“Am I included?”- An Australian case study exploring the experiences of university students with ‘hidden disability’.

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ABSTRACT

How does the university meet the diverse needs of students with hidden disability? In this qualitative case study, an exploration has been undertaken to capture the experiences of university students with hidden disability and the academic staff who support them. Semi structured, face to face interviews were used to engage with eight university students who self-identify as disabled or having a hidden disability. Eight university academic staff who all work with students with hidden disability were also involved in this study. All of the student and academic participants had the opportunity to share their experiences of the university's teaching and learning environments, both inside and outside of the classroom. The data was examined through an interpretivist lens and analysed thematically. The interviews revealed that students felt most supported when they are taught by staff with whom they were able to establish trusting relationships. Students also reported that flexibility regarding assessments and attendance were important to their academic success. Academic staff members stated that they felt underqualified and under resourced to effectively support students with disability in their classrooms. Staff relied on informal networks created by the teaching team and external formal services to provide direction and strategies to support students with hidden disability. Additional research is required to gain further insights into the diverse academic experiences of students with hidden disability as this is a heterogeneous group. Streamlined formal supports are recommended to meet the needs of the growing number of students with disability and additional professional development opportunities exploring universal design for learning need to be offered to all university staff in order for inclusive teaching practices to be implemented in the classroom and across the university at large.

DECLARATION OF AUTHENTICITY

"I, Jane Margaret Hickey, declare that the PhD thesis entitled *"Am I included?"- An Australian case study exploring the experiences of university students with 'hidden disability'.* is no more than 80,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work".

"I have conducted my research in alignment with the Australian Code for the Responsible Conduct of Research and Victoria University's Higher Degree by Research Policy and Procedures.

Signature [redacted] Date 13/02/2023

Ethics Declaration

"All research procedures reported in the thesis were approved by the Victoria University Human Research Ethics Committee- ethics number HRE18-158."

Signature: [redacted] Date: 13/02/2023

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USE OF LANGUAGE

It is necessary to address the use of language chosen in this thesis. Language is powerful and reflects the ways that people view and relate to each other with the ability to include and exclude people (Association for the Study of Higher Education, 2013). Language is also fluid, and the meaning and use of words change over time (Flink, 2021; Shakes & Cashin, 2019). Therefore, it was challenging to decide whether to use identity-first language (disabled person) or person-first language (person with disability) in this thesis. There is ongoing debate within the disabled community regarding this language, reflecting the diversity of thought and experience (Flink, 2021). It was the student participants who directed this decision making through their own use of language to describe their experiences.

There was not a consensus within the student participant group regarding the use of preferred language. This diversity of opinion is consistent with the broader community (Ferrigon & Tucker, 2019). Some of the participants referred to themselves using identity-first language (for example, autistic person or deaf person). This is consistent with the advocates of disability identity within the neuro-diverse and deaf communities who use this language as a source of pride, as part of the reclaiming and repurposing of language. These members of the community feel that their diagnosis is inextricably linked to their personhood and identity and it is not something that they 'have' (Shakes & Cashin, 2019). In taking this on board, using person first language in this situation would be seen as using oppressive language that rejects the identity of the individual (Ferrigon & Tucker, 2019) and contributes to the risks of harm through the dehumanisation and violence that this behaviour brings (Botha et al., 2021).

On the other hand, other participants used person-first language when speaking of themselves ("I have Multiple Sclerosis", or "I have Chronic Fatigue"). These students acknowledge the diagnosis as an attribute but not the totality of their identity. An important theme amongst these students was a desire to be seen as capable and as having strengths. This may also be linked to their own internalised ableist/deficit views of their diagnoses. Interestingly, disability advocates of identity-first language and person-first language both assert that their viewpoints are based on the social model of disability (Burns, 2016).

Another difficulty in choosing which language to use in an academic context is acknowledging the difference in audience between talking about an individual's experience of disability and the broader implications of disability as a socio-political and systemic construction to be studied. On an international stage, the Convention on the Rights of Persons with Disabilities (2007) has adopted person-first language and the Australian Government currently uses 'person with disability' as the preferred term when discussing policies and plans to address discrimination and exclusion (Australian Government, 2014).

Therefore, a combination of identity-first and person-first language will be used throughout the report. Where person-first language is used, disability will be referred to without making a distinction between the singular (disability) or the plural (disabilities) forms of the term. This is simply to reinforce the social construction of disability as a noun describing the barriers facing an individual in society. In the data findings section, I will use the preferred language of the individual participants.

The overall intent of this report is to ignore the writing convention of 'ease of readability' and instead use both language sets in this thesis. This decision hopefully reflects the desire for authenticity in grappling with the current issues facing the disabled community, by respecting the students with disability who continue to seek equity and inclusion in their university studies, while still challenging the social structures and systems that continue to exclude and isolate these same students.

GLOSSARY OF TERMS

Ableism: The use of language, action or policy to discriminate, exclude and infer that someone is less than or inferior due to their impairment or disability.

ASQA: The Australian Skills Quality Authority. This agency provides quality assurance and regulates Australian vocational education and training (VET) providers and institutions.

Critical Disability Studies: The study of how society's systems and structures are built to disempower and exclude people with disability and how impairment and lived experiences relate to the broader critical discussions of disability.

Disability: The interaction between a person with an impairment or impairments and the barriers (such as attitudinal, physical, communication, information and environmental) that exist which prevent and exclude the individual person from actively participating in the community.

Disability Identity: The development of a positive sense of self through a connection with a collective identity while navigating and living in an ableist world.

Disability Standards for Education: This Australian legislation was created in 2005 under the Disability Discrimination Act (1992). The Standards outline the rights of students with disability to access all education opportunities from early years education through to vocational education and training and higher education. The Standards also outline the legal obligations that the educational providers and institutions have in regard to ensuring equity of access and participation for all students with disability.

Disclosure/Sharing: The decision to share details of a diagnosis or disability to someone else. This decision can be difficult and traumatic depending on previous experiences of discrimination, isolation and exclusion.

Hegemonic: Political or social dominance and control over systems, structures and narratives.

Heterogeneous: The diversity of experience that occurs within the disability community. One diagnosis can have multiple and diverse impacts on different individuals. As a result, solutions based on diagnosis generalisations can further perpetuate harmful stereotypes, assumptions and stigma.

Hidden Disability: An experience of disability that is not easily visible and identifiable by others through physical attributes, stereotypes or associations.

Higher Education: In Australia, post compulsory education delivered by universities is referred to as higher education (HE). These courses include Commonwealth Diplomas, Bachelor's degrees, Post Graduate Certificates and Post Graduate Diplomas, Master's degrees, Doctorates and PhDs. Some universities in Australia are called dual sector universities as they also offer TAFE programs (see below).

Identity-first language: The use of the term 'disabled person' by disabled advocates to reclaim the language and describe the inextricable link between the diagnosis and their personhood, with an emphasis on the experiences of exclusion caused by society.

Impairment: A medical diagnosis relating to elements of the individual's body including but not limited to the physical, sensory, physiological, emotional and psychological.

Intersectionality: How social categories such as gender identity, race, ethnicity, class, and disability interconnect and add further layers of discrimination.

Medical Model of Disability: This model sees impairment as a 'problem' that exists within the individual and therefore there is a focus on individualised medical treatment and cure. There is an idealistic representation of a whole and healthy body and anyone living outside of that optimal functioning is seen as being less than and having deficits that need to be fixed. The individual’s autonomy and voice within the Medical Model of Disability is often disregarded by the medical and allied health practitioners who are viewed as experts.

NDIS: The National Disability Insurance Scheme. This is an Australia wide funding scheme which was developed to address the support needs of Australians from birth to 65 years with a recognised diagnosis.

Non-Disabled: A person without disability.

Othering: Othering is the process of non-disabled people excluding disabled people by focusing on characteristics of difference, not as a celebration of diversity, but rather a negative categorising of deficit. As a result, othering creates a culture of ‘us’ and ‘them’ in order to feel superior and act with dominance over the ‘other’.

Passing: The process of attempting to look, sound and behave like people in the majority, rather than being seen as your authentic self. Passing takes a lot of emotional energy to supress characteristics of disability and leaves the individual depleted at the end of the day. Passing often occurs as a self-preservation strategy to avoid being ‘othered’ (see above) and potentially being excluded as a result. Passing may be perceived as the only choice for students with hidden disability, as the attributes of impairment are difficult to identify from looking at the outward appearance.

Person-first language: Referring to a ‘person with disability’. This is the preferred terminology of the Australian Government, emphasising the humanity of the individual and suggesting that disability is only one aspect, not the totality of identity.

Reasonable Accommodations and Adjustments: These are legal obligations set out by the Disability Standards for Education (2005) (see above). The education provider or institution must ensure that all curriculum, learning environments and teaching and learning interactions from enrolment to graduation are accessible for all students. This might mean modifying or substituting to ensure that the student with disability is able to progress and achieve alongside their peers, without negatively impacting on the inherent requirements of the course of study.

Social Model of Disability: The social model of disability makes a clear distinction between impairment and disability, and views disability as the complex interaction between an individual and the structures, systems, attitudes and communication barriers that exist in society that limit or exclude the individual from participation and choice.

Special Needs: A term used to describe students with disability diagnoses in the early childhood settings, primary and secondary schools. It is considered a deficit-based term as it can be argued that all students have learning needs which then causes the word ‘special’ to be othering (see above). This term is not commonly used in the university setting.

TEQSA: Tertiary Education Quality and Standards Agency. This agency acts as a national regulatory and quality assurance body for the tertiary education sector. The agency is independent and must act in an impartial manner.

TAFE: Technical and Further Education. The vocational education and training that occurs for a small number of students complementary to their secondary schooling, but for most students occurs post compulsory education. TAFE programs offer competency based short courses, certificates and diploma courses and are a popular alternative pathway option for students to then access higher education.

UDL: Universal Design for Learning**.** A framework based on the universal design principles that can be adapted to any curriculum and learning environment to ensure that all students can access and participate in learning. UDL considers the ‘why’ (what motivates learners to engage), the ‘what’ (presenting the information and content in varied ways) and the ‘how’ (enabling flexibility in approach and consideration in how learners evidence their understanding) of learning. This approach to teaching and learning benefits all learners in the classroom, both with and without disability.

UID: Universal Instructional Design (also known as Universal Design for Instruction UDI). These educational principles are derived from Universal Design, Universal Design from Learning and Web Content Accessibility Guidelines and applied to all instructional environments.

Universal Design: A set of seven principles, originally created by Ron Mace, for built environments that aim to design to meet the needs of as many people as possible. By focusing on the elimination of physical barriers which people with disability face within built environments, a range of other people benefit (such as couriers, parents with prams, people with bikes and scooters). These universal design principles can be adapted to other environments such as the teaching and learning environment and the provision of goods and service delivery.

VCAL: Victorian Certificate of Applied Learning. A curriculum structure of the final two years of secondary school education that focuses on a series of project based activities rather than the academic exams of the VCE (see below). The student receives a VCAL completion certificate.

VCE: Victorian Certificate of Education. A curriculum structure of the final two years of secondary school education resulting in a set of exams and a high school certificate. There is a scored and unscored option for students.

LIST OF FIGURES AND TABLES

CHAPTER ONE: INTRODUCTION

Current Context

Disability is often understood as a socio-cultural phenomenon, which affects a small (yet not insignificant) proportion of the Australian population (Cameron & Valentine, 2001). In 2018, 4.4 million, or 17.7%, of the Australian population identified as having a disability or disabilities or being disabled (Australian Bureau of Statistics, 2018). This percentage has remained relatively steady over the past seven years. These diagnoses can be genetic, part of the birth process, or acquired at any stage of the lifespan. The vast majority (78%) of people with disability in Australia report having a physical impairment, such as a muscular skeletal back problem. In the remaining categories provided on the survey, only 21.5% of people self-report as having a ‘mental’ or ‘behavioural’ condition (Australian Bureau of Statistics, 2018). It is important to note that older Australians with impairments directly related to advancing age, (such as vision, hearing and mobility impairments) are also included in these statistics.

Society continues to adapt for and recognise the needs of people with physical disability by ensuring that physical access is readily available to facilities and services in the community. For most inclusive settings, building regulations for features including ramps, railings, accessible lifts and toilets are clearly defined in order to ensure ease of access. The prevention of exclusion is a fundamental aim here. However, despite these improvements in creating an inclusive physical environment, exclusion continues to occur. This is especially the case for people whose disability or impairment is not easily identified by others (Penketh, 2018).

Prior negative educational experiences of exclusion and stigma can lead students to choose not to disclose their impairment to a university upon enrolment. Hiding one’s disability is therefore a common occurrence for many students who do not want to be perceived in a particular negative way by peers and/or academic staff. For the purposes of this research, a hidden disability is defined as a disability that is not generally seen, recognised or understood by other people (Couzens et al., 2015). Hidden disability is also referred to as invisible disability in the literature (Mullins & Preyde, 2013; Penketh, 2018; Syma, 2019) as others may not be able to see the symptoms or characteristics associated with the disability or diagnosis. The individual participants all identified themselves as having a disability/being disabled and saw themselves as different to others with a physical or visible disability.

According to the Australian Disability Clearinghouse on Education and Training (ADCET), university academic teaching staff may teach university students with the following diagnoses (Australian Disability Clearinghouse on Education and Training, 2022):

- deaf or hearing impairment
- blind or vision impairment
- students who have long or short-term medical conditions
- physical or mobility disability
- psychiatric, psychological or psychosocial disability (in other resources referred to as mental health conditions), neurological conditions (such as Intellectual Disability and Acquired Brain injury (ABI)
- or a specific learning disability (such as dyslexia, dysgraphia, aphasia).

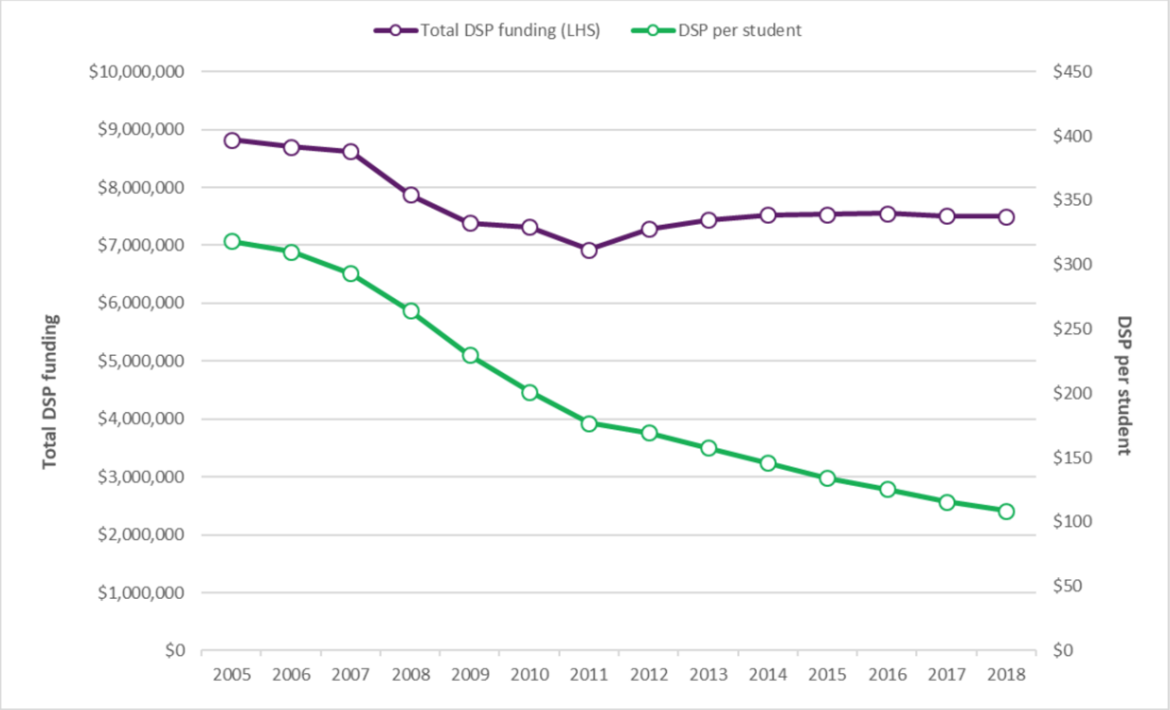
ADCET also makes specific mention of diagnoses associated with neurodiversity, such as attention deficit/hyperactive Disorder (ADHD) and autism spectrum condition (ASC) (in other resources referred to as autism spectrum disorder). Asperger's syndrome is also mentioned in this research, although this diagnosis is no longer considered a standalone diagnosis and is now viewed as part of the autism spectrum according to the Diagnostic and Statistical Manual, 5th edition (DSM-5). However, individuals who had previously been given the diagnosis of Asperger's Syndrome may still identify with the term. Many of these diagnoses listed above do not have physical attributes and therefore cannot be easily identified by academic teaching staff when a student walks into the classroom.

