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Platform for Advancement of Self

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Output Description

Due to the COVID-19 emergency, we were not able to conduct the planned longitudinal analysis, as mentioned on the IO7 description. For this reason, the Consortium expressed their willingness to go more in depth with the parameters of the teaching effectiveness and different teaching approaches and study their influence on students with disabilities, who are more affected by the pandemic. For this purpose, they distributed via email to Greek students belonging to this category a short questionnaire and tried to detect their specific needs. Greek students were selected because the COVID-19 situation was better in this country regarding the other two.

This preliminary research had also as main aim to serve as an exploitation aspect for further studies after the lifetime of the current project. More specifically, the research team came up with the idea to test and standardize PAS Platform also for students with disabilities or for those coming from the so called vulnerable groups.

Output Identification

- Definition of disability and the challenges students with disabilities affront
- Inclusive teaching environments
- Submission for publication of a paper, in a peer-reviewed international journal



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IO8: Higher Education Institutions and Inclusive environments for students with disabilities: Utopia or an ongoing process?

The following module is part of the Erasmus+ KA2 Strategic Partnership Project: “*Platform for Advancement of Self*” PAS, and is funded by the European Commission through the Hellenic National Agency (IKY).

Consortium:

- University of Turin
- University of Ioannina
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1. Introduction

In reviewing what Higher Education Institutions (HEIs) state about teacher effectiveness and evaluation coming from students with disabilities, it is found that they favor teacher learning over practice in order to improve it.

Historically, challenges faced by students with disabilities in accessing higher education institutions were attributed to limited public funding. The introduction of progressive funding models such as disability scholarships served to widen access to, and participation in, higher education for this specific target group. However, these funding models, on the one hand, are threatened by privatisation in higher education (Chiwandire & Vincent, 2019) and on the other hand are not in line with the Universal Design for Learning (UDL) the and thus do not provide students with disabilities the instruments and the tools to a barriers free and accessible learning experience (Bracken & Novak, 2019; McCarthy & Butler, 2019).

For students with disabilities participation in higher education is a matter of equal opportunities and empowerment. Recent legislation has made discussion about inclusion of students with disabilities topical in Greece. However, despite growing interest in issues of inclusion, the voice of students with disabilities themselves has hardly been heard. In this chapter we present initial findings from one of the first systematic analyses to be undertaken of the experience that students with disabilities in higher education have of barriers to learning. The idea of concentrating on barriers rather than on the individual's impairment draws on the social model of disability—which was developed by people with disabilities to more accurately represent their day-to-day experience—rather than the medical model which it seeks to challenge.

Identity

2. Literature review

2.1 Conceptualizing disability

Freidson (1994, p. 15) argues that “One cannot study process without a definition guiding one's focus any more fruitfully than one can study structure without a definition”. Correspondingly, Evans (2002) underlines that before any study can proceed beyond the

introductory phase, it is indispensable that researchers define or, at the very least, offer explicit interpretations of its key concepts.

2.1.1 Defining disability

Liberalism has traditionally conceived of disability as personal misfortune preferably to be prevented and definitely to be cured, privileges ‘normalcy’ over the ‘abnormal’, presumes able-bodied norms are inevitable, and values economic productivity as an essential aspect of personhood (Bigby, 2012; Barnes, 2014; Pothier & Devlin, 2006). In the context of Critical disability theory (CDT)¹, these principles are reflected in how the law and legal institutions respond to people with disabilities as individuals and as populations, which are the subject of various social policy initiatives. The dominant paradigm for understanding disability throughout most of the 20th century has been the medical model, which identifies the source of the disadvantage experienced by people with disabilities as their medical condition. This essentialist model sees disability as an inherent characteristic of a person arising from an objectively identified impairment of the mind or body.

In contrast, CDT implements a version of the social model based on the principles that: (1) disability is a social construct, not the inevitable consequence of impairment, (2) disability can be best characterized as a complex interrelationship between impairment, individual response to impairment, and the social environment, and (3) the social disadvantage experienced by people with disabilities is caused by the physical, institutional and attitudinal (together, the ‘social’) environment which fails to meet the needs of people who do not match the social expectation of ‘normalcy’ (Oliver & Barnes, 2012).

Public policy must respond to both the biomedical and social aspects of disability. Prevention, treatment and rehabilitation are all appropriate responses to the biomedical, or impairment, aspects of disability. For those people who continue to experience social marginalization despite interventions responding to their biomedical circumstances, the appropriate policy response is to change the social environment. There is, however, an inherent

¹ Critical disability theory (CDT) is an emerging theoretical framework for the study and analysis of disability issues. CDT centres disability as it compares liberalism’s norms and values with their actualization in the daily life of disabled people (Atkins, 2007; Gillies, 2014; Goodley, 2017).

dialectical tension between the medical model which seeks to abolish disabling impairments and a social model which accepts and truly values people with disabilities as equal, integrated members of society. Critical disability theory probes this tension by questioning, among other things, concepts of personal independence and interdependence, the social construction of ‘nondisability’ as well as disability, the concept of normalcy, fundamental values of individual dignity and respect in democratic societies, and issues at the intersection of disability with class, gender, race, and other socially constructed categories (Pothier & Devlin, 2006).

2.1.2 Multidimensionality of Disability

CDT is related to the family of identity jurisprudences the members of which are linked by their focus on some identifying characteristic, which serves as an organising principle for the study of how law and legal institutions impact individuals and groups sharing that identity. Identity jurisprudence grows out of identity politics which, as the name implies, are politics structured around a social identity (Dan-Cohen, 1994). One of the hazards of identity based politics is that the need to define the identity of the group tends to exclude potential members, demand members conform to group ideology, and make diversity within the group disappear (Ehrenreich, 2002; Holzleithner, 2004).

Thus, multidimensionality theory can be introduced as an integral element of critical disability theory both as a means to avoid the pitfalls of exclusion and conformity, which identity politics tends to perpetrate, and to reflect the reality that people with disabilities are a diverse and variable population within any particular social structure (country, ethnic group, class, etc.) who are also members of all other social classifications (Hutchinson, 2000).

Multidimensionality describes the presence of the multiple interconnected memberships, which individuals have as they go about their daily lives. Recognizing that everyone is multidimensional allows for structural analysis of society while recognising that every group is made up of multidimensional members (Oshima & Miller, 1992).

2.1.3 Valuing diversity

A fundamental value of political and legal liberalism is the principle of political and legal equality (Halliday, Karpik & Feeley, 2007). Race, gender, sexual orientation, ethnicity are all differences to which liberalism has had to respond (ibid). With race and ethnicity, and to lesser extents gender and sexual orientation, the response has been to deem what used to be relevant differences to be no longer relevant. In this way, political and legal equality could be extended to these claimants without disturbing the basic structures of society. The consequence of this approach is, however, that diversity must be suppressed: The claimant must appear like the comparator or else the claimant is found to be different and thus legitimately subject to different treatment (Simon, 2004).

For people with disabilities, however, this approach to responding to demands for political and legal equality frequently will not be a successful response strategy. According to Minow's 'dilemma of difference' (1990), it is necessary to decide whether to deal with difference by acknowledging and responding to it or by ignoring it. Depending on context, equality objectives may be promoted by acknowledging and respecting difference in ways which effectively ignore it or in ways which respond to it. With disability, in most cases, difference should not just be dismissed as irrelevant, because ignoring the difference usually has the effect of rejecting and marginalizing the person. Instead, a response which takes account of the disability so that adjustments can be made to eliminate the obstacle to welcoming the individual and enabling the person to participate as an equal is required (Koch, 2001).

According to CDT being identified, and identifying, as a person with disabilities is central to understanding one's self, one's social position with its attendant opportunities and limitations, and one's knowledge of the world. CDT recognises and welcomes the inevitability of difference and conceives of equality within a framework of diversity. Any systematic response to disability, which purports to make disability invisible, is inherently incapable of effectively protecting the rights of people with disabilities to be full participants in their communities (Barnes, 2014).

2.1.4 Rights of People with Disabilities

CDT embraces legal rights as an indispensable tool to advance the equality claims of people with disabilities and to promote their full integration into all aspects of their society while at the same time valuing and welcoming the diversity that people with disabilities bring to their communities.

Critical disability theory's central concerns people with disabilities (individual) rights to autonomy and (social) rights to full participation in society are reflected in the tension between the social welfare- and rights-based approaches to disability policy. CDT does not reject liberal rights: It exposes the ways in which liberal rights theory has failed to respond adequately to the needs and interests of people with disabilities individually and collectively by failing to incorporate the diversity of the disabled community within the scope of its conception of equality (Oliver & Barnes, 2012).

2.1.5 Voice of People with Disabilities

CDT privileges the stories of people with disabilities; it gives them voice (Rege, Telle & Votruba, 2012). Able-bodied people think about disability from their abled perspective. For them being severely disabled is imagined as unmanageable suffering, a life subject to constant dependency and without value. It is only by listening to and valuing the perspectives of those who are living disabled lives that the able-bodied can begin to understand that even severe disability does not have to prevent a joyful and desired life (ibid).

2.1.6 Language used for defining disability

Another theme of CDT deals with how language influences the concept of disability and the status of people with disabilities. This theme includes both the terms used to describe or label people with disabilities and the terms and images used to portray disability. Language is popularly assumed to be a transparent, neutral means of communication (Bornman, 2004; Devlieger, 1999). Critical theory, however, understands language to be inherently political (Tollefson, 2006). Language carries with it ideological implications which are more or less

transparent. The term disability is used to identify a sub-set of a population but the vague boundaries, which occur with all social categories, are nowhere more contested than with disability (Siebers, 2013).

Human group labelling is a repeatedly evolving process (Eyben & Moncrieffe, 2013). Generally, any label describing a thing society considers a negative attribute comes to have a negative social connotation. To avoid the negative connotation an interest group selects a new label, which soon enters mainstream usage. This usage then picks up a negative connotation and so a new label is selected and the process continues (ibid). Generally, with each change of label, there will be a reduction or elimination of some negative stereotype associated with the label.

The terms and images used to portray people with disabilities have a direct effect on social attitudes towards people with disabilities. Historically and today, in print and visual media, in high and low culture, people with disabilities have been and are represented as deficient, pitiable, wicked or malign, dangerous or valueless (Maschke, 2004). Despite the introduction of many euphemisms, the media and the culture industry still consistently reflect the negative attitude towards disabling impairments, which the medical model reflects (Auslander & Gold, 1999). CDT examines how these negative attitudes are revealed through a discourse of personal tragedy with disability rendering individuals powerless, vulnerable and dependent.

2.1.7 Transformative politics

CDT goal is not theory for the joy of theorization, or even improved understanding and explanation; it is theorization in the pursuit of empowerment and substantive, not just formal, equality (Pothier & Devlin, 2006). CDT is about power and ‘who and what gets valued’ (Hutchinson, 2002, p.433).

The policy response to the medical model of disability focuses on preventing and curing disability or providing support for those who do not respond to medical model interventions. In most Western democracies, there has been a progressive democratisation of disability related social welfare programs, but they are still characterised by paternalism and inflexibility

(Hvinde, 2003). Moreover, frequently democratisation disguises government cost cutting measures, which disproportionately affect people with disabilities and other socially excluded communities. CDT provides the theoretical basis for different policy responses to disability – those being policies of inclusion, equality and autonomy.

3. Aim and methods

The main aim of the 6-month study reported here, which started in November 2020, is to identify and evaluate students with disabilities experience of teaching, learning and assessment in one higher education institution, with a view to making recommendations about improving practices.

Specifically, its aims were to:

- identify and evaluate ways in which teaching, learning and assessment in the case study institution take account of students' needs and rights as learners;
- identify and evaluate students' experience of teaching, learning and assessment; and
- make recommendations to enhance the quality of the learning experience of students with disabilities.

In the initial phase of the study, we sought information from all students with the whole range of disabilities, rather than focusing on one type of disability. Consequently, we identify the experiences and concerns relevant to all students with disabilities, as well as distinguishing between those specific to a particular group.

The institution concerned is a small to medium-sized higher education institution with approximately 18.500 undergraduates and 10 departments (Economics, Business and Administration, Digital Sciences, Informatics, International and European Studies, Tourism, Banking and Financial Management, Statistics & Insurance Science, Maritime Studies and Industrial Management and Technology). The institution has had a Special Needs Adviser since the early 2000s. In 2008, the role was redefined (and renamed Disability Coordinator), and currently there are two such coordinators, with more emphasis placed on the continual

development of policies and practices regarding students with disabilities, as well as continuing to support individuals.

We identified 1785 undergraduate students in the institution who had declared a disability or a need for tutoring or psychological support, representing approximately 10% of undergraduates. An online questionnaire, based on a mix of multiple-choice questions and short, open-ended questions, was sent out to the term institutional email address of each of these students in late April 2021.

To encourage students to respond, we promised to offer individualized 40-hour career counselling sessions for every completed questionnaire returned. As a result of this single email shot, we received 934 completed questionnaires, a response rate of 50%.

Before the questionnaire was circulated to students, it was subjected to a rigorous drafting process which involved input from a number of different areas within the institution (e.g. teaching staff across a range of subject areas, library and information technology staff and the institution's specialist disability coordinator) in order to make the questionnaire as widely accessible as possible.

This collaboration resulted in a number of criteria for the basic formatting of the questionnaire, in that it should:

- be in Arial typeface at a minimum font size of 12 point;
- with light beige coloured background to make it easier to read, particularly for many students with dyslexia;
- be concise (no longer than four pages);
- start with factual questions (age, gender etc.), before moving on to more in-depth 'qualitative' questions in relation to teaching, learning and assessment.

This inter-department cooperation was also instrumental in deciding upon the nature and wording of the questions, as it allowed for an input from a wide variety of standpoints with differing experiences of teaching, learning and assessment in higher education.

The factual questions on the questionnaire were analysed using Stata and they form the basis of the tables in this chapter. Answers to open-ended questions were analysed by

identifying recurring themes, which are used to illustrate students' experience of the barriers they have encountered in relation to their teaching, learning and assessment at the institution.

4. Main findings

We asked the students a series of questions, which requested them to consider barriers to their learning which they had encountered and which they considered to be related to disability. Keeping in mind the variety of teaching and learning contexts, we asked about learning in lectures, other types of on-campus classes—which could include seminars, group work, oral presentations, laboratory or other practical sessions—and off-campus learning (such as fieldwork, school placements). Table 1 summarizes the students' responses to these questions.

Impact on:	% of students reporting barriers
Learning in lectures	44
Other on-campus classes	22
Off-campus sessions	21
Using IT facilities	17

Table 1: Student learning: barriers relating to disability

As many as 44% reported barriers connected to their disability which impacted on their learning in lectures. Virtually all students with more than one disability, two-thirds of dyslexic students and over half of those who were deaf or hearing-impaired reported barriers of this sort.

In many instances they experienced problems where lecturers talked too quickly, or removed visual material such as overhead transparencies before the student had time to digest

the contents. For many students, listening and writing notes or watching and making notes was a particular difficulty, leaving them with dilemmas as to which to concentrate on, and, frequently, with poor notes as a result.

You have to be able to write your notes fast. I cannot write fast, so it would be a good idea if they made all the important lecture notes available on the web. (Student 27, Department of Economics, multiple disabilities)

Note taking can be difficult as I can be quite slow. Copying information from the board before it is removed – [I] look up and it's gone! (Student 123, Department of International and European Studies, dyslexia)

Prior to having a note taker, I found it very difficult taking notes since I have difficulty reading my handwriting at times. (Student 1, Department of Business Administration, mental health difficulty)

[I'd like] more practicals and seminars/tutorials. [There] should be more mixed teaching methods (visual, listen, practicals). (Student 568, Department of Informatics, multiple disabilities).

More than one in five (22%) students reported barriers related to their disability which had an impact on other on-campus classes, and for essentially the same range of reasons as quoted for barriers in lectures. In other instances, their opportunities to contribute to discussion or question and answer sessions were restricted because students found it difficult to hear or see the lecturer or other students, or they became frustrated at the quick pace of discussion, which left them struggling to find the right words to express their ideas.

Because my speech isn't very good (i.e., not that loud) and sometimes a bit confused, it has been very difficult speaking in front of the class. (Student 724, Department of Maritime, mental health difficulty)

Speaking in front of an audience is a fear for me because of my short-term memory problems. Also, in team work [I] have difficulties communicating with the rest of the team. People speak for me or get impatient. (Student 66, Department of Tourism, multiple disabilities)

Class seminars are sometimes a problem. [I] find it difficult to hear what people are saying when everyone is talking. (Student 97, Department of Industrial Management and Technology, deaf/hearing impaired)

More than one in eight students (13%) reported barriers related to their disability which impacted on off-campus learning, including the majority of those with multiple impairments. The highest proportions reporting this difficulty were in Informatics, Business Administration, and Statistics & Insurance Science. Those with more than one disability were the most likely to report such barriers, while no one with mental health difficulties considered that their learning off campus had been affected. Where barriers were reported, partial or complete lack of access to sites was given as the most common reason, with carrying equipment and being unable to make field notes on the spot also cited as barriers.

Other barriers to learning stemmed from what students experienced as lack of cooperation from some lecturers, for example, an unwillingness to allow their lecture to be recorded, lecturers having unrealistic expectations about the amount of new reading that students could reasonably manage during a taught session, or failing to provide user-friendly handouts. Barriers of this kind were reported by students in all subjects surveyed, but

proportionately more from the fields of Business Administration, Economics, Tourism and Statistics & Insurance Science.

Table 1 indicates that more than one in five (21%) reported barriers to using the learning centres, with this being a particular issue for students with dyslexia and ‘other’ disabilities, of whom nearly a third encountered these difficulties. Some students with dyslexia and some with partial sight, especially, found the library daunting because their reading limitations made browsing and finding books difficult. Because of the age and particular constellation of the learning centres, some parts remain inaccessible to those with mobility difficulties through lack of a lift or very heavy doors. Many students considered loan times on books were too short and noted that library staff could be unhelpful because they were busy.

Most relevant books are on short loan (meaning you can only borrow them for a week). I can't read all the information I want in a week. (Student 89, Department of International and European Studies, dyslexia)

In addition to the barriers experienced in relation to libraries, 17% of students with disabilities reported barriers to using the publicly available information technology (IT) facilities, particularly those students with multiple, ‘other’ and mental health disabilities. Reasons given were predominantly to do with the nature of the equipment and its siting. Students considered computer availability and quality to be poor, with some areas lacking the software (for example, voice recognition) or other equipment (such as anti-glare screens) which would facilitate their use. Others considered the location of the IT facilities to be noisy and hot.

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