important considerations with a range of research evidence. British higher education institutions have a range of disability support services, usually based in student advice centres. These services have developed a lot of expertise in supporting home students, whose support is funded. The experiences of the international cohort were very varied. Some felt disadvantaged about not having funding for some support needs, some felt their needs hadn’t been assessed, and some didn’t want to engage with formal support. Soorenian details their experiences of different kinds of support and assistive technology. Overall the cohort was split 50:50 with regard to the effectiveness of their experience of the support arrangements. Soorenian suggests that a more inclusive approach to teaching and learning would remove the need for so many individual arrangements.

Of course, the prime motivation for international students is to study their chosen subjects in a new and stimulating environment, and this is the topic for Chapter 6. Soorenian discusses the influence on progress of the cohort’s previous studies. Seventeen participants found their previous studies helpful on progress in their chosen area, and had helped with their language skills and prepared them for research. The 13 who did consider their previous education helpful had a range of reasons, including language skills. The students’ experience of language classes in Britain found them beneficial and accessible. Nevertheless, the students described the challenges they faced in using English across the range of teaching and learning, both formal and informal. Soorenian reports the students’ experience of difficulties with the learning environment, including physical features, room booking arrangements, lighting and additional access to resources, and the teaching styles. Students reported on their experience of different forms of academic assessment, and support arrangements made for exams. Although many of the issues raised were the same for all disabled students, international students found they were disadvantaged by not having a formal study support needs assessment and therefore needing to spend a lot of time negotiating and explaining their needs around assessment. Soorenian suggests that institutions that had a more creative and flexible approach would enhance the quality of the international student experience.

In Chapter 7, Soorenian looks at the social life and general experiences of the students. Twenty-one of the students opted to live in university accommodation. While for most this successfully provided opportunities to participate in university social life and a ready made community of students, some international students found their access needs compromised. Experiences of public transport and access to taxis provide a variety of pleasant surprises but also frustrations. Relationships with other students and academic staff are particularly important for international students who are far from home. The students reported feeling supported by friendships with other international students. Forming friendships with British students was sometimes more difficult and took time. However, the participants found close friendships developed and that friends were helpful and understanding of the student’s impairment. This facilitated participation in social activities outside the Institution, in sports, and the arts. Twenty of the student cohort regarded their overall experience as international disabled students as positive and worthwhile. The other ten students identified difficulties due to their double identity as both disabled and international students, which left them feeling marginalised and unable to make full use of the opportunities. Older students also found it more difficult to engage in social activities.

Soorenian concludes by discussing her key themes as evidenced by her qualitative research and review of national and institutional policy documents on disabled and international disabled student services. The responsibilities of government and institutions are laid down but the day-to-day experiences of international disabled students are that these are implemented inconsistently. Most institutions had informative websites and provided disability services and international offices. However, some participants found their study options limited. Soorenian discusses the opportunities identified by the research to move towards an inclusive model.
of delivery, and provides a range of insights that would contribute to addressing educational, social and physical inequalities. She suggests that government could play its part in encouraging the setting up of an organisation solely concerned with disabled international students, and I suggest this is something readers might be able to contribute to in their own home country, perhaps through a Non Governmental Organisation.

This book would be of interest to a range of readers. Firstly, there are those who are interested in hearing the international disabled students’ voices, which come through clearly. Students’ experiences will help practitioners focus on preparation and delivery of services to facilitate a successful study experience. Secondly, those responsible for developing inclusive policies, practices, and procedures will find the history and culture of disability provides an essential context for future development. Introducing universal design for learning requires stakeholders to re-examine ways of working and this book throws light on an area of the student experience which has been somewhat hidden in the wider discussions on international students. Thirdly, the book would be useful for staff working in institutions’ international offices, who will need to take on their share of responsibilities for disabled students in institutions that claim to be genuinely inclusive.

About the Author

Barbara Waters was Chief Executive of Skill: National Bureau for Students with Disabilities, U.K., 1996-2010. Barbara represented Skill nationally on policy issues in education and disability related to post 16 education, training and employment. Barbara is part of the LINK European network concerned with disabled students in higher education; has undertaken research for the Equality Challenge Unit, U.K.. Currently she is the editor of a Journal for Ahead Ireland and is the evaluator of an Erasmus + programme on Universal Design for Learning. She has an M.A. in Business and Public Sector Strategy and received an honorary doctorate from the Open University, U.K. You can reach her at bwatersconsult@gmail.com.
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• All components of the manuscript (i.e., cover page, abstract, body, and appendices) should be submitted as ONE complete Word document (.doc or .docx).
• Provide a separate cover letter asking that the manuscript be reviewed for publication consideration and stating that it has not been published or is being reviewed for publication elsewhere.
• Manuscripts should be double-spaced and range in length between 25 and 35 pages including all figures, tables, and references. Exceptions may be made depending upon topic and content but, generally, a manuscript’s total length should not exceed 35 pages.
• Write sentences using active voice.
• Authors should use terminology that emphasizes the individual first and the disability second (see pages 71-76 of APA Manual). Authors should also avoid the use of sexist language and the generic masculine pronoun.
• Manuscripts should have a title page that provides the names and affiliations of all authors and the address of the principal author. Please include this in the ONE Word document (manuscript) that is submitted.
• Include an abstract that does not exceed 250 words. Abstracts must be double-spaced and located on page 2 (following the title page). Include three to five keywords below the abstract.
• Tables and figures must conform to APA standards and must be in black and white only. All tables and figures should be vertical and fit on the page; no landscape format. If Tables and/or Figures are submitted in image format (JPEG, PDF, etc.), an editable format must also be submitted along with a text description of the information depicted in the Table/Figure. This will be provided as alt format in the electronic version of JPED, making Tables/Figures accessible for screen readers.

How to Submit Manuscripts
All manuscripts (research and practice briefs) must be submitted to JPED at this email address: jped@ahead.org and must include the following:

• Subject Line: JPED Manuscript Submission
• Body of Email: Include a statement that you are submitting a manuscript for consideration for the JPED. Include the title of the manuscript and your full contact information.
• Attach to the email:
  • Your complete manuscript, prepared as directed above
  • Cover letter as outlined above

You will receive an email reply from Richard Allegra (Managing Editor of JPED) to confirm receipt of your submission within 5 – 7 business days.

Upon Acceptance for Publication
For manuscripts that are accepted for publication, Valerie Spears (JPED Editorial Assistant) will contact the lead author to request:

• A 40-50 word bibliographic description for each author, following the template that Valerie will send you.
• A signed and completed Copyright Transfer form that she will send you.
• Manuscript submissions by AHEAD members are especially welcome. The JPED reserves the right to edit all material for space and style. Authors will be notified of changes.

Practice Brief Manucripts
JPED invites practitioners and/or researchers to submit Practice Briefs that can inform readers of innovative practices that could, in time, become the basis of an empirical study. Practice Briefs will describe new or expanded programs, services, or practices that support postsecondary students with disabilities. Practice Briefs are not research articles. Manuscripts that involve data analysis beyond the reporting of basic demographic data or evaluative feedback should be submitted as research articles. The overall length of a Practice Brief will be limited to 12 double-spaced pages, which includes separate title page, abstract, and references pages. Tables and/or figures may be submitted, too, above and beyond the 12 page limit.

Please submit all components of a Practice Brief (i.e., cover page, abstract, body, appendices) as a single Word document. These manuscripts should use the following headers/sections:

• Title Page: Title not to exceed 12 words. Identify each author and his/her campus or agency affiliation. State in your email cover note that the work has not been published elsewhere and that it is not currently under review by another publication.
• Abstract: The abstract needs to answer this question: “What is this paper about and why is it important?” The abstract should not exceed 150 words.
• Summary of Relevant Literature: Provide a succinct summary of the most relevant literature that provides a clear context for what is already known about your practice/program. If possible, describe similar practices on other campuses. Priority should be given to current
literature published within the past 10 years unless an older, seminal source is still the best treatment of a particular topic/finding.

- **Depiction of the Problem:** In addition to a clear statement of the problem being addressed, consider the following questions when stating the purpose of the article: What outcome, trend, or problem might improve if your practice/program works? What gaps or problems or issues might persist or arise if this practice/program did not exist?

- **Participant Demographics and Institutional Partners/Resources:** Maintain the anonymity of the students, colleagues, and campus(es) discussed in the article but provide a clear demographic description of participants (e.g., number of students, disability type, gender, race and/or ethnicity whenever possible, age range if relevant) and the types of offices or agencies that were collaborative partners (if relevant).

- **Description of Practice:** Briefly and clearly describe your innovative practice/program and how it has been implemented to date. Tables and figures are encouraged to provide specific details you are comfortable sharing. They condense information and enhance replication of your practice/program on other campuses.

- **Evaluation of observed outcomes:** Whenever possible, summarize formative or summative data you have collected to evaluate the efficacy of your practice/program. This can be anecdotal, qualitative, and/or quantitative data. Support any claims or conclusions you state (e.g., “Our program greatly enhanced students’ ability to self-advocate during their transition to college”) with objective facts and/or behavioral observations to support these claims.

- **Implications and Portability:** Discuss what you have learned thus far and how you could further develop this practice/program in the future. Be honest about any challenges you may have encountered. This transparency enhances the rigor of your reporting. What would you do differently next time to achieve stronger outcomes? Provide a clear description of how and why disability service providers on other campuses should consider adapting your practice/program. Finally, how could your practice be studied by researchers? Identify possible research questions, hypotheses, or potential outcomes that could be studied if you and/or colleagues could expand the practice/program into a research investigation.

- **References:** Use the current APA guidelines to format and proofread your paper prior to submitting it. This includes the proper use of spelling, punctuation and grammar, appropriate use of headers, correct formatting in listing references, and formatting any tables or figures appropriately.

**Upon Acceptance for Publication**

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JPED publishes one special issue per year (normally Issue 3, published in the fall). Special issues feature a series of articles on a particular topic. JPED welcomes ideas for special topical issues related to the field of postsecondary education and disability. The issue can be formatted as a collection of articles related to a particular topic or as a central position paper followed by a series of commentaries (a modified point/counter point). Authors who wish to prepare a special issue should first contact the JPED Executive Editor at jped@ahead.org.

The authors should describe the topic and proposed authors. If the series appears to be valuable to the readership of the JPED, the Executive Editor will share an Agreement Form to be completed and returned by the Guest Editor. The Executive Editor may provide suggestions for modification to content or format. The Guest Editor will inform authors of due dates and coordinate all communications with the contributing authors. Each special edition manuscript will be reviewed by members of the JPED editorial board members. The Guest Editor and the Executive Editor will be responsible for final editing decisions about accepted manuscripts.

**Book Review Column Guidelines and Procedures**

Please contact the JPED Executive Editor at jped@ahead.org to suggest books to be reviewed or to discuss completing a book review. Contact and discussion should be done before the book review is completed in order to expedite the procedures in the most efficient and fairest way possible.

**Content and Format**

In general, the book review should present:

1. An overview of the book, providing the book’s stated purpose, the author’s viewpoint, and a general summary of the content.
2. An evaluation of the book, elaborating on the author’s objectives and how well those objectives were achieved, the strengths and weaknesses of the book along with the criteria you used for making that assessment, and the organization and presentation of the book. Recommendations should specify to whom you would recommend the book, why, and how you would suggest the book be used, and address its potential contribution to our field.

At the end of the review, please list your name and institutional affiliation.

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