Having an experience of hidden disability can lead a student to face many barriers to study. Choosing not to formally disclose or share a diagnosis of an impairment or disability means that many students are unable to access formalised services within the university (Couzens et al., 2015). When a hidden disability is not recognised and acknowledged by others in an educational setting, a student may face ableism, attitudinal, social and physical barriers while studying at university (Argawal et al., 2015). This can impact on the quality of engagement between the student and others in the classroom and a student's ability to flourish and succeed in his, her or their studies.

Australian universities have also been keen to increase the access for a diverse range of students, known as equity students. Equity students are classified as students coming from culturally and linguistically diverse (CALD) backgrounds, women in non-traditional areas of study, First Nations students, students from low socio-economic locations, and students from regional and remote areas as well as students with disability (Koshy, 2018). Universities have increased their enrolments of students with disability by 131 per cent between 2008 and 2018 (Universities Australia, 2020). This is partially due to the fact that more young Australians with disability are completing Year 12 than ever before, although still at a lower rate than their non-disabled peers in the same age group (Australian Institute of Health and Welfare, 2017).

The university sector has been operating on working towards 8% equity target for students with disability (Grant-Smith et.al., 2020) while the current average rate across universities is 5.4% (Luckman et al., 2022). It is difficult, however to gain an accurate figure of how many disabled students are currently enrolled in a university qualification due to many choosing not to disclose their diagnosis. Even though there has been an increase in enrolment figures for university students with disability, the Disability Support program funding has declined significantly per student in real terms from $265 per student per year in 2008 to $110 per student in 2018 (Universities Australia, 2020). As a result, universities are expected to provide significantly more services with less than half the financial support previously provided by Government.

Table 1 Disability support funding per student



Source: Department of Education, Skills and Employment's administrative data and HESA Determinations.

(Universities Australia, 2020)

Each university is required by law to have a Disability Action Plan to assist students with disability to access educational resources in an equitable manner. Victoria University's Student Accessibility Action Plan (2021-2023) clearly states the ways that they are addressing the physical barriers faced by students with physical impairments. However, there is limited information in this document regarding inclusive teaching and learning strategies specifically to support students with hidden disability inside and outside of the classroom.

Aims of the research project

This research project used qualitative methods. This research methodology was chosen as a suitable lens in which to bring to life the experiences of university students with hidden disability. Eight university students were chosen for this study. They were all enrolled in the same faculty area of Arts and Education and each student studied a youth related or education degree program at Victorian University. The students who participated in this study self-identified as being disabled or having a hidden disability. These diagnoses and impairments included autism spectrum disorder, multiple sclerosis, chronic fatigue syndrome, diabetes, dyslexia, learning disability and hearing impairment/deafness. I invited each student to undertake a one to one, semi structured interview with myself to explore the student's individual experiences of the teaching and learning strategies that he/she/they encountered in the university classroom. The interviews included nine open ended questions (see Appendix Three for a list of these interview questions).

Throughout this research project, a secondary aim was to draw attention to and critique the teaching and learning strategies utilised at the university. Data findings indicated that students with hidden disability flourish academically and socially when they felt that their lecturers understood the barriers tied to being disabled or having a disability. Student participants also noted that being given flexibility with matters related to attendance and assessments were important to their academic success. These findings are discussed further in Chapters Six and Seven.

Eight academic staff members that work within the same faculty of the university, the Arts and Education Faculty, were also invited to participate in the research project. These participants were asked to consider and analyse their personal values when teaching students with hidden disability. In addition, the academic teaching staff were asked to reflect on the pedagogical and curriculum approaches that each member of staff was using when working with students with disability in their classrooms. The academic interviews provided a window through which to understand the staff members' overall perceptions of working successfully or unsuccessfully with students who may or may not choose to disclose or share their disability. Implicit in their reflections was a desire to make sense of the many challenges the academic staff faced when working with students who have diverse academic, emotional and social needs.

This research acknowledges the structural disadvantages that students with hidden disability face while studying at university level. From a social justice standpoint, the research findings identify systemic change that is needed across the university (Couzens et al., 2015). In addition, potential gaps and areas to improve on, in terms of inclusive teaching and learning strategies are presented in Chapters Seven and Eight. In summary, the main research questions that drives this body of work are:

1. *What are the barriers that students with hidden disability face during their university studies?*
2. *What are the enablers that assist students with hidden disability to achieve success during their university studies?*
3. *What inclusive teaching and learning strategies can assist in meeting the needs of university students with hidden disability?*

Overview of the thesis

This thesis is divided into ten chapters. The introductory chapter of the thesis sets the scene regarding a sociological understanding of disability and presents the main aims of the research project and a general overview. Chapter Two positions myself as the researcher within the research narrative and shares my personal journey which ultimately led to choosing this research topic. Chapter Three consists of the literature review and explores the research already undertaken in the area of disability and in the context of university education. In this chapter, there is a particular focus on the social model of disability and the definitions assigned to the term hidden disability. The literature review also discusses the higher education institution broadly and how curriculum development and the classroom environment as well as university structures can support or impede a student's academic success. The fourth chapter of the thesis outlines the methodology and methods chosen for this research. Ethical considerations that were adopted during the data collection phase are also explored.

Chapter Five introduces the eight student and eight academic staff participants and shares their stories. Chapters Six and Seven analyses and presents the data findings from both the student and academic staff participants. Teaching and learning strategies introduced by the academics in this study attempt to address specific learning needs of students with hidden disability. Equity issues tied to students having access to much needed university resources are also discussed. Chapter Eight then creates a theoretical framework in which to develop inclusive teaching and learning strategies for the classroom. Chapter Nine considers the future implications for teaching and learning within tertiary institutions in a post-COVID world. The final chapter of the thesis provides a summary and conclusion to the thesis. Limitations and recommendations for further research are included in the final chapter.

To summarise, this thesis will contribute to the creation of new knowledge in the area of hidden disability in tertiary settings. The data findings presented, while based on a small sample, draw attention to the various challenges faced by academic staff and individual students when disability is neither shared by the student nor acknowledged and supported in a classroom. A strong theme to emerge from this study was the need for stronger, streamlined formalised university support systems in order to assist teaching staff to work more constructively and inclusively with students with hidden disability. When academic staff can successfully meet the social, emotional and academic needs of students with disability, these students are more likely to flourish and succeed.

CHAPTER TWO: MY STORY

Sharing my story of living in a world that says I am never enough…

Chapter two is an autobiographical account that seeks to explore the significant moments in my life that have influenced and led to the decision to undertake research and the topic chosen. This chapter will weave my narrative through the process of journaling to outline four significant points in time. Vickers (2002) speaks of the power and vulnerability that comes from the researcher's personal account as a storyteller. This was the hardest chapter to write as I wrestled with positioning my voice as an insider researcher, but not wanting to drown out the voices of the participants that I wished to serve through the research process. So instead I present what Vicars (2011, p. 63) refers to as a 'partial story of self'. Was it serendipity, or design from the Divine that led me through this journey? The encounters with four young people (Serenity, Ali, Ethan and Phil) would each guide the trajectory of my professional life and lead me on this research journey.

I had a fairly unremarkable yet privileged upbringing and high school experience. I didn't experience any bullying, had no barriers to study and I received good grades for the first two years of high school life. I then had the opportunity to attend a select entry school from Year 9-12. It was here that I discovered feminism, elitism and competitive education. I felt empowered in a community of young women pursuing knowledge and at the same time I had become an average student in a split second, as I now shared a classroom with society's academically 'brightest' students. The elitism that existed in the school was not caused by wealth, as wealthy families generally chose exclusive private schools for their daughters. The underlying ethos of the school was to produce the next generation of female leaders, reminding the students of their obligation to pursue careers of high status and influence in the community.

A university degree was a familial expectation. My parents had been raised in a rural farming community in Victoria. They had both come to the city after high school to study and pursue professions that would provide more financial stability, security and predictability. It was their belief that the hard life of farming could be overcome through a commitment to tertiary study and career aspirations. As a result, the importance of working hard and gaining a university degree as the key to a stable profession was a belief instilled in me from an early age.

My final school results enabled me to enrol into a Bachelor of Education, move out of home and begin my adult life enjoying a newly found sense of freedom and independence. University life was overwhelming. There was no expectation to attend classes and there was no one checking in when I was absent. The message in the lecture theatres from the Education degree was clear:

Not all students want to learn, so teach to the ones that are there. If a student disrupts the class, then kick them out.

This was not an educational philosophy that made sense to me and I became increasingly uncomfortable studying in this environment. I was more interested in finding out why those students didn't 'want' to learn and understanding a student's behaviour that was labelled 'disruptive' by others. I started to wonder if teaching was the right career for me. Little did I know at this point that one young woman (Serenity) would significantly alter my perception and the course of my education trajectory.

It's not enough to be smart

I had begun to work as a lead tenant in a transition house for young women who were homeless and this is where I met Serenity. Serenity's life was filled with contradictions. She was told by her teachers that she was intellectually intelligent, and at the same time had been kicked out of a school with a good academic reputation as she had not 'applied' herself. The school failed to acknowledge or consider the impact that Serenity's home life had on her motivation and desire to learn. The one place that Serenity had considered to be her safe space was taken from her.

Serenity had been raised in a dysfunctional family and had run away from home several times. Although she had not been taught many life skills nor had she experienced many routines at home, Serenity was able to adapt quickly when she left. She was resourceful and had begun to establish herself as self-sufficient by working at McDonalds until she was fired.

The workplace was unaware of the trauma, multiple transitions and upheaval that had occurred in Serenity's life at this time, but her drug use and intoxicated state at work could not be condoned.

Serenity was fiercely loyal to her friends by protecting them from the police and at the same time stealing from them. These friends provided Serenity with a sense of belonging at a time when others had rejected her, but they also provided her with substances to continue her drug use. Serenity came to live at the house for four months. She kept all of the house rules, except for one - she kept using drugs. The organisation who owned the house found out and she was evicted. I was outraged! At no time was there any attempt by the organisation to address the issues that had led to her drug use, nor were appropriate referrals to support services given to this young person.

Here I was, a lead tenant at 18 years of age, with no specialised training up against an organisation with power. I felt like I had let Serenity down, as I didn't have the skills or knowledge to advocate effectively for her. So I deferred my education degree for 12 months and enrolled in a youth work qualification, vowing to never again work for an organisation that went against my personal values. As a youth worker, I never considered a role in the disability sector. I began studying youth work to support Serenity's tribe of young women experiencing homelessness due to issues of drug use, the justice system and family violence. It was here that I learnt about adolescence, disadvantage, intersectionality, identity formation and advocacy. I would soon meet Ali, and the next stage of my journey towards a PhD.

It's not enough to have a loving family

While studying youth work, I had left the transition house and needed part time work in order to support myself. A job was advertised offering shift work in a young person's family home. This suited me as a university student as I could work at night and study during the day. It was here that I met Ali and learnt more about intersectionality. Ali lived in generational poverty with a dysfunctional, yet loving family. He had a rare disorder with few physical characteristics and no definitive prognosis. He had already outlived all previous predictions that the doctors had made before I came to work for the family. What struck me the most was Ali's learned helplessness, and, in my opinion, there were limited expectations or aspirations for Ali's life. When Ali was well, he was capable of completing all personal care tasks independently (eating, dressing, bathing etc.) and yet all of these tasks were done for him. Ali had not learnt to read and there were very few books in the house. The family's cultural understanding of disability meant that Ali didn't leave the house very often, other than to go to school.

Ali attended a local mainstream school with educational support, but there was also a low expectation for him at school. Ali was often not included in group work within the classroom, rather being left to his own devices or his teacher's assistant was told to find Ali an alternative task. The only time Ali was fully included was on the football oval. Ali was given the freedom to run around with his friends playing footy on the oval and this was where the playing field was levelled. He was no different to any of the other kids out there. Ali's health began to deteriorate and so he stopped going to school. I had the privilege of being asked by the family to visit when Ali died. I remember at the time the family had said 'his spirit gave up' and I was left wondering if Ali's life might have turned out differently if he had been born into a family with financial means and different expectations regarding his abilities? I felt unable to change the systemic barriers that Ali faced in his family, culture and school. Another young man by the name of Ethan would next expose me further to the barriers others face.

It's not enough to look different

Ethan's situation could not have been more opposite to Ali's. Ethan was born with a profound physical impairment into a family who was determined that he would have the same opportunities as his brothers. Ethan was encouraged to be a risk taker, to actively participate in all activities and to become independent. Education was important to this family, so, although Ethan began his early years schooling in a specialised segregated setting, his parents quickly moved him to the mainstream private school that his brothers attended. There was no hiding the stares and reactions from strangers when I supported Ethan in the local community. We encountered the full spectrum of community responses from outright revulsion to overcompensating patronising platitudes. There were times when Ethan and I would be out on a day trip where Ethan would be ignored completely, and I would be showered with praise for being a saint. Once again I felt ill equipped to deal with the ignorance and injustice that Ethan faced. Ethan had no control over the stigma and attitudinal barriers that he endured due to his physical appearance. So, I pursued knowledge again, continuing my studies, and completed a disability specific qualification. I wanted to understand why society created the ‘other’ and to find a role to play in dismantling some of the prejudicial and discriminatory community attitudes.

It’s not enough to be different

There was so much that needed to be done in terms of disability advocacy and removing the barriers that young people face in everyday life. I had learnt many skills on the job in the 17 years that I had been supporting young people with disability in the community and from the studies that I had continued since completing my degree. I now have a Master of Education in addition to a degree in Youth Work and several certificates in specialised skills. Upon reflection, the task of educating an ableist society, changing discriminatory policies and removing individual and systemic barriers appeared to be insurmountable for one lone youth worker.

However, I was next given the opportunity to expand my area of influence and provide input into the lives of the next generation of youth and community workers and teachers. I became a lecturer in the same degree program that I had graduated from many years before and quickly began advocating for a disability specific unit to be included in the Youth Work degree. For many students this was the first opportunity that they had been given to explore ideas of ableism, as well as notions of normality and inclusion. There was a ripple effect soon after with the university partnerships team reporting that there had been a shift in student attitudes towards disability specific community placements. Where previously some students had said “I want to work with young people, just not THOSE young people” referring to young people with disability, now students were actively seeking placement opportunities to support young people with disability. The unit of study grew in popularity to be included as a core unit offering in a number of other degree qualifications, as well as being a popular elective choice for students from a range of other university degrees.

While teaching topics that I am passionate about, I am regularly challenged by my own assumptions regarding students and their learning. One conversation after class with a student would leave me with more questions than answers. Phil was a very engaged and well-liked student in the classroom. He actively participated in class activities and showed an aptitude for oral presentations with high levels of facilitation skills. It came as a surprise then that his written work was late. One day after class, Phil came up and disclosed to me that this class had changed his life. He explained why this was the case. "When you showed that slide about the dyslexia simulation, that is how I see words all of the time. I always thought that I was just dumb, and now I'm pretty sure I have dyslexia. Can you please help me to get a diagnosis?" he said. Previous traumatic experiences and fear were the reasons that Phil gave as to why he had not yet submitted his written work. Phil had an excellent grasp of the knowledge and content of the unit, but had difficulty articulating his thoughts in written form. The relief on Phil's face was palpable when he realised there was a reason why he struggled to read and construct his thoughts on paper. He also now knew that he wasn't alone in his feelings of inadequacy and shame. Phil's story led me to wonder about the following questions:

- How many university students with hidden disability didn't have a formal diagnosis?
- How many students with hidden disability had false ideas about their ability to learn and achieve in their university studies?
- What were the barriers that faced these students at university?
- What role could I play in creating practical and positive changes for students with disability at the university where I was employed?

So, with these questions in mind, and my commitment to life-long learning holding firm, I decided that a PhD thesis would make a significant contribution to disability awareness and provide a catalyst for change in the university systems and processes.

The struggle and triumph of being enough

The four encounters mentioned above had culminated in a deep desire within me to shift from a sense of helplessness to one of productivity. The structural disadvantage within which Serenity was raised, the intersectionality of culture, family and lack of educational expectations in Ali’s experience, and the ableism and community ignorance that Ethan faced all contributed to the development of a unit of study. I felt compelled to write this study unit which explored such fundamental topics as the disability rights movement, ableism, community advocacy and the social model of disability. The aim of the unit was to equip students with the skills and knowledge to empower and support people with disability in the community, identify and advocate for the removal of community barriers to ensure the participation of disabled people in all areas of life and to challenge ableism and all forms of discrimination. This unit of study was the catalyst for Phil to explore his specific learning disability for the first time and understand the unique strengths that dyslexia offered.

My personal faith provides a strong framework and ongoing influence in my work. The Bible in Micah 6:8 speaks of a requirement to “act justly, love mercy and walk humbly.” I have identified early on that I am motivated by injustice and I have committed to the lifelong pursuit to address and eliminate injustice at every level of society. In order to love mercy, I must first acknowledge the position of privilege that I hold as a teaching academic and the imbalance of power that often exists within a professional relationship with young people. That position of privilege holds enormous responsibility to work with empathy, compassion and humility in every interaction with others.

The most challenging aspect of this research has been coming to terms with my role as a researcher. I was very comfortable critiquing my own practice as a teaching academic but became uncomfortable critiquing my peers and analysing the student participants’ voices. I was reminded of the Bible verse that says, “Do not think of yourself more highly than you ought” (Romans 12:3). I began asking myself, who am I as a non-disabled academic to complete this research? I needed to acknowledge these feelings as indicative of imposter syndrome. So, in the midst of grappling with these feelings, I sought out the advice from a disabled colleague. Her response was this: “There aren’t enough disabled academics in the space to be undertaking this research. While there needs to be more advocacy work done in the area to promote disabled practitioners to pursue academic careers, in the meantime the research is still needed.” And so the questions in my head remained, “If not now, when? If not you then who?”

I realised that the questions of my own inadequacies meant that in fact I was the right person to be doing this work. As an insider researcher I could utilise my existing professional relationships with university students with disability (Fleming, 2018). I could also reach out to academic teaching staff to gain a greater insight into their perception and understanding of hidden disability. In addition, my own voice as the insider researcher was a necessary part of the narrative and I began to appreciate the privilege of my role as the insider researcher which has led to the richness and rawness of the stories shared by the participants. Not only was I 'enough', but the fact was also that I always had been enough, and my work had meaning and value. I wanted this epiphany for my students also, so that their sense of professional agency would increase and be affirmed. I was committed to ensuring that my students would enter their chosen fields with direct insight into the skills and knowledge needed to create environments that privilege access, success and inclusion for *all* people. I was also aware of the need to familiarise myself with theory and research in the area of disability and inclusion. So here I am, standing on the shoulders of giants. Not only am I thankful for the disabled researchers that have come before me and influenced my work, but I am also hopeful that students with disability will be hoisted onto my shoulders to do even greater work in the future.

The next chapter will explore the existing historical and current literature around the topics of a sociological understanding of disability and impairment, hidden disability, and the emergence of legal and human rights advocacy of individuals within the disability community. A context for learning in higher education will be provided, along with an exploration of research into the principles of universal design for learning (UDL) and the support and resources needed for university students with disability to succeed in their studies. This chapter will summarise the current knowledge in these areas and provide an important context for this research project.

CHAPTER THREE: LITERATURE REVIEW

This chapter, the literature review, will first investigate how the societal understanding of disability has changed over time. This exploration will include how people's values and attitudes impact individuals and the broader community through the development of legislation and public policy. The concepts of stigma, social role valorisation, media representation of disability, cultural values and identity formation all relate to how society values or devalues people with disability and as a result, how the individual then views themselves.

Of particular interest to this study is the investigation of the concept of hidden disability and how students form their disability identity in higher education settings. This investigation forms the foundations in which to explore the barriers that students with hidden disability face during their university studies. The literature review will then examine the particular issues faced by many universities when supporting students with disability. Other themes explored in this chapter include factors that make up inclusive classrooms, attributes of effective curriculum development and support structures that assist students with disability to become successful learners. These themes form the basis of exploration of the enablers for students with hidden disability to achieve success during their university studies.

A history of disability

Impairment has existed across the globe in all cultural communities throughout Western recorded history (Metzler, 2006). Impairment was often seen as an affliction bestowed on individuals and families (Stoddard Holmes, 2010). Different explanations were given to families when babies were born with impairment. There were religious leaders who claimed demon possession (Braddock & Parish, 2001), divine punishment or moral failing (Shakespeare, 2010) as the causes of these impairments. In ancient Greece, babies born with physical impairments were often viewed as cursed or instruments of the devil (Metzler, 2006). This resulted in these babies being excluded from the community, for fear of others in the community 'catching' the impairment or the 'curse'. Some of these babies were left to the elements outside the community to die from exposure and lack of sustenance (Stiker, 2019).

There is a lack of historical primary source material available from people with impairment when examining the history of disability. This is due to the fact that the voices contained in the early writings were that of the non-disabled “experts” who were “treating” disabled people and not of the people with disability themselves (Bredberg, 1999). This limited and subjugated the contribution that disabled people made to the collective written knowledge of disability (Moore & Slee, 2012). There is an emphasis in the writing of disability history of “the ‘despiteness’ of individuals - despite impairment, these individuals overcame their ‘handicap’”(Metzler, 2013, p. 2). This emphasis reveals the underlying cultural beliefs at the time that set an expectation of ‘normality’ and anything outside of that was considered undesirable.

During the Enlightenment period of history, the medical model of disability was first established. This period of history is commonly known as the Age of Reason, where scientists, philosophers and other thinkers challenged medieval beliefs in many areas including disability and sought to understand life through rational thought and scientific discovery. The ideas produced during the Enlightenment questioned the authority of the monarchy and the institution of the church over people’s lives. Philosophers and academics began creating new gathering places within the community that moved away from churches. This allowed them to share and cultivate ideas around disability and impairment in a scientific way. Places of learning, such as salons, academies and universities were growing in popularity, although access to such places was still the preserve of the upper classes and the elite. Philosophers such as Voltaire and Jean-Jacques Rousseau called for changes in society to be based upon reason with a focus on scientific understanding of biology and the natural world (Rousseau, 1754). The medical model of disability that was established during this time moved away from the ‘divine’ and supernatural origins of impairment. What emerged was a focus on the biological ‘deficit’ of the individual, stating that there was a ‘problem’ with the individual who needed to be cured or treated (Kiernan, 1999).

However, these ‘new’ beliefs were not universally accepted during this time (Nagel, 2012). With learning and education as a focus throughout the Age of Reason, institutions and asylums were established to provide segregated education for children with disability (Hayhoe, 2019). These facilities still represented the medieval way of thinking and thus focussed on moral development and physical training. There was no effort within these institutions to understand the biological origins of impairment. Instead, there was an attempt by teaching morality and physical labour to rebuild disabled children with a positive work ethic and academic endeavour to produce functional adults.

Samuel Howe, an American physician, educator and abolitionist believed that there was a scientific link between the shape of the brain and the person’s behaviour. His assertion was that immorality and deviant behaviour was present in people with disability and could be passed on genetically (Hayhoe, 2019). He was the founding director of the Perkins School for the Blind and the Massachusetts School for Idiotic and Feeble-Minded Youth, two segregated institutions. Other writings during this time included Charles Darwin’s *Origin of the Species*. Darwin suggested that young people with disability weren’t in fact a threat to others, that the deficits that existed within individuals would simply not survive in future generations (Darwin, 1859).

Benjamin Butler, a Governor of Massachusetts at the time, argued that Howe’s intention to integrate these disabled individuals back into the community once they reached adulthood was in fact inhumane, He maintained that the focus of institutions should be to act as a ‘benevolent carer,’ bestowing kindness but maintaining ignorance and status quo. Butler asserted that “A well-fed, well-cared for idiot is a happy creature. An idiot awakened to his condition is a miserable one” (Rogers, 1898). Butler’s suggestion that through an empowered education process young people with disability were in danger of discovering their own limitations (Hayhoe, 2019) perpetuated the hegemonic culture that continues to oppress people with disability today.

Viewing the concept of disability exclusively from a medical perspective resulted in an incomplete understanding of impairment and disability. Neurological, pathological, biological, and genetic language is used in discussions about disability which limits the experience of the individual down to a checklist of symptoms (Goodley, 2014). When an individual is diagnosed with a temporary injury or impairment, the health profession has a focus on repairing, fixing or treating the individual with a goal of 'optimum health'. The same can be said for the stages of recovery model that is offered by mental health services (Ferguson, 2003). One challenge with the recovery model in the context of disability is that it relies on the dynamic and temporary nature of illness rather than taking into account the permanent and static nature of some impairment diagnoses. For an individual who receives a diagnosis of permanent disability, they no longer fit in the health categories of unwell or healthy, but rather exist in a space in between (Metzler, 2013; Mulvany, 2001).

Segregation of people with disability continued throughout the 19th century and into the 20th century with eugenics being a popular theory and process during this time. Walter Fernald, a follower of Howe's approach, asserted that "The feebleminded are a parasitic, predatory class, never capable of self support or of managing their own affairs… It has been truly said that feeblemindedness is the mother of crime, pauperism and degeneracy…The most important point is that feeblemindedness is highly hereditary…No feebleminded person should be allowed to marry or become a parent… Certain families should become extinct. Parenthood is not for all"(Fernald, 1912, p. 92). Eugenics was a process of eliminating biological attributes that were considered 'undesirable' from the gene pool (Shakespeare, 1998). This process considered people with impairment as undesirable and uneducable. Measures were taken to try and prevent the continuation of these genetic markers through widespread and routine sterilisation of young women with disability. These sterilization operations were often undertaken without consent of the individual with disability (Mitchell & Snyder, 2003). Medical practitioners would recommend these procedures to family members and due to the positions of authority that medical practitioners held in society, these practices were rarely questioned (Shakespeare, 1998).

The deficit and undesirable view of disability would slowly begin to be challenged as several significant world events would force the community to face a new element of disability – disability attained through the armed conflict of war (Reynolds, 2022). At the conclusion of both the First and Second World Wars, Australian, US and UK society saw many men and women return home with newly acquired impairments from the battlegrounds of the conflict. Through the process of rehabilitation, after medical intervention, there was a focus on helping the returning serviceman to 'overcome' their newly acquired impairment through determination and will power (Larsson, 2004). Medical and scientific discoveries uncovered the genetic origins of impairments during this time and medical interventions increased. The aim of these interventions was to understand the origin of the perceived deficit in order to treat or cure the individual with disability.

By the late 1960s, the Civil Rights movement and the Women's Rights movements were gaining momentum throughout the world. Advocacy groups such as the Union of Physically Impaired Against Segregation (UPIAS), the Liberation Network of People with Disabilities in the UK (Sutherland, 2006), the American Coalition of Citizens with Disabilities in the US, and the Australian Quadriplegics Association saw an opportunity to align themselves with other oppressed groups of people and promote the rights of people with disability. Goodley (2003) viewed the disability activism at this time as an opportunity to activate people with a sense of injustice based on their lived experience of exclusion from community participation.

Disability activism became visible to the broader community as disabled activists such as Hunt and Finkelstein (Beesley, 2020; Berghs et al., 2019) and their allies began occupying public spaces, and groups began protesting and forcing society to confront the inaccessible environments that existed in the community (Barton, 2017). Many of these advocacy groups were made up of people with different diagnoses (eg, Blind Advocacy groups, Deaf Advocacy groups, etc.) who wanted to focus on their physical abilities in terms of accessing the workplace and community (Rembis et al., 2018). Indeed physically disabled activists didn't necessarily want to include people with cognitive impairments in their early campaigns as they felt that it would reinforce society's assumptions and false beliefs that people with physical impairments automatically must have a cognitive impairment too (The Union of the Physically Impaired Against Segregation UPIAS, 2018).

The social model of disability was formulated during this time of activism (Beesley, 2020; Reynolds, 2022). This approach also contradicted and disrupted the positivist and deficit view of disability (Oliver, 1990). The social model of disability radically challenged the way that society viewed and valued people with impairments or medical diagnoses (Beesley, 2020). It was Oliver (1996, p. 32) who argued that an "impairment is simply a description of the physical body”, and that “a disability in fact had nothing to do with the body.” Oliver and others such as Kiernan (1999) and Siminski (2003) further argued that the term disability was socially constructed by society and it was the lack of opportunity, societal attitudes, access to physical environments and stigma that led to an individual being disabled. The shift moved from the medical definition of disability to a socio-political one (Beesley, 2020; Hahn, 1985).

In contrast, Reynolds (2022) argues that the reported move from the medical model to the social model was an oversimplification as there is no consensus of one medical model and one social understanding, but rather many theories of disability. Finkelstein (2007) also argued that the social model of disability needed to be adaptable to changing cultures and contexts. Levitt (2017) goes further by recommending that the social model needs to be reworked to better reflect the diverse social conditions of different geographic regions. Woods (2017) suggests the social model can be used to complement other models. The Nordic relational model can sometimes describe the individual’s experience, whereas the social model focuses more on the barriers created by society. Shakespeare (1993) also pointed out that intersectionality needs to be considered when discussing the impacts of societal oppression experienced by disabled people.

The disability rights movement focused on the ways that people with disability were being oppressed by being discriminated against, excluded and isolated by an inaccessible society. This was a move away from identifying disabled people in terms of medical diagnosis and limitation, to identifying with an oppressed people with a shared cultural identity (Shakespeare, 1993). Iris Young was influenced by Freire’s work on oppression and speaks of the five ‘faces’ or types of oppression. These types are defined as “exploitation, marginalisation, powerlessness, cultural imperialism and violence” (Young, 1990, p. 42). Disabled people experience exploitation via an exclusionary capitalist system when an individual is not granted access to employment. This sends the disabled individual to the margins of society where they are further excluded through inaccessible public spaces. Thompson et al., (2011) argue that policy initiatives are required across three levels (personal, organisational and structural) to promote community attitudinal change toward people with disability. The social model of disability spotlighted the inequality for individuals in being labelled as disabled.

The social model of disability would soon be brought onto a global stage when the United Nations declared the year 1981 as the International Year of Disabled Persons (IYDP). This brought further attention to the systemic oppression that existed (and still exists today). The arrival of Disability Studies in university programs offered a critical lens in which to examine the sociological origins of disability alongside studies of race and gender (Kudlick, 2003). The emergence of the disability pride movement further challenged the medical model of disability as activists attempted to reclaim previously derogatory language such as ‘crip’ (Andrews et al., 2022; Shakespeare, 1993) and began referring to themselves as disabled and proud (Goodley, 2003). Activists with the disability pride movement are redefining impairment as a natural element of human diversity, rather than a deficit or absence of optimum health (Dyck & Russell, 2020).

French and Swain (2000) introduced the affirmation model of disability as a critical alternative to the social model. The affirmation model rejects the tragic view of disability, which can lead to pity and disempowerment. Instead, the affirmation model of disability makes the claim that rather than desiring to be ‘normal’, people with disability should view themselves in celebration rather than tragedy. French and Swain further argued that the social model of disability didn’t go far enough to empower people with impairments, and that there are in fact benefits to having an impairment. These benefits include building one’s identity outside of society’s expectations faced by non-disabled people and learning from others ways to use their strengths in an abled world (Cameron, 2008; Eyer, 2021; French & Swain, 2000).

Cameron (2008) disagreed with the notion that the social model of disability had become outdated. He suggested that both the affirmation model and the social model of disability attempted to address the disadvantage and structural inequality that people with disability face. In addition, providing an alternate narrative to the traditional model of disability assists in removing the barriers for people with disability to being active members of the community. This research will use the social model of disability as the foundation in which to examine the systems, structures and barriers faced by students with hidden disability. The affirmation model of disability will also be used to consider the interview questions and the topic of disability identity that was raised by the participants in the research.

Legislation and human rights approach for individuals with disability

Children, young people and adults with disability experience a violation of their human rights on a regular basis all around the world (Mégret, 2017; Rioux & Carbert, 2003). Society continues to grapple with this discrimination and inequality (Degener, 2016). The experiences of disability are diverse and so this project will concentrate on the common characteristics of a Western experience of disability. One attempt to address this discrimination has been through the establishment of national legislation and international instruments. However, these human rights violations continue to occur (McLeod, 2018) despite numerous pieces of federal legislation in Australia and international frameworks put in place that have been designed to ensure that people with disability can live a life free of victimisation and oppression. Ableism continues to exist in all societies as systems are designed for and by non-disabled people (Goodley, 2014; Reynolds, 2022).

The specific pieces of legislation and international frameworks that relate directly to people with disability include:

- UN Convention on the Rights of the Child (CRoC), 1990 (International)
- Disability Discrimination Act, 1992 (Australian)
- Disability Standards for Education, 2005 (Australian)
- UN Convention on the Rights of Persons with Disabilities (CRPD), 2006 (International)
- National Disability Insurance Scheme (NDIS) Act, 2013 (Australian)
- National Standards for Disability Services (NSDS), 2014 (Australian)
- National Disability Strategy 2010-2020 (Australian)

The United Nations Convention on the Rights of the Child (CRoC) (1990) is the most widely ratified international agreement throughout the entire history of the United Nations. The intention of the CRoC is to make a commitment to ensuring the rights of children (including young people up to the age of 18 years) are upheld. The guiding principles of the convention include the following: the best interests of the child drive all actions related to that child; non-discrimination; a child's inherent right to life; the government's responsibility in ensuring the survival and development of the child (as much as possible); and the right of the child to express their views and have those views considered in decision-making processes (1990). This legislation covers all children, which of course includes children and young people with disability. However due to ableism and the structures that have been set up to exclude people with disability in the community, disabled young people's voices continue to be ignored and invalidated (National Children's and Youth Law Centre, 2004).

In 1992, the Disability Discrimination Act was written to address the numerous ways that children, young people and adults with disability were being disadvantaged in Australian society. The Disability Discrimination Act 1992 by enabling access to anti-discrimination legislation that enforces equal treatment of people with disability with the rest of the community might be seen as recognition of their need to be empowered (Cooper, 1999). This is an Australian national piece of legislation which was written to protect all individuals with disability across Australia from both direct and indirect discrimination. Direct discrimination occurs when an individual is singled out and treated less favourably because of their disability or impairment. Indirect discrimination occurs when a rule or policy designed to cover everyone equally instead means that an individual with disability or impairment is excluded or treated less favourably.

In Australia, the Disability Standards for Education 2005 were directly formulated out of the Disability Discrimination Act of 1992. The initial intention of the Disability Standards for Education was to ensure that students with disability have access to participation in all education and training opportunities alongside their peers, from foundational learning in kindergarten all the way through to tertiary education at university and TAFE. The Disability Standards outline the responsibilities of the education provider to ensure that the learning environment and activities are accessible through a series of 'accommodations' and 'reasonable adjustments'. However, Collins et al., (2019) argued that although a modification or accommodation to curriculum can occur for an individual student, it is not always guaranteed. Therefore, there needs to be a focus on curriculum that is inclusive for all to begin with (Bunbury, 2020; Collins et al., 2019).

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006) followed along as an international instrument after the Australian Disability Standards for Education. Australia was one of the first countries to ratify the UN CRPD. Ratifying is the process of a country confirming and giving formal consent through signing an agreement to follow a UN convention. This convention recognised the vulnerability of this group of people throughout the world and has the global purpose of promoting the rights and opportunities for people with disability to have choice and decision-making power in their own lives. In addition to this, the UN CRPD also has a secondary aim of eliminating barriers to participation in all areas of political, social and community life.

The National Disability Insurance Scheme (NDIS) Act is an Australian piece of legislation that covers all of the states and territories of Australia. The NDIS Act outlines the role of the National Disability Insurance Agency and establishes the funding scheme that supports people with disability in everyday life. This legislation outlines eligibility criteria for a person with disability to become a recipient of the fund, the process of establishing support plans, and the role of the support agencies.

The National Standards for Disability Services were adopted by the Australian Government in 2014 and these standards apply to all disability service providers to ensure that the rights of people with disability are upheld when they access a community service. The six standards cover the areas of rights, participation and inclusion, individual outcomes, feedback and complaints, service access and service management.

The National Disability Strategy is an Australia wide plan that looks at practical ways to implement the CRPD. The National Disability Strategy covers seven outcome areas:

- employment and financial security
- inclusive homes and communities
- safety, rights and justice
- personal and community support
- education and learning

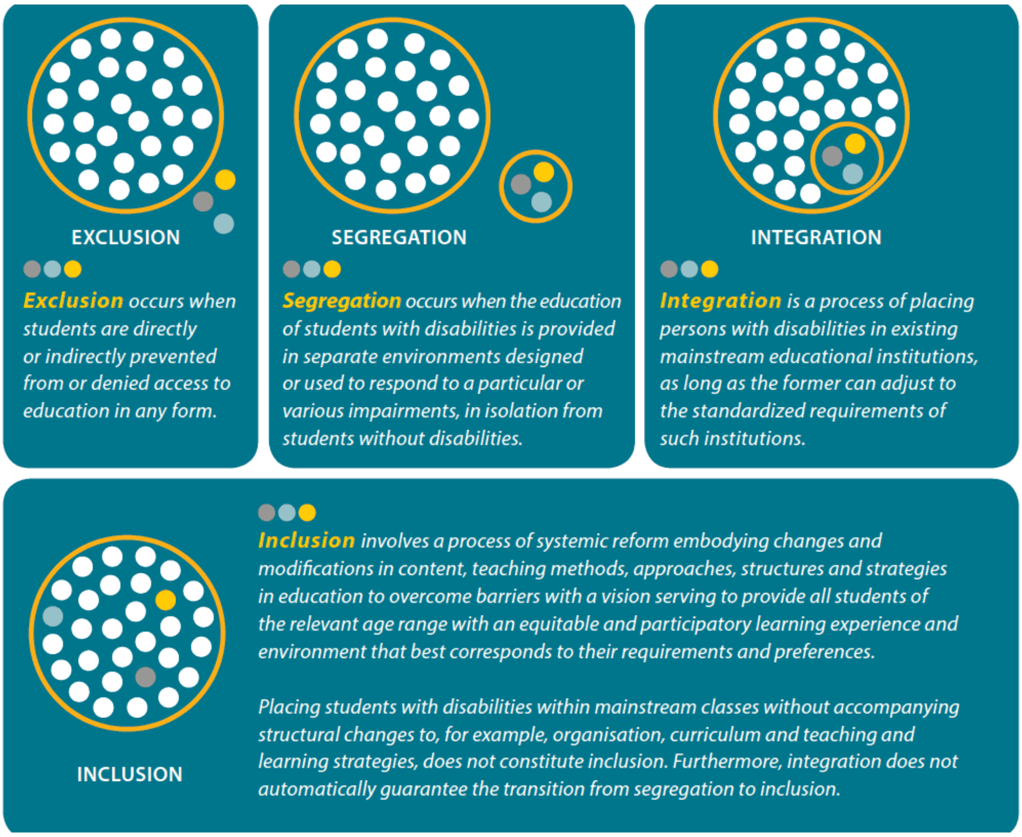
- health and wellbeing
- community attitudes (Australian Government, 2022)

The Disability Discrimination Commissioner and the Australian Human Rights Commission work together to address complaints and work with organisations, businesses and the wider community to ensure compliance with all of the pieces of legislation outlined above and to ensure that the rights of people with disability are upheld.

The Higher Education community is critical of the neo-liberal approach to university education in providing the skills for the next generation of industrial workers (Pan, 2021) and are looking to create an environment for learning ways (beyond the intellectual) for students to ethically engage in sustainable ways with the world around them (Zamora-Polo & Sánchez-Martín, 2019). The Department of Education Strategic Plan 2021-2025 outlines additional funding for a holistic approach to classroom and school wide adjustments and greater access to professional development and resources to promote disability inclusion (Victorian Government, 2021). There has been a focus in the legislative instruments listed above on inclusion rather than integration (Corcoran et al., 2019). Historically, in theory the education policies in Australia have been progressing from exclusion and segregation towards integration and inclusion (see Figure 1 below).

However, in practice educational practices such as gatekeeping in schools continue to exclude and segregate some students with disability (Iacono et al., 2019; Poed et al., 2022). Schools are refusing student enrolment applications based on disability and behaviour, or restricting attendance to partial enrolment. Segregated settings such as Special Schools and Special Development Schools continue to provide education for students with disability based on a set of criteria associated with their diagnosis (De Bruin, 2019; United Nations, 2016). Special Schools and Special Development Schools receive specific state based funding through the Department of Education and Training to provide education from Prep to Year 12 for students with a range of diagnosed impairments and associated 'challenging' behaviours. Indeed, for many Victorian families, education through segregation is still offered as the default or only option for enrolment (De Bruin, 2019).

Mainstream schools that are able to adjust the curriculum and learning environments for the individual student with disability are then able to offer integrated education. The UNCRPD (2008) clearly provides a framework for inclusive education in Australia. Following the undertaking set out by the Disability Standards for Education (2005), the Department of Education and Training is attempting to address this continued segregation of education for students with disability by committing to build seven new Supported Inclusion Schools by the end of 2022 throughout the state of Victoria. These new schools use universal design for learning principles by creating physical facilities that meet the needs of all learners from the design phase. These facilities include sensory areas, accessible play spaces, wider corridors, therapeutic gym equipment and inclusive learning spaces with improved acoustics and lighting (Victorian School Building Authority, 2021).



Exclusion *occurs when students are directly or indirectly prevented from or denied access to education in any form.*

Segregation *occurs when the education of students with disabilities is provided in separate environments designed or used to respond to a particular or various impairments, in isolation from students without disabilities.*

Integration *is a process of placing persons with disabilities in existing mainstream educational institutions, as long as the former can adjust to the standardized requirements of such institutions.*

Inclusion *involves a process of systemic reform embodying changes and modifications in content, teaching methods, approaches, structures and strategies in education to overcome barriers with a vision serving to provide all students of the relevant age range with an equitable and participatory learning experience and environment that best corresponds to their requirements and preferences.*

Placing students with disabilities within mainstream classes without accompanying structural changes to, for example, organisation, curriculum and teaching and learning strategies, does not constitute inclusion. Furthermore, integration does not automatically guarantee the transition from segregation to inclusion.

Figure 1 Exclusion, segregation, integration and inclusion
taken from (Hehir et al., 2016)

Higher education

In the late 1980s and early 1990s, the Australian Government turned their focus to education policy and reframed it from equality to instead examine equity. The equity policy aimed to improve school retention and increase access to TAFE and higher education for specific cohorts of students who were considered to be marginal or disadvantaged (Marginson, 1997). The Government suggested that it was a student's background that influenced the student's ability to participate in post compulsory education. However the Government failed to consider the barriers facing students once they enrolled, with students with disability more likely to drop out than their non-disabled peers (Li & Carroll, 2020). Karmel suggested that equality of opportunity could be better considered as 'fairness of access' as this statement did not require all students to succeed, as there might be differences in preferences or abilities (Karmel, 1987).

In 1990, the Australian Government recognised students with disability as an under-represented equity group at university alongside students from Culturally and Linguistically Diverse (CALD) backgrounds, women in non-traditional areas of study, First Nations students, students from low socio-economic locations, and students from regional and remote areas (Ryan, 2011). Since then Higher Education institutions around Australia have been increasing their enrolments of students with disability. For example, between the years of 2007 and 2012 Australian universities increased their enrolments of students with disclosed disability by a significant 43.5% (Koshy, 2014). It is believed however that this number is conservative, considering the number of students who chose not to disclose their diagnosis. In response to this increase in enrolments, questions are being raised as to the effectiveness of these institutions in meeting the particular and individual needs of students with disability. Providing effective support structures to ensure the academic success of students with disability is now a legislative requirement for higher education institutions (Australian Government, 2005).

It must be acknowledged that university students with disability in the Western world bring with them an amount of privilege that doesn't exist for other people with disability around the world (Singal, 2011). A student with disability who has had access to an education that enables them to secure a position at university is provided with significantly different outcomes to a young person with disability living in poverty, without access to assistive devices, specialised equipment, financial assistance or education and employment opportunities (Lamichhane, 2013; Singal, 2011). However, this privilege does not exist without continuing exposure to injustice in an inaccessible world in areas such as housing (Wiesel, 2020), employment (Hoque & Bacon, 2022) and parenting (Smith, 2021).

Every university in Australia is bound by the Disability Standards for Education (2005). The Disability Standards for Education have been drafted to align with the Disability Discrimination Act (1992). The purpose of the standards is to mitigate against current entrenched negative attitudes and values towards students with disability. This Act also provides process of redress for individuals when their human and legal rights have been violated or ignored. Each university must ensure that they are meeting the needs of their students with disability in accordance with these standards.

The standards cover the following areas:

- enrolment
- participation
- curriculum development, accreditation and delivery
- student support services
- elimination of harassment and victimisation (Disability Standards for Education, 2005)

These Disability Standards for Education dictate that each higher education provider must formulate a Disability Action Plan (DAP) that outlines the ways in which the university will assist students with disability from the initial application process, through enrolment, as they progress through study to graduation. A student with a disability must have access to all educational resources, both inside and outside of the classroom. The DAP also documents how each student will actively participate in university activities in an equitable manner. This DAP must be easily accessible to all current and prospective students as well as academic and support staff. Institutions can be altered to accommodate students with varying types of functional skills (Hahn, 1985), but there still remains the phrase ‘inherent requirements’ that institutions and students with disability are left to grapple with. This phrase refers to the skills and knowledge that the university and accreditation bodies deem necessary to complete the workplace tasks associated with a profession.

Students may also face financial barriers to gaining a formal diagnosis. For example, a cognitive assessment to ascertain a learning disability such as dyslexia or auditory processing disorder from Listen and Learn Centre (2014) costs the student $2400. Follow up counselling is provided at an additional cost. These kinds of costs can prohibit many university students for seeking these kinds of diagnostic testing. Such barriers might prevent a student from accessing the formal services offered through the university's disability services department. This can result in disadvantaging the student further in their studies, thereby compromising their wellbeing and academic success.

Victoria University in Melbourne, Australia is attempting to address this barrier in its current Student Accessibility Action Plan 2021-2023 (2021). The current Accessibility Action plan states in Action Area 2: Establish an Access Advisory Group (APAG) that Accessibility Services will 'assist students to access Learning Disability Assessment Services (LDAS)' (Victoria University, 2021, p. 17). However, responsibility for the associated student costs to access this service are yet to be established. The plan also outlines a process for establishing an in-house Learning Disability Assessment Service (LDAS) using post graduate psychology students to assist with the diagnostic assessment process. A timeline for the establishment of the service has not been provided, nor any processes to deal with any potential conflicts of interest that might occur with Victoria University students completing diagnostic assessments on other Victoria University students.

To provide an example from the wider Australian context, Couzens et al.'s (2015, p. 24) case study was undertaken to explore what combination of specific and universal strategies might meet the needs of students with disability in an Australian university. The case study sought to "identify the strengths, gaps and opportunities in order to provide a more successful higher educational experience for these students." Couzens et al. found that university students valued academic staff who were clear in their instruction, caring in their approach and flexible. However they had also encountered experiences of stigma and being misunderstood. In contrast to Stewart and Collins (2014) work , Couzens et al.'s case study did not exclude students that didn't have the required paperwork. The researchers simply asked for participants who self-identified as having a learning disability. Universal strategies and informal networks were also identified as important for student success. It therefore can be concluded from this research that there is merit in also considering the removal of some of the barriers created by the amount of paperwork evidence that university on-campus disability services require.

Values and attitudes towards disability

The debate around the use of identity-first and person-first language continues across the globe today (Andrews et al., 2022; Ferrigon & Tucker, 2019). Blaska (1993, p. 25) notes that "language is a reflection on how people in society see each other", whereas Ferrigon and Tucker (2019) refer to language as a reflection of the attitudes that people hold and wish to convey through words. Person-first language was introduced in the United States of America (USA) and Australia to refocus society's attention away from the impairment back to the person instead (Ferrigon & Tucker, 2019; Michalko, 2002). However, the United Kingdom (UK) and parts of the USA currently use the term 'disabled people' in the social and political spheres. Activist groups within Australia also follow this example as they frame disability with a socio-political lens. When considering which language to adopt in a local setting, Martin encourages people "to be sensitive to the descriptors individuals use about themselves, and to cultural differences, and to understand that not all disabled people actively think about disability politics, therefore seeing language as a site of struggle" (Martin, 2012 p. 15). Cook and Clement (2019) recommend following the lead of the individual in how they wish to be referred to. There is currently not a consensus in the Australian community regarding the use of language and therefore sensitivity is required when engaging in this discourse.

A call for the discontinuation of derogatory and offensive terms associated with disability such as 'idiot', 'retard' and 'handicap' across the world evidences this need for a shift away from using language that continually disempowers the oppressed (Runcan, 2022; Ziegler, 2020). The inference that people with disability must come begging with 'cap in hand' to receive charity does little to empower or affirm individuals in need of additional support and an inclusive environment (Armstrong, 2019). Rather, terms such as these seek to perpetuate a notion of disempowerment and inability, rather than ability and strength (Borg, 2018; Oliver, 1996; Runcan, 2022). Tregaskis (2004) describes the way in which service providers continue to hold stereotyped and belittling attitudes towards people with disability, and which in turn influences the support staff's words and behaviours towards the service users. For example, in an educational setting, an educator's ableist attitudes and low expectation of a student with disability creates a barrier for that student to experience academic success (de Boer et al., 2012). However, these ableist attitudes are not limited to the classroom and they can be found in all areas of society, including in the media.

Representation in film and television continues to be a reflection of societal attitudes towards people with disability, as according to Wilde (1891) life imitates art more than art imitates life. Disability is used by the media as a tool to elicit an emotional response from the viewer (Stoddard Holmes, 2010). When the community has been provided with a storyline about disability, the character has traditionally been two dimensional with a focus on tragedy and overcoming (the 'super crip'), or a source of pity and compassion (the 'bitter crip') (Heldman et al., 2020). This causes community perception to remain in the disability stereotypes shown on screen. More recently, the media perpetuates the inequality and oppression of people with disability by a "never-ending round of self-congratulation" when the media outlet shares a story of a triumphant achievement by an individual with disability (Cameron, 2011, p. 13). Young (2014), an Australian comedian and disability advocate, warns her audience in a TEDx talk of the dangers of perpetuating these ableist ideas through sharing images and stories which act as 'inspiration porn', objectifying disabled people for the benefit of non-disabled people.

By examining the political and educational structures in a culture, we recognise that people's values, beliefs and opinions have been shaped by society's values and structures (McKnight & Whitburn, 2018). Thomas (2007) attests that disablism occurs when the psycho-emotional wellbeing of people with impairments is undermined through a system of structural and social oppression. Inaccessible workplace environments and inadequate public transportation force many people to remain dependent on welfare systems rather than participating in the workforce. Poverty and inaccessible housing are designed to exclude (Family and Community Development Committee, 2014) and ensure that resources to access the necessary daily support and equipment remain out of reach for many (Gill, 1997). Stigma also provides a negative narrative and a resulting 'yearning for wholeness and belonging' (Gill, 1997, p. 42).

When society's structures exclude a group of individuals and stigma reinforces the narrative that this group does not belong, there is a negative comparison made towards those who have not experienced exclusion (in this case non-disabled people). Glodkowska and Pagowska (2019) describe how Erik Erikson presented the concept of identity as a set of beliefs about the individual arrived at by comparing themselves in terms of sameness and difference to others over time. Gill (1997) says that the process of developing a positive disability identity relies on four elements of belonging - aligning with others, acknowledging sameness, difference and diversity, and presenting the self to the world. When disability is described as a deficit through difference, people with disability may start to believe this negative narrative (Pearson & Rose, 2021). Freire (1993) asserts that when negativity is internalised by individuals then oppression is maintained and perpetuated by more powerful individuals and groups of people.

In an American study, Stewart and Collins' (2014, p. 19) research focused on how students "perceive their identity as people with disabilities and/or how their disabilities interact… in their daily lives." Their research unearthed the differences that students with disabilities faced at university. These differences were also linked to personal disclosure on the type of disability they had. For example, in the situation of one student with a visible/physical disability, she could not decide to hide her impairment, as it was already obvious to other students and academic staff. Other students and staff had already made their own judgements regarding her ability and she was left to navigate how she might handle others' knowledge and assumptions of her disability. On the other hand, students with hidden disability had more autonomy and were less likely to disclose their diagnosis to others for a range of reasons. Prior negative educational experiences of exclusion and stigma can lead university students with a hidden disability to choose not to disclose their impairment. This is especially the case when they first enrol into their course (Alexandrin et al., 2008; Walling, 1996). This choice of non-disclosure can lead the student to experience barriers to study.

Non-disclosure or not sharing diagnosis information has meant that many students are not able to access the formalised disability services provided within the university (Couzens et al., 2015). Most Australian universities require written paperwork and a formalised medical diagnosis to evidence the student's impairment and the subsequent need for formal support (Australian Government, 2005). This evidence requirement can also further exclude and isolate a student with disability, as the student may still be in the process of receiving a formal diagnosis. Similarly, if a student has already been given a diagnosis, the paperwork that the student has may not be considered current enough by the university. As a result, the university systems can become the barrier to a student with disability from accessing the support they require.

Social Role Valorization (SRV) is the notion that people have access to the good things in life through the valued social roles that they hold (Family and Community Development Committee, 2014). Wolfensburger (1983) believed that if people devalued by society were given valued and meaningful tasks and roles this process would decrease the barriers in society as well as addressing internalised ableism and low self-esteem. However, critics of SRV suggest that it is repressive as its focus is on having disabled people 'fit in' to society, rather than accepting their own disability identity (Tilly, 2019). Tilly (2019) then goes on to say that there needs to be a progression from being 'in' a community to being 'a part of' a community. In the *Inquiry into Social Inclusion and Victorians with Disability*, Associate Professor Ramcharan reinforced the importance of community attitudinal change towards people with disability. His submission affirmed the need to ensure that individuals with disability are viewed and respected as active and equal citizens in society and "…that the respect for diversity, autonomy, choice and citizenhood are at the very core of people contributing to their communities. However, it relies a great deal on the public to change their attitudes" (Family and Community Development Committee, 2014, p. 3).

Yoon et al. (2021) work with artists with cognitive disability highlighted the role of public perception and community support in supporting disabled artists pursuing mainstream arts careers. The main barriers faced by these artists were not their ability to create art, but others' perceptions of their art as a recreation or therapy activity, rather than a meaningful career path. The Disability Pride movement which positions itself through the promotion of the positive and valuable attributes may in fact counteract the stigma and low self-esteem that some disabled people experience (Bogart et al., 2018; Eyer, 2021; Gill, 1997). Indeed, people with disability who are referred to in positive terms are more likely to see themselves as contributing members of the community (Blaska, 1993). Changing the narrative to capacity and contribution through diversity helps to prevent feelings of alienation and hopelessness.

Understanding the difference between impairment and disability

It is important to note that terms such as disability and impairment have both a current definition and also a historical definition. It is problematic to overlay the historical context and understanding of disability and impairment with the current social and cultural understandings of disability (Metzler, 2006). Although a distinction is now made between the two terms today, the dominance of the medical model of disability means that disability and impairment continue to be viewed as synonymous terms and “the terms are used interchangeably” (Goodley, 2003). The term disability has been described by Braddock and Parish (2001, p. 11) as “existing at the intersection between the particular demands of a given impairment, society’s interpretation of that impairment and the larger political and economic context of disability.”

Metzler (2013) defines impairment as a medical phenomenon associated with the physical anatomy, whereas disability is defined as a social construction which overlays impairment and is impacted by other intersections of the cultural and social experience (race, gender, sexuality etc). Cameron (2011) argues that this definition of impairment, by suggesting that an individual may only experience impairment in a negative fashion, is still an oppressive narrative of deficit and abnormality. Therefore, his definition is broader than the barriers and exclusion that a disabled individual faces in society, and moves to the identity and core of who the dominant non-disabled society expects the individual to be and how they are expected to behave (Cameron, 2010).

In the broadest context, the Australian Government defines disability as any “limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities” (Australian Bureau of Statistics, 2018). 17.7% of the Australian population identify as living with disability based on this definition (Australian Bureau of

Statistics, 2018). This equates to 4.4 million people across Australia. The term ‘non-disabled’ can also become a temporary state as people are more likely to experience impairment as a result of aging, with 44.5% of Australians with disability being over the age of 65 (Australian Bureau of Statistics, 2018). The World Health Organisation (WHO) links impairment with the Medical Model of Disability understanding as they refer to disability as the interaction of people with health conditions and their environment (World Health Organisation, 2011).

The vast majority of Australians with disability (76.8%) identified as having a physical condition or impairment, with the most common conditions being reported as musculoskeletal including arthritis and back problems, whereas the other 23.2% of people self-identifying as disabled reported diagnoses of mental and behavioural disorders. It is amongst this minority of people identifying as having a disability other than a physical disability, that the terms invisible disability and hidden disability have emerged.

The concept of hidden disability or invisible disability refers to diagnoses and impairments that are not easily identified by an outside observer (Matthews, 2009; Santuzzi & Keating, 2020; Santuzzi et al., 2014). Fitzgerald and Peterson (1995, p. 15) also refer to impairments that lack external features or visible signs. People who do not exhibit the physical characteristics that others generally associate with the experience of disability, live in the in between space, where their attitudes, actions, and activity levels don’t always match with their non-disabled counterparts (Charmaz, 1995). Rosales (2020) makes the important clarification that not all hidden disability affects an individual’s intelligence. This is particularly pertinent when considering the higher education context, where intelligence is directly linked to performance (Dolan, 2021). It is interesting to note that at the time of Fitzgerald and Peterson’s research in 1995, the term hidden disability was not a common term in the literature. This suggests that it is a more recent term, coined within the past 27 years, to describe a particular set of unique experiences that people with certain diagnoses share. When publicly identifying as a person with disability, they (the students) are often confronted by disbelief from others that the impairment exists, minimization of the impacts of disability on the individual, or general hostility towards the individual student (Valeras, 2010).

Adolescence and identity formation

Identity formation is the experience of exploring the ‘big questions’ of life and is influenced by a range of factors. Meeus et al. (2012) say that identity is formed by the adolescent in a process of continuous interplay between commitment, in-depth exploration, and reconsideration of the initial commitment. Schachter (2005) explains Erikson’s stages of psychosocial development as a modern concept with an emphasis on personal choice and the move towards autonomy. In a post-modern context, however, Bronfenbrenner's (1989) ecological systems theory of human development is another way to consider how the different systems (the micro, meso, exo and macro) all play a part in the individual’s development. A later adaptation known as the bioecological model of human development (Bronfenbrenner & Morris, 2007) included the biopsychological characteristics of the individual that are at play when the individual is interacting with each level of the ecological system. Interactions occur not only between people, but also with objects and symbols as enablers or inhibitors of developmental capacity (Bronfenbrenner & Morris, 2006).

The first stage of adolescence is marked by many physical changes in the body and by becoming self-conscious of what peers are saying. In Australia, puberty is beginning around the age of 10. Brain and hormone development is rapid during this time, which can lead to feelings of being overwhelmed and unable to articulate what is going on. A need to belong is a major force at this time. During school, an individual is operating within the meso-environment (Bronfenbrenner, 1989) and Erikson’s psychosocial stage of industry vs inferiority is at play (Erikson, 1959). If low or unrealistic expectations of students with disability are maintained by adults and teachers during this stage, it can lead to feelings of incapability and inferiority. When an individual views their own difference by society’s stigmatised notions of disability, internalised ableism may occur (Green et al., 2005). Middle adolescence brings an increased desire for uniqueness and autonomy, away from those in positions of authority (such as teachers and parents). Young people at this stage are grappling with the big questions of life and now have a global platform in which to search for answers. Relationships with peers also become a focus during this time (Orben et al., 2020).

Late adolescence is a period of time which is often associated with the transition from school to post-school options such as work, travel and university as well as moving out of the family home. This stage hallmarks an exploration of self-worth in the pursuits of the adult world. The current global pandemic of COVID 19 has disrupted some of these rites of passage with restrictions on overseas travel, while many of Australia's rural university students were sent home by the residential colleges in the major cities or moved back home because of the isolation experienced in lockdown. Today's financial pressures mean that young people are staying in the family home longer than in previous generations (Gustafsson, 2021) and this can cause conflict and a shift in the relationships within the family home (Evans et al., 2020; Gustafsson, 2021).

Trauma, family dysfunction, physical and mental ill health, and tragic events can all distort the healthy development of a young person through these three stages of early, mid and late adolescence which can have a lasting effect into adulthood (Borg, 2018). When a young adult receives a diagnosis that has been present but undetected this too can raise identity questions (Lewis, 2016). A post-modern understanding of identity formation is that it is still not fixed at the end of adolescence (Orenstein & Lewis, 2021). Moreover, as disability can occur at any time throughout the human lifespan, the process of disability identity is therefore an ongoing one that is not fixed at any given time (Gill, 1997).

University students with disability also grapple with questions of identity and intersectionality from the time when they enter the degree program, and throughout their studies. Valeras (2010, p. 1) explains that "persons with a 'hidden disability', … make daily decisions about which identity to embody. They are constantly negotiating when, where, why, and how to disclose and adopt the disability identity or to 'pass' and give society the impression of 'able-bodiedness'." This daily process has been compared to the 'coming out' process that members of the LGBTQA+ community also experience (Deacon et. al 2022, Michaels & Gorman, 2020). Where an individual is able to hide the impact of their impairment, they may be less likely to 'come out' to others as it is sometimes easier to hold onto a 'normative' non-disabled identity which is held by the majority (Samuels, 2003). The daily decisions made by people with hidden disability to deny the existence or minimise the impact of their impairment can be seen as a coping strategy in dealing with the everyday social stigma associated with disability (Gill, 1997; Olney et al., 2004).

For young people this denial of the authentic self can have lasting implications for their concept of self and relationships with others. Freire (1993) saw the link between the oppressed and a lack of self-identity. The oppressed individuals continue to remain in this state through the process of masking and imitating their non-disabled peers in order to further hide disability and difference. Liberation and freedom can only occur when difference and diversity are celebrated. For those students that do decide to come out "it is a process of redefinition of one's personal identity through rejecting the tyranny of the normate, positive recognition of impairment and embracing disability as a valid social identity" (Samuels, 2003 p. 237). For those who receive positive affirmation during the coming out process, they are able to move through the final stages of adolescence with a stronger sense of self.

University students with hidden disability

Students with hidden disability are often made to feel like they don't belong in the academic learning environment. This is because there traditionally exists amongst the academic staff "normative views on ability" (Ryan, 2007). Some faculty members treat students with disability less favourably, or refuse to make adjustments or accommodations (Los Santos et al., 2019; Morina et al., 2020). Furthermore, tertiary learning environments have not been set up with the particular needs of students with disability in mind. For example, according to Olney and Brochelman (2003, p. 45), university students "strove to maintain a sense of self-worth and to prove their worth to others within the dominant culture that devalues the experience of disability." As a result, many academic staff are unaware of the barriers that these students are facing in their academic studies and no reasonable adjustments are offered. With the students' impairments being 'invisible' or hidden, it is easy for teachers to "invalidate or minimise the challenges faced by the student" (Olney & Brockelman, 2003, p. 45).

A tension exists for the student between appearance (what others can see) and identity (the existence of disability) when the broader academic community refuses to accept statements of identity without documented proof through systems and procedures (Samuels, 2003 p. 233). Those students with disclosed hidden disability requesting accommodations or adjustments are often perceived by non-disabled students, professors and others as cheating or attempting to obtain unfair advantage (Denhart, 2008). This perception often takes place when the characteristics of their impairment are more difficult to identify by outward appearance alone.

The Association on Higher Education and Disability (AHEAD) in 2012 released a set of guidelines in the USA, which recommended that disability services within the university rely firstly on the student's self-report and then secondly on the disability services staff's observations and impressions. This relegated external expert reports to tertiary information gathered by the individual. While self-reporting plans can easily be implemented for students with physical impairments (as the physical impairment is obvious to the university staff), questions were raised by Lovett et al. (2015) about the accuracy of self-reporting for students with hidden disability. Lovett et al. suggest that there is a potential for students to 'rort' the system. Beilke and Yssel (1999) explain that there is also a belief by academic staff that students are faking learning disabilities to gain preferential treatment or are simply lazy (Olney & Brockelman, 2003). These beliefs uncover a set of deeply rooted negative attitudes by academic staff towards students with disability that are not initially apparent. On the part of the academic staff member, there is also a lack of understanding of the impact that a hidden disability may have on a student's educational studies.

When the experiences of adults with a diagnosis of a learning disability (LD) are examined, it is very quickly apparent that this group of learners are not homogenous, as this diagnosis is a broad umbrella term that relates to a number of different challenges in the learning process. As a result, it cannot be surprising to find that the experiences of learning are diverse within this group and when it comes to teaching and learning strategies 'one size does not fit all' (Gerber, 2011).

Adult learning

In order to understand the experiences of students with disability in the adult educational environment, it is firstly important to understand the term andragogy. Andragogy was first coined by Alexander Kapp in 1833 and refers to the procedures and techniques in teaching adults and considers the ways that adults learn in order to connect the theory of the content with a practical application. Malcolm Knowles (1970) later created a set of six assumptions (Chan, 2010) that distinguished andragogy from pedagogy (the teaching practices with children). These principles include:

1. Need to know
2. Experience
3. Self-concept
4. Readiness
5. Problem orientation
6. Intrinsic motivation (Cochran & Brown, 2016, p. 73).

Henschke (2011) outlines the different settings where Knowles tested his andragogy theory such as government, religious education, healthcare, but does not mention why and how elementary and secondary settings were also included in these trials. There have however been many critics of the andragogy theory since the 1970s. Shore (2001) claims that Knowles is too binary in his approach (white/black, adult/child, etc.) to acquiring new knowledge and encourages a more critical lens to explore the connection between power and adult learning. Shore continues with a challenge to the dominant white narrative within educational institutions founded on theoretical perspectives such as Knowles' (Shore, 2001). Sandlin (2005) also used Freire's work to remind adult educators that education is political, and should move beyond the consumer approach of adults acquiring new technical skills.

Experiential learning as a learning process involves thinking, acting, experiencing and reflecting in a cyclic manner (Kolb & Kolb, 2005; Kolb, 1984). Adult learners apply their previous knowledge and their lived experience to the current content, in order to create new meaning and understanding in the learning process (Akella, 2010; Fewster-Thuente & Batteson, 2018). Isenberg (2007) created six pillars to lifelong learning that are useful to consider in the andragogical theory debate: Learning to Know, Learning to Do, Learning to Live Together, Learning to Be, Learning for Change and Learning for Sustainability. These pillars can also be applied to online learning, which has become another mode for delivering adult education in a globalised world (Chan, 2010; Henschke, 2011).

Adult learners also need to contend with their previously held views about education gained during their formative years. Adults will come to the learning environment with a range of experiences and expectations (Vella, 1994). Many adults report negative attitudes towards previous educational experiences that can lead to apprehension about their ability to learn when returning to formal education as an adult (Falasca, 2011; Macleod et al., 2005). Conversely, other adult learners report a greater intrinsic motivation in adult education (Sogunro, 2015), as they have made active choices to engage with the content, in contrast to the forced educational experiences of childhood. According to Falasca (2011) and Sogunro (2015), maintaining motivation in learning is an important element in overcoming some of the barriers in adult education.

Globalisation in the 21st century has necessitated the incorporation of technology into the adult learning process (Chan, 2010). The desire to improve adult student engagement with flexible and on demand access to learning has led to an increased incorporation of multimedia educational technologies (Gegenfurtner et al., 2020). These technologies are used in all learning environments, both inside the classroom and in the online learning environment. Fletcher and Tobias (2005) argue that people learn better by combining auditory and visual material together as both modes activate different conceptual pathways. However, Moreno and Mayer (2007) make the distinction between modes (the way that the information is presented) and modality (the senses that receive the information). Malczyk (2018) presents multimodal instruction as a way of presenting the adult learner with different options to access the learning materials and of meeting the demands from learners in the blended learning environment.

Educators are now referring to modal preferences for learning rather than learning styles (Fleming & Baume, 2006). The validity of the VARK learning styles (Drago & Wagner, 2004; Espinoza-Pove et al., 2019; Marcy, 2001) is hotly contested amongst educators and researchers, with the main criticisms laying with the idea that a learner has one fixed style in which they learn best and doesn't take into account cultural contexts (Ganesh & Ratnakar, 2014). However, if a student has sensory impairments, then educators must ensure that information is presented to the student in a range of different modes, for example, as text, video, images and interactive elements (Sankey et al., 2010).

Universal design for learning

A group of architects, designers and researchers led by Ronald Mace created the principles of universal design (Connell et al., 1997). These seven principles were originally created to apply to the design of architecture and physical environments (Steinfeld & Maisel, 2012). In the documentary *Defiant Lives*, Sarah Barton shares archival footage of disability inaccessibility to buildings and built environments that was highlighted by disability advocates and allies during the Disability Rights Movement (Barton, 2017).

The Centre for Excellence in Universal Design outlines the 7 principles of universal design as follows:

1. Equitable use
2. Flexibility in use
3. Simple and intuitive use
4. Perceptible information
5. Tolerance for error
6. Low physical effort
7. Size and space for approach and use (Reardon & Unruh, 2021, p. 27)

These principles enable design to meet the needs of as many people as possible (Curry, 2003), which Kennette and Wilson (2019) say reduces the need for adaptation and retrofitting and increases inclusion for more members of the community. Although the principles of universal design were developed for architecture and built environments they have been adapted to learning and social environments (Tipton, 2021). The Centre for Applied Special Technology (CAST) took the initial universal design principles and created a framework for education practice called universal design for learning (UDL) (Centre for Applied Special Technology CAST, 2018). These guidelines recommend:

- Multiple means of engagement
- Multiple means of representation
- Multiple means of action and expression (Centre for Applied Special Technology CAST, 2018).

Mcguire et al. (2006) suggest that universal design for learning (UDL) is a positive way to promote a broader inclusion policy, which will benefit all students, both with and without disability (Leuchovius & Casper, 2005; Livingston et al., 2019). UDL will be examined as a possible framework of inclusive teaching and learning strategies that can assist in meeting the needs of university students with hidden disability.

Michela (2020) and Tipton (2021) both suggest that closed captions are a useful example of universal design in a learning environment. Closed captions on audio visual materials increase cognition and comprehension and have a direct benefit for a variety of people. The universal design principle evident in the development of closed captions is that of equitable use in that it allows more students to access the audio-visual material. Closed captions also have the flexibility in use of turning the captions on and off which allows for perceptible information to be delivered to all students, as opposed to open captions which are fixed (Edford, 2022). Closed captions have a direct benefit for university students who are deaf or have a hearing impairment. Closed captions also benefit students who have low literacy, students who are non-native language learners as well as students who are trying to study in crowded and noisy environments (Leuchovius & Casper, 2005; Michela, 2020). Edford (2022) reminds educators that in addition to closed captions, audio description will also meet the needs of students with vision impairment. In addition, both Jae (2019) and Pellicer (2021) warn educators to check automated captions for accuracy as inaccurate captions can lead to further confusion and exclusion for students.

Matthews' (2009) work with lecturers and tutors revealed that when teaching and learning took place, the presence of students with disability was not always known. Accessible written information can follow universal design principles and meet the needs of a range of university students in the classroom without disclosure being necessary (Gronseth, 2018). Written information that has minimal printed text and is supported with pictures, images, graphs and tables with alternative text attached (Livingston et al., 2019) can then be read in both digital and paper versions. Kennette and Wilson (2019) discovered that even where e-books were available in addition to printed textbooks, students were not always aware that these were an option.

Technology such as screen readers can assist the reading process for non-native language learners, those with low literacy, those with neurodiversity such as dyslexia, and those with low vision (Gronseth, 2018). Ensuring that the images used on the document have alternative text attached means that the screen reader can decode the image and provide additional information to the reader with a vision impairment. However, where these UDL strategies are not used consistently across institutions, many students with disability still face exclusion and direct and indirect discrimination in the classroom.

In the classroom

There is both a broad and a narrow understanding of the term inclusive education (Haug, 2017). The narrow understanding of inclusive education looks at the extent to which a specific individual or group is currently accessing education; their level of active participation in educational activities is also aligned with this term. In contrast the broader term of inclusive education refers to 'education for all'. This broader understanding brings together all members of an educational community and the role that each member of the community plays in the educational process. Armstrong et al. (2011, p. 31) explain that "inclusion can be descriptive and prescriptive - meaning how inclusion is put into practice vs how it should happen." Each member of the educational community is able to contribute to the development and implementation of inclusive teaching and learning practices.

Hartman-Hall and Haaga (2002) and Couzens et al. (2015) argue that students with disability need both formal and informal networks. In addition to this, they require knowledgeable and caring teaching staff who can help support the student with disability to succeed. Matthews (2009) concluded that it was unlikely that all students with additional learning needs or hidden disability are going to disclose their diagnosis to university academic staff. It was therefore vital that there are a variety of supportive and flexible teaching and learning strategies available to every student. For example, the use of technology at university is one teaching strategy that has assisted students who would have traditionally relied on note takers. These students can now use digital programs such as PowerPoint and dictation programs. Matthews (2009) makes the point that written resources such as PowerPoint slides and lecture notes can assist a student with disability who previously relied on a special provision for note taking. With the availability of this universal resource, the student with disability may no longer need to ask for accommodation in a classroom

(Kennette & Wilson, 2019). For this strategy to be effective, the student should have access to these written resources prior to the class.

Audio recordings and online student management systems such as VUCollaborate at Victoria University can also assist a student with a learning disability. Students with dyslexia or short-term memory loss can rely on ICT platforms to review lectures and classroom curriculum. Simpson (2002) and Matthews (2009) also argue that the prerecording of lectures and other audio visual material by the academics and the availability of these recordings means that an individual student with disability who was previously required to ask permission from the lecturer to record, no longer has to be potentially singled out by asking the lecturer for special permission. This information is now made available to all students in an inclusive manner. Spell checkers and grammar checkers which are built into most word processing software are accessible to all students and can address the particular literacy needs of a student with learning disabilities (Walling, 1996).

Couzens et al.'s (2015) research also concluded that assisting staff to understand the learning needs of the students directly impacts the student's experience of success. Woodcock and Vialle (2011) surveyed Australian pre-service teachers (PST) and found that these PSTs were already aware of the needs of students with learning disability. It was suggested by Woodcock and Vialle (2011) that those professionals who had not engaged in current research had less knowledge and understanding of the needs of students with hidden disability, in this case learning disabilities. The positive impact of disability awareness among university academic staff and administration staff cannot be underestimated. A university-wide approach focusing on supporting the needs of students with disability is an essential feature for student wellbeing. Indeed, students with disability have reported the benefit to their studies when staff are collaborating together and utilising specific disability knowledge. Unfortunately, such support is not yet widespread across the university sector (Walker 2016).

Orr and Bachman Hammig's (2009) research in the area of inclusive education and young people attempts to understand the nature of systemic disadvantage that young people with learning disability face. In their investigation of universal design and inclusive teaching practices, their data findings indicate a need to transform systems and policies in an attempt to construct inclusive classrooms where all learners thrive.

University environments for learning

At university, the lecture theatre can be an isolating experience for students with hidden disability. Traditionally, the room's structure has reinforced the "top-down transmission model of authority" (Brigstocke, 2020, p. 4), where learning occurs one way. This method of teaching and learning is heavily reliant on the oral expertise of the lecturer at the front of the room, and the student's aural skills in listening to the lecturer (Brigstocke, 2020). Normative behaviours of eye gaze and note taking are often associated with the assumed level of student engagement (Lindquist & McLean, 2011). Theonas, Hobbs, and Rigas' (2008) research explored the role of the lecturer's facial expressions as an engagement tool in the classroom but failed to acknowledge that students with sensory impairments may find seeing and/or deciphering facial expressions to be a challenge.

In addition, in the lecture room environment, a student must have adequate reading skills in order to view and keep up with the pace of lecture notes or PowerPoint slides. If one or both of the skill sets (aural and reading) is limited for the student, then the ability to engage for any length of time becomes challenging, particularly if there are other students whispering nearby (Kennette & Wilson, 2019). Similarly, if a student has had a prior negative educational experience involving this method of teaching, then this is likely to impact on the student's ability to be present and focused in the lecture theatre. The lecture style teaching approach is unfortunately still the most common seen in university settings. It is one area of systemic disadvantage that needs to be challenged.

Cooperative learning, on the other hand, is a widely accepted teaching method (Johnson et al., 2000). This method is often used by academic teaching staff as an inclusive teaching approach, where the authority is shared between lecturer and class (Brigstocke, 2020) and the student moves from the passive learner to the active participant (Stover & Holland, 2018). Roger and Johnson (1994) claim that traditionally there has been more focus on the interaction between the academic and student, and the student and the learning materials, rather than the interaction between students. Cooperative learning as a teaching method adopts a constructivist lens (Stover & Holland, 2018) where students gain meaning from their interactions with others. This method of learning can assist some students with hidden disability learn more effectively within the classroom environment, while others are resistant to the active group environment (Howard, 2015; Stover & Holland, 2018). The social interaction between peers inside the classroom can encourage the beginnings of establishing an informal social network. Through interactions with peers, informal support which is needed outside of the classroom can be obtained (Couzens et al., 2015; Francis et al., 2019).

The university classroom learning can be facilitated and scaffolded by the academic staff member. This occurs when the academic staff members build the curriculum based on prior student knowledge gained from previous units of study. It is important that academic staff also facilitate and encourage peer-based group learning. This can be achieved through establishing group work tasks, presentations, class debates and inquiry-based learning tasks where students with and without disability can learn from each other and work in collaborative ways. In this environment, the strengths of students with hidden disability have the opportunity to grow, develop and be affirmed. Friendship circles can also emerge as a result of these kinds of teaching approaches. This can help students with disability to feel connected in positive ways to their university peers (Francis et al., 2019).

Students with learning disabilities often display executive function deficits which can negatively impact on the learning process. As Watson et al. (2016) point out, there are simple classroom strategies that can be implemented by academic staff to address the needs of these students within the classroom setting. Some of these strategies are highlighted below:

- Limiting the number of irrelevant stimuli in the classroom environment to limit distraction for the student with learning disabilities
- Developing cues, and concrete information such as checklists and reminders to facilitate the learning process during complex multi-step tasks
- Chunking, or grouping information and using visuals to assist with processing information

The flipped classroom model may also prove to be of benefit for students with hidden disability. This method of active teaching and learning has been reported by both academic staff and university students as “having positive outcomes for the students in terms of an engaging learning experience” (Roehl et al., 2013, p. 44). The method provides instructional resources for students to use outside of the classroom. These resources are accessed prior to class time. This is done so that students use the class time to ask questions and problem solve ideas covered in pre-class materials (Enfield, 2013). For this strategy to be effective for all students in the classroom, it does rely on each student being self-motivated and able to engage with the pre class materials independently before the scheduled class time.

There are concerns however that the materials on offer prior to class are not always accessible (Milman, 2012). For example, if the lecture video had no closed captions, or a journal article was too long with lots of jargon and no context provided, then this is likely to further exclude students with hidden disability from the learning process. Milman (2012) noted concerns with the flipped classroom model, and in particular the inability to provide just-in-time information when needed. However, this potential limitation with the model could be counteracted with an online chat function, such as the Victoria University LiveChat, which was a feature being trialled for the student learning platform, to provide that just-in-time information and support to students throughout the week as they prepare for the face to face sessions in the classroom. It is unclear as to whether this feature will be adopted across the university in all unit offerings.

Support and resources

While support is essential for students with hidden disability inside the classroom, it is just as important that students have access to the right support outside of the classroom. Student support units, Disability Liaison officers, counselling support, peer mentoring and academic writing support are all situated within Australian universities to provide a range of services and support for students. These formalised services and supports are able to tailor strategies to directly respond to the individual needs of the student. The fastest growth area in staff appointments in the recent years has been in the student welfare services area (Norton et al., 2018). These services are able to advocate for and with the student with disability in order for the student’s rights to be recognised and upheld.

Student support units provide direct, formalised support to students with a diagnosed impairment. Through accessing this support, students can more freely participate in university life (Australian Government, 2005). These units are often referred to as Disability Services, Accessibility Services or Disability Support units. Disability Liaison Officers (DLO) or Accessibility Liaison Officers (ALO) are employed to provide support and information for students with disability. In addition to this, the role of a DLO is to liaise with academic teaching and administrative staff to ensure that the academic staff are making "accommodations" and "reasonable adjustments" for the student, and to provide disability specific resources when required (Victoria University, 2015). In reality, these units are under resourced and expected to provide support to an increasing number of students with disability when there are only a few staff members and huge caseloads. Moreover many students with disability are unable to access this formal support, due to the barriers enforced upon them to evidence their diagnosis (Banks, 2014); Collins and Mowbray (2008); (Edwards et al., 2022).

In contrast, counselling services are a universal support provided to all current university students, irrespective of their diagnosis. Students, who are able to self-refer, do not need to provide external paperwork in order to gain access to this support. At Victoria University, the counsellors can also assist the student by advocating for reasonable adjustments for attendance and assessments by completing the special consideration process with a student. The role of counselling and academic units therefore allows them to provide students with hidden disability with easily accessible support and assistance with advocacy when required.

The formal support provided to students needs to be conceptualised and constructed within a human rights framework, rather than using the deficit language of needs. This construction is aligned with the social model of disability and doesn't focus on the deficit within the individual student. Instead, a social model of disability approach examines how teaching and learning strategies and the inclusive learning environment can benefit the student in his, her or their learning. Individual learning plans or individual access plans can be a way of drawing attention to the learning environment and "how this environment can benefit the learning process, rather than a deficit approach focusing on the diagnosis of the individual student" (Matthews, 2009, p. 232). At Victoria University, these individual learning plans are called access plans (AP) and are developed in collaboration with the ALO and the individual student. The AP is then sent to the academic staff to ensure that the student receives the accommodations and reasonable adjustments that the student with disability requires in order to be successful in their studies.

Glaser et al., (2006) suggest that peer mentoring programs have positive benefits to university students who do not have well-established informal peer support networks. The benefits include a smoother and easier integration into university life, persistence with study, and improving the student's academic performance (Chester et al., 2014). In addition to this, peer mentoring programs also can contribute to the informal supports, alongside family and friends, that students have stated are vital to their academic success (Couzens et al., 2015).

Conclusion

Universities are faced with the challenge of providing education to an ever-increasingly diverse population. This challenge brings the effectiveness of current curriculum and delivery of courses into question, but also collides with the negative values and attitudes that academic teaching staff may hold (consciously or subconsciously) towards students with disability in the classroom. It is clear that both the teaching practices and the values and attitudes of the academic staff need to be challenged and changed for students with hidden disability to experience academic success in university education.

The understanding and development of the social construction of disability has developed over time. The social model of disability makes a clear distinction between the impairment/diagnosis that an individual has and the barriers that an individual faces when participating in everyday life. The social model of disability is the theoretical framework that will underpin this research. This model has been chosen because of the transformative nature that can occur when the educational institution takes responsibility for the structural barriers that have been created and enforced. This model will be unpacked further in the discussion chapter in connection to the data findings that are presented.

Further research is needed to ascertain the most effective approach that will have a positive impact for the academic success of students with hidden disability in post compulsory education in Australia. This research will provide further evidence to advocate for systemic change within the university systems in order to meet the needs of university students with hidden disability. The next chapter will outline the research paradigm which underpins the research in the area of disability and the methods chosen for this research project.

CHAPTER FOUR: METHODOLOGY

The previous chapter provided a review of the currently available literature and outlined the historical understandings of disability through an exploration of previous studies and texts. The progression from the traditional and medical models of disability to a sociological understanding of disability was examined and the impact that this has had on the focus of the literature was unpacked. Current university teaching and learning methods were explored in order to identify innovation and provide discussion points for both student and academic staff participants. Existing gaps in the research were pointed out, in order to justify the rationale for this research project. This chapter will explore the aims of the research project and provide a justification of the methodological approach that was chosen.

The main aim throughout this research project was initially to honour and bring to life the experiences of university students with hidden or invisible disability. These lived experiences provide a critical lens influenced by social justice in which to examine the secondary aim. This subsequent aim was to draw attention to and critique the current teaching and learning strategies utilised at the university with the ultimate outcome of more successfully meeting the needs of students with hidden disability while at university.

Therefore, the research questions that underpinned the research project were:

1. *What are the barriers that students with hidden disability face during their university studies?*
2. *What are the enablers that assist students with hidden disability to achieve success during their university studies?*
3. *What inclusive teaching and learning strategies can assist in meeting the needs of university students with hidden disability?*

Research paradigms

Throughout history people have sought to understand the world around them through traditional ecological knowledge and ways of knowing that had been passed down from generation to generation (Barnhardt & Kawagley, 2005). Crotty (1998, pp. 42-43) states that “meanings are constructed by human beings as they engage with the world that they are interpreting.” Many communities of culture have continued to use storytelling and oral narratives as a way of sharing historical knowledge. The socio-cultural sciences will be the focus in this research as they “involve the study of people - their beliefs, behavior, interactions, institutions, and so forth” (Neuman, 2007, p. 7). The research process is a scientific and systematic approach to this socio-cultural understanding through ontology and epistemology.

Ontology refers to how researchers “are concerned with the nature of reality and what there is to know about the world” (Ritchie et al., 2014, p. 4). This knowledge of philosophical ontology is gained through a process of classifying and categorising the entities of the universe (Smith, 2012). Western ontology has had a focus on what Aristotle referred to as *ousia*, translated as substance (Poli & Seibt, 2010). This substance was greater than simply understanding the human form or biological matter, but also defined the interconnected elements of these entities.

Those researching in the social science arenas and in particular within critical disability studies are most interested in the ontological processes of describing the social structures, social systems and social change that relate to disability in a particular community context (Hughes, 2007). Community inclusion and exclusion can be viewed through this sociological lens in order to see how these structures and systems have impacted the lives of people forced to live on the periphery (Allman, 2013). However, the same community structures and systems that have excluded people in the past, based on economic means or physical/biological fitness, have the potential for social change and to develop a new criterion for belonging. Goodley et al. (2019) assert that a focus on the universal qualities that make up our humanity through the vehicles of disability politics, academic scholarship, and arts and culture can recreate communities of inclusion where disability can be seen as a sign of inequity, but also an opportunity for affirmation. Therefore, for this study a qualitative approach allowed the systems and structures to be explored through the experiences of the student and staff participants.

The distinction made between disability and impairment through the social model of disability provides an alternative ontological understanding of the human body. As opposed to the medical model of disability, the social model of disability does not view disability as an individual flaw or failing. Moreover, disability is not something to be ashamed of or to be hidden away from the public's gaze (Goodley et al., 2019). Instead, the social model of disability takes on a critical lens with the intent of exposing those factors that support and perpetuate exclusionary systems and structures. This research supports this commitment in that it seeks to uncover the barriers that university students with disability face in their studies.

Richie et al. (2014) refer to epistemology as the origin of knowing, the different ways of interpreting that reality and in turn asking the philosophical question 'How do we know what we know?' If the social construction of disability is the only focus in the pursuit to understand this epistemological question, then there is a risk that the disabled body becomes dis-embodied in the process (Ghai, 2003) and potentially becomes invisible in the discussion (Goodley, 2013). In critical disability studies, the knowledge of disability is placed firmly back in the embodiment, existing within an individual's physical body and being played out through the lived experience (Nijs & Heylighen, 2015). This exploration comes about by considering the intersectionality that exists between disability, race, ethnicity, gender and class (Campbell, 2009). Disabled bodies challenge normative ideas of the abled majority (Shildrick, 2009). Goodley (2013, p. 635) examination of the portrayal of disabled people in research declared "that impaired embodiment demands new, inclusive and potentially exciting forms of response from others."

As a result, finding ways to qualify and quantify the lived experience is important in order to be able to critically analyse disability in this way. However, there is a danger in this process that it attempts to create 'facts' and oversimplifies the complex interactions that people with disability have with the social structures and systems in the community. Having said that, simplification did need to occur in this research project in order to narrow down the breadth and diversity of experience of the student participants, as the complexity of the topic could not be fully explored within the resource and time constraints (Star, 1983).

Not all researchers agree on the origins or foundations of qualitative research. Creswell refers to world views, while Crotty refers to epistemology and theoretical perspectives (Merriam, 2009). In the true nature of qualitative researchers, they have spent time interpreting the research process itself in order to create meaning for themselves and for others. It is important, therefore, to make the distinction between the positivist and interpretivist research paradigms. This research utilises the interpretivist paradigm as the researcher is interested in how students with disability and academic staff participants find their own unique meaning in the teaching and learning experiences at university. It is important throughout the research process not to fall into the 'errors' found in personal experience (Neuman, 2007). Through the research process I sought to establish the collected knowledge of disability and the existing barriers to learning in order to begin the process towards a shared understanding of the positive institutional and individual change that is needed.

Positivist paradigm

Traditionally, disability has been considered to be a deficit that existed within the individual. People with disability were excluded from mainstream society, often being placed in institutions and asylums. The positivist research paradigm is typically aligned to an approach known as the medical model of disability. This traditional model of disability, as (Goodley, 2013) and Priestly (1998) more recently point out, is focused on the medical diagnosis and impairment of the individual. Through this lens, impairment is viewed as something flawed within the individual that is in need of being treated or fixed by the non-disabled medical experts. As a result, historical research in the area of disability was dominated by the views of these non-disabled experts in the medical and health fields.

Health research in this area was based on the ontology that there could be one way of understanding the impairment in order to discover a treatment or cure (Brisenden, 1986). This health research at the time was heavily focused on discovering the source or cause of the deficit (for example a mutated gene, missing biological marker or common characteristic) as early as possible for medical interventions (te Velde et al., 2019). This meant that research subjects were often treated like objects to be examined and manipulated without any consideration of the human rights of these individuals with disability. The traditional model of disability removed all self-determination and autonomy from the individual and the power remained with the experts determining the best course of action in terms of treatment. The medical practitioner would often speak for the individual and decisions were made in the best interest of the individual (according to the experts), without including the individual in the decision-making process and thereby violating their human rights (Yan & Munir, 2004).

Prior to the development of ethical standards in research, there were notorious research projects that included using children with disabilities as test subjects for experiments and new treatments. For instance, children were deliberately infected with hepatitis to test a new vaccine (Gandhi, 2005; Yan & Munir, 2004). These studies (Gandhi, 2005) were later proven to be unethical due to the issues of absence of informed consent and disregard for basic human rights. The National Statement on Ethical Conduct in Human Research (2007) now exists to ensure that the rights of research participants are upheld. It is however evident for these studies, although now proven to be unethical, that the positivist paradigm was at the foundation of these experiments. The researchers were trying to prove a hypothesis using deductive reasoning and to provide a potential cure for the research participants (Behrman & Field, 2004), who in these cases were patients with disabilities and mental health issues. The social model of disability brought about significant change in the way that society viewed people with disability, with them now being viewed as people entitled to dignity, autonomy and worth (Stein, 2015).

Interpretivist paradigm

The positivist paradigm of disability was rejected by researchers such as Oliver (1996, p. 32) who argued that an “impairment is simply a description of the physical body”, and that “a disability in fact had nothing to do with the body.” Oliver and others such as Siminski (2003) argue that disability is socially constructed and it was the lack of opportunity, societal attitudes, access to physical environments and stigma that led to an individual being disabled, not their impairment. The social model of disability was formed at this time and contradicted the positivist view. An interpretivist research lens also emerged privileging participant perceptions of their everyday realities. The interpretivist researcher focuses on an inductive process where the individual research participant makes sense of reality and attaches meaning to it (O'Donoghue, 2007). In this research project, students with disability and academic staff participants were asked to reflect on their own teaching and learning experiences. This approach is important when recognising the knowledge existing in the embodiment of disability amongst the student participants and for uncovering any biases existing amongst the academic staff participants.

The social model of disability radically challenged the way that society viewed and valued people with impairments or medical diagnoses. The interpretivist researcher, much like the constructivist researcher, understands the world through layers of prior experience, culture and social interaction (O'Donoghue, 2007). Some students with disability, particularly those with hidden disability, may not readily identify themselves as having a disability at all and may not want to disclose their diagnosis to their peers, lecturers or others. Previous life experiences, culture, family upbringing and educational opportunities may have led to an impairment being viewed in a negative way. However, once arriving at university and experiencing barriers to study, the issue of not identifying or disclosing a diagnosis or disability has meant that many students are not able to access formalised services within the university. The university requires paperwork and a formalised medical diagnosis to evidence the student's need for support (Couzens et al., 2015). A student who doesn't wish to be subjected to stigma or labelled in a negative way may avoid the formalised systems and miss out on accessing support available.

I have seen at first-hand students' attempt to reconcile their previous experiences and their interactions with each other in order to build new knowledge and meaning. Students with disability face additional barriers as they navigate themselves through the post compulsory education system. In the case of students with hidden disabilities, navigating oneself through the daily challenges that university study brings can appear insurmountable. This is especially the case where there is limited support to successfully address these challenges. In such circumstances, "describing, understanding and interpreting" the educational experiences of students with hidden disabilities is a matter of social justice. Drawing attention to these barriers to academic and social success can help to better understand those support systems that need to be put in place so that they are able to flourish in their studies (Merriam, 2009). This qualitative research is therefore important to understanding the self-perception and experiences of students who have not necessarily disclosed their diagnosis to the university.

Methods

Quantitative methods are often used to strengthen the voice of people with disability living in a particular geographic location. In Victoria, each local council in a local government area is required by the Victorian State Government Disability Act 2006 to produce a Disability Action Plan, which documents goals and strategies and outlines the local government's commitment to increase inclusion within their local area. For example, the Hobson's Bay Disability Access and Inclusion Strategy (2013) states that 17% of the total resident population in the Local Government Area of Hobson's Bay live with a disability. This planning requirement is useful for local government to ensure that their services and facilities are accessible and meeting the needs of all the residents.

The Australian Bureau of Statistics (ABS) utilises surveys such as the National Census to also collect data on the number of people in Australia living with disability. In addition, the former Department of Health and Human Services (DHHS), now known as the Department of Families, Fairness and Housing (DFFH), has a dataset of the numbers of Victorians with disability currently receiving services provided by the State Government and other support agencies. While this quantitative data may be useful in the allocation and distribution of support services for people with disability, the data is limited in its capacity to 'tell the stories' of the numbers of people living with impairments and disability in the community.

Quantitative and qualitative methods use different approaches but seek to prove or disprove the hypothesis and answer the research questions posed (Oun & Bach, 2014). However, it is assumed that quantitative data is replicable, that is to say, multiple researchers in similar conditions will gain similar results in the numerical data (Chivanga & Monyai, 2021). Qualitative methods are more than just the words rather than the numbers (Punch, 2013, p. 3). This approach focuses on human behaviour (Arseven, 2018) and the "how, what, when, where and why a person would act in a certain way" (Oun & Bach, 2014, p. 253). Written surveys can be used to gain an insight into people's views and opinions, but the survey structure's inflexibility are in contrast with the interactive nature of the one-to-one qualitative interview where the researcher is able to capture additional data when unexpected or unanticipated topics emerge (Busetto et al., 2020).

Meredith et al.’s (2012) research used quantitative methods and concluded that a qualitative approach could be used to explore the experiences of students who stutter to suggest ways that staff and services can best support these students (Meredith et al., 2012). It could be argued that while the quantitative data might assist in an individual gaining access to a wider range of services, the qualitative data addresses the deeper need for transformative social change in the area of inclusion.

Case study

A qualitative research method was used for this research project. Several specific methods were considered, as all qualitative methods have particular benefits as well as limitations. Case studies, like other qualitative research methodologies, search for subjective meanings and understandings while providing an in-depth examination and exploration of a phenomenon (Rashid et al., 2019). Case studies can involve one participant, or a small group of people with shared characteristics, or on a broader scale they can explore the experiences of a subset of people within a community (Arseven, 2018).

Case studies do have their critics, with researchers questioning the lack of scientific rigour and their inability to deal with generalisability (Ruddin, 2006). At all times during the research process, I was conscious of not becoming a researcher who, as Davis puts it (2000, p. 191), “privileges their own perceptions over that of the respondents.” To ensure that this did not occur, I checked in with the research participants when clarity was needed, in order to reflect and represent the intended meaning.

Also, it is often argued in disability research that to understand the experiences of people with disability simply being there and observing is not enough (Davis, 2000; Oakley, 1975). In this research project a case study was considered the most appropriate approach to take, as a snapshot, a moment in time, in order to honour and bring to life the experiences of students with hidden disability and the academic staff who support them within one Victorian university. The role of the researcher is important in qualitative research as they have the task of connecting with the participants as part of the meaning making process. I used an inductive approach while gathering and analysing the data (Arseven, 2018). The end result provided a rich, thick description of the case (Merriam, 2009).

Limitations

The sample size of the university student and academic staff participants was small and limited to one faculty within one single university. The reflective and praxis driven approach to teaching is also not common across all faculties of the university. University academics are usually hired as content specialists without the education background and expertise that the participants in this research shared. Therefore, the results cannot be generalised to represent the experiences of all university students with disability, even within Victoria. In addition to this, the student participant group itself is a diverse group of students with a range of lived experiences of disability. What this report highlights is that students with disability should be consulted to fully understand the learning needs of all students, rather than making broad assumptions based on peoples' limited understanding of a particular impairment or diagnosis.

There was limited cultural diversity within both the student and staff participants. In addition to this, more female students were willing to share their stories than male students, so there was a gender imbalance within the student cohort. On the other hand, there was equal gender representation in the staff participant cohort, with four male and four female academics volunteering to be involved in the research. Missing from the student data was the experiences of students over the age of 30 years. This may have led to additional data relating to the barriers and experiences of mature aged students with caring responsibilities. This was a small scale study which would benefit from further investigation across other faculties within the university and across the tertiary sector.

Ethics

An ethics application was processed and approved (ethics number HRE18-158) through the Human Research Ethics committee within Victoria University to ensure that ethical research practices were followed, and the rights of all participants were upheld. This approval was granted on 15 March 2017 and all of the participant interviews were completed by 6 February 2019. All of the student and academic teaching staff participants were over the age of 18 years of age. However, the student participants were considered by the ethics process to be more vulnerable than other participant groups due to the nature of their disability. It was successfully argued that this research project could proceed, as according to the National Statement on Ethical Conduct in Human Research (2018, p. 73) that the Australian Government released as a framework for ethical practice, "young people with disabilities have the right to participate in research" and to be empowered to be agents of systemic change that might benefit not only themselves but also those around them. The interview questions were broad, and the participants had the option not to answer any of the questions that they did not wish to. There was also an option explained to the participants at the beginning of the process to opt out of the research at any stage. A psychologist was recruited to be available to address any potential negative impacts that the questions might raise for the student participants, in the unlikely event that they occurred, and Employee Assistance Programme services were also available to the academic staff participants for the same support if needed.

Data collection

The research participants in this study involved eight university students with hidden disability and eight current academic teaching staff within the same faculty at the same university. The students all self-identified as having a hidden disability to some degree. The students were not required to provide any documentation of their diagnosis, nor were they expected to have disclosed to the university or be receiving formalised support through the university in order to participate in the research project. Recruitment involved an email invitation that was distributed amongst the 300 current students within one Bachelor degree program at Victoria University, and then more broadly to students within the College of Arts and Education. The volunteer student participants represented four different undergraduate degrees within the same College. Academic teaching staff within the same College as the student participants were also invited to take part in the research to reflect on the teaching and learning environments within which the student participants were participating. Due to the small sample size of the study, it was decided to concentrate on one faculty of the university, rather than a range of different Colleges. As an insider researcher, I also wanted to reflect on my own practice, and therefore chose the College in which I worked. I have existing, established trust with both staff and students within the College, so believed that this trust would lead to rich, transparent and potentially vulnerable conversations.

Accessibility Services on campus was also contacted in order to assist in advertising the interviews, but no students were recruited through this process. Academic staff within the College of Arts and Education promoted the research project within their classrooms and also spoke to individual students who had already disclosed their disability either informally or formally and encouraged them to participate.

All of the participants were invited to participate in an in-depth interview. Focus groups were discussed at the beginning of the research process, however it was decided that the interviews would be conducted one on one with the researcher. This was to ensure anonymity, as not all students had disclosed their impairment publicly and did not necessarily wish their peers or other academic staff to know. The student participants were asked nine open ended questions to identify their past and current educational experiences and the ways that they learn best. In addition, students were asked to comment on teaching strategies currently being delivered in the classroom that supported their learning. The eight academic staff were also asked nine open ended questions. Their interview sought to understand the academic staff attitudes on teaching students with hidden disability in the university classroom. These questions focused on ascertaining their current teaching practice and gaps in staff skills and knowledge that impacted on meeting the specific needs of the students. The student and academic staff interview questions are included in Appendix Three and Appendix Four of this report.

The interviews were recorded and saved as audio files. They were stored on a secure server in accordance with the Australian Code for the Responsible Conduct of Research. The data that was transcribed from audio files was also checked by the participants to ensure the accuracy of the narrative that was recorded (Gillies & Pedler, 2003). These data files as well as the researcher's paper journals and notes were stored in a locked cabinet within a locked office. The data will be destroyed by following correct procedure as per the university's policy at the end of the retention period. As this qualitative data included identifying or sensitive information, the names of all participants have been kept confidential. I have also withheld the student participant's individual degrees because some of the study areas are quite small, which could lead to participant identities being revealed. Pseudonyms have been used to replace individual's names and any identifying features. The use of pseudonyms ensured the confidentiality and anonymity of individual responses and experiences.

Privacy and confidentiality is a practice responsibility in the Youth Affairs Council of Victoria (YACVic) Code of Ethical Practice (2007). Ethical and respectful research conduct underpins my work in the youth sector. This was an important aspect of the research process that I considered, embodied and addressed. Student participants disclosed sensitive information about the classroom and teaching staff as part of the interviews. There was reassurance that no negative repercussions would result from the students sharing their stories. As an insider researcher, the staff participants were also my professional colleagues. At the time of the interviews, I did not have a position of authority in relation to the staff. Anonymity within the research project is paramount to the success of this research project. Any negative feedback that students provided was used to inform the professional development presentations that have been offered to staff as a result of this research. This research aims to build the capacity of staff to deliver inclusive education through UDL principles.

The role of the insider researcher

At all times, I was aware of the need to "comply with ethical principles of integrity, respect for persons, justice and beneficence" (Australian Government, 2007). Power imbalances exist between academic staff and university students. This is due to the fact that academic staff have been given the authority by the institution to assess student assignments and make a pass or fail determination which directly impacts the student's progress through their degree. The academic staff also have the responsibility to provide the subject matter, resources and learning environment for the student to work in. Traditionally, students have not been empowered to make decisions regarding their learning within the classroom. In order to address potential conflicts of interest the students chosen for this study were not current students of mine at the time that the interview took place, although I had a pre-existing relationship with the majority of the student participants and all of the staff participants.

When recruiting the student participants, it was important to point out that there would be no personal advantage or negative repercussions based on their involvement in the research in order to eliminate any potential feelings of obligation due to the power imbalance. The power imbalance and potential bias was addressed by ensuring that the student participants would not receive any perceived direct benefit (through positive grades) or any perceived disadvantage (through negative grades) by agreeing to be participants in the study. When interviewing the academic staff (who are also colleagues), it was important to acknowledge and understand a natural resistance to questions that may be perceived as being critical of the participant's own professional practice. However, all of the academic staff were reflective in their answers and acknowledged areas for improvement in their practice without reluctance.

I also had to consider my own role as an insider researcher in the research process. As Asselin (2003) and Mercer (2007) describe, the insider researcher shares the same attributes as the participants or has an intimate familiarity with the group, by, for example, being part of the same community, or sharing the same language, culture or identity. I am also an academic staff member in the same teaching team as the other academic staff participants. This role on the academic teaching staff meant that I had pre-existing relationships with the majority of the student participants and all of the academic staff participants (Blythe et al., 2013). These relationships provided me with a unique perspective and influenced the questions that I asked in the interviews. I already had an understanding of the different classroom learning environments on campus and the pre-existing relationships meant that rapport had already been built between myself and the majority of the participants. However, as Mercer (2007) explains, it could be argued that insider and outsider are not diametrically opposed, but rather that they may exist on a continuum. I am an outsider researcher when comparing myself to the student participants, as I do not have a hidden disability myself. It was important for me to check in with all of the participants to ensure that the narrative that I was creating was accurate to the experiences of all participants.

Data analysis

These sixteen interviews (both student and academic staff) were digitally recorded, transcribed, and then coded using the principles of thematic analysis. Thematic analysis is a method of searching for patterns (Clarke & Braun, 2013) and grouping the data under a set of codes which then begin to identify overarching themes as they emerge. The use of language is important when using thematic analysis as it is an active, not passive, process involving the researcher. Braun and Clarke (2008) argue that the researcher must analyse, consider, decide and report on themes, rather than passively wait for themes to be uncovered. The data analysis process followed six phases of thematic analysis (Nowell et al., 2017):

1. Get to know the data
2. Generate initial codes
3. Search for themes
4. Review the themes
5. Give the themes a name
6. Write the report

The data provided through the participant’s stories was interpreted and analysed using thematic analysis. When researching disability, it is important to analyse data from individuals with disability and those without disability (Jones, 1995). This is to challenge many of the assumptions and meanings created from stereotypes about disability made by those without the lived experience (Jones, 1995). Thematic analysis provided an opportunity in which to search for patterns and commonalities that highlighted the experiences of the student and academic staff in connection to the theme of hidden disability. While the experiences were subjective and shared individually with myself as the researcher, I was able to focus on how the stories aligned with each other (Putman & Banghart, 2017).

I used the narratives in both cohorts of participant interview transcriptions to create the participant vignettes located in Chapter Five. This series of vignettes have been created to capture the histories and voices of the individual participants, their personal narratives and common experiences.

In order to analyse the interview transcripts, I used open coding and then axial coding. After transcribing the audio files of the 16 participants verbatim into a Word document, I created a table with three columns for each transcript. The first column held the original transcript. I used a series of colours to highlight data in the first column, grouping data that provided similar insights and topics. The highlighted data was then transferred into the second column and grouped into the same colours. This open coding is an initial round to collect data into loose categories, labelled by colour. Then the second round of coding, axial coding, involved looking for links or relationships between the information from the previous coding stage. It is at this stage that the overarching themes for both the staff and student participants began to take shape. The two cohorts of participants were coded separately as they were given separate sets of interview questions. After I had completed this process with each participant, then I then created two new tables and transferred the axial coding column for each participant into the new tables for student and staff participants. The only data that was used in the analysis was from the participant interviews.

Student Participants

Table 1

Example of open and axial coding from a student participant transcript

Original transcript	Open coding	Axial coding
Jane: ok, so first question, how do you understand the concept of hidden disability? Barbara: well I know it's not shown, so if you're looking at the person you can't tell if they've got a disability or not, like if you look at me, you probably think oh yeah, she's a normal person were as I've actually got a learning disability, so like there is people that you think who you see like	the silly thing is like I can't get special consideration like for my exams and that I couldn't get special consideration because they actually don't classify being dyslexic as something that affects your day to day life, well I know it's not shown, so if you're looking at the person you can't tell if they've got a disability or not, like if you look at me, you probably think oh yeah, she's a normal person were	**THEME-GREEN Identifying with the concept of hidden disability** Barbara says that a disability is hidden when you look at a person and you can't tell, people can't tell that she has a learning disability. the silly thing is like I can't get special consideration like for my exams and that I couldn't get special consideration because they actually don't classify being

nearly every day, you might not know that they have a disability or something that they are struggling with because they have kept it hidden pretty much Jane; ok, great can you tell me a little bit about your hidden disability…… Barbara: Well, I am dyslexic so I struggle a lot in school wise stuff, so mainly in English and that, I've known since I was eleven that I was dyslexic,	as I've actually got a learning disability, so like there is people that you think who you see like nearly every day, you might not know that they have a disability or something that they are struggling with because they have kept it hidden pretty much IM more a stressed person like I stress about it I stress about you know not doing well is at the moment all I stress about leaving it to the last minute, I can't do that to myself I can't leave stuff to the last minutes? I've got to get it done early and I can have the rest of the time off	dyslexic as something that affects your day to day life,

Table 2

Example of axial coding for all 8 student participants

AXIAL CODING	**GREEN-Understanding and identifying with the concept of hidden disability**
Johnathon	Hidden disability- Struggles with identifying as having a disability due to comparing himself to others with less functioning ability, however recognises that the hidden element of disability can cause significant distress and trauma as he is unable to meet people's expectations in terms of functioning. "So hidden disability to me is something that kind of you know is there, that affects your life but other people may not see or may not realize."
Max	Hidden Disability It is definitely hidden and other people don't notice except for the fact that he

	reads slower than others, larger impact at uni than other parts of his life. it's hard for them to even notice that I have it, other than just like, when I read slower than others and stuff like that
SaraBeth	Hidden Disability It has been hard to come to terms with the diagnosis and the concept of hidden disability because at the moment no one can see the impairment. That's what I would have loved to have someone like my age because it is not very common really, well it is, but you don't really know when you are looking at them. I mean, I could be talking to someone and they have it too, but we would never know.
Candice	Hidden disability It is hidden because people cannot tell that she has a hearing impairment based on her interaction with others. Cochlear implant is hidden by her hair. No one can really tell that I am deaf, like I come across as hearing and I've had to deal with a lot of issues because I am put in a category as hearing not deaf just because I can interact with a hearing person and speak clearly…
Jessie	Hidden Disability Because a lot of people think of a disability as something physical, so say you've got a cast on your arm, we know that you've broken your arm, or you've got a moon boot on, you've broken your leg. If you look at me, you're not going to know I've got diabetes, you're not going to know I have insomnia, you're not going to know that I've got depression or anxiety or suicidal tendencies, because you can't physically see it and that's a really bad stigma that people have with disabilities, they think it's something physical, it's not. And that's why I did bring it up with the

	teachers- this is what I've got, you can't see it but I will tell you about it. The only thing you will see is the bags under my eyes if I haven't slept, but that is it.
Barbara	Hidden Disability Barbara says that a disability is hidden when you look at a person and you can't tell, people can't tell that she has a learning disability. the silly thing is like I can't get special consideration like for my exams and that I couldn't get special consideration because they actually don't classify being dyslexic as something that affects your day to day life,
Heidi	Hidden Disability So from my experience it's just, a disability is something that is going to impair your ability to socialise or do different things in your life that a normal air quote normal because There's no such thing as normal, but just what a typical person wouldn't have trouble with Heidi's impairment is all in the brain and processing, so others can't see it.
Mary	Hidden disability I don't know, I think just that I was different umm yeah just that I was different but then I sort of was like I feel like I'm hiding part of me and I did feel like I was acting all the time. I would go home exhausted but not because you know not even because I had chronic fatigue but because I felt like I wasn't being myself

At the conclusion of coding and placing data into five overarching themes, a rich description was provided. As an insider researcher, the themes were then examined through an interpretivist lens in order to arrive at two significant issues facing the university today:

- Dismantling structural inequality and

- Activating enablers for student success

The qualitative approach using an interpretivist lens has provided the framework that is used in this research. The interpretivist lens has two separate yet interconnected features, the meaning and the interpretation (Putman & Banghart, 2017). Students and academic staff members were asked to provide their own meaning to the terms hidden disability and inclusive teaching and learning. Their definitions were based on their previous experiences and reinforced the social construction of disability by focusing on the barriers experienced by the students. Viewing disability as a socially constructed experience also forces the reader to acknowledge the oppression caused by the structures which lead to creating the categories of 'superiority and inferiority', 'disability and ability' (Collins, 1991).

The next chapter sets the scene by introducing the eight student participants and eight academic teaching staff participants to the reader. Each vignette will allow the reader an insight into the history of each individual and how each history helps to shape current perceptions and realities for the participants. Then in the following chapters, the data is presented and the main themes that have emerged are explored.

CHAPTER FIVE: INTRODUCING THE PARTICIPANTS

In the previous chapters, the role of the researcher was positioned within the research narrative. The internal motivation of the researcher was explored as was the journey of self-discovery and reflection that had resulted in the selection of the research questions outlined in Chapter One. This chapter will introduce a summary of the student and staff participants. The first half of the chapter will provide some insights into the student participants' learning journeys, and their understanding of hidden disability and their own disability identity. The second half of the chapter will introduce the academic staff participants and their experiences supporting students in the classroom setting.

Introducing the students

There are eight student participants included in this research project. They come from different backgrounds with a diverse range of experiences related to their individual diagnoses. Some students were born with their impairment or received a diagnosis early in their schooling, while others received diagnoses in late adolescence or into early adulthood. While each story is unique and diverse, there are common threads that will be woven through the narratives in the coming chapters.

Johnathon

Johnathon is a young man in his second year of university study. At the time of this interview, he is 29 years old. Johnathon expressed frustration in the delay in receiving a formal diagnosis of Asperger's syndrome or high-functioning autism. These terms come under the umbrella term of autism spectrum disorder or autism spectrum condition. In the interviews, Johnathon also refers to himself as being 'on the spectrum'. This frustration was strongly echoed when he quipped *"someone should have figured this out earlier than they did".* His previous educational experience was fraught with challenges and negativity. A lack of understanding from teachers, being viewed as argumentative in class, experiencing bullying, getting into fights, and drug use led to Johnathon becoming disengaged in education and feeling excluded. Johnathon claims that he didn't meet the school's expectations on a number of occasions which resulted in expulsion and moving to three different schools throughout his high school years.

Johnathon stated that the impact of the recent diagnosis of Asperger's syndrome was enormous as he is only now making sense of the challenges he faced growing up. He still struggles with identifying as having a disability or being disabled. This struggle emerges most strongly when he compares himself to another person with what he perceives as 'less functioning ability'. Johnathon would refer to that person as having a disability, and therefore had difficulty reconciling the label on himself. There was an internalised belief that somehow Johnathon hadn't met an arbitrary threshold for someone to be named as disabled because he was able to complete functional tasks that others couldn't.

However, Johnathon recognises that the hidden element of disability can cause significant distress and trauma to himself. This almost always occurs when he is unable to meet other people's expectations in terms of everyday functioning. We see this when Johnathon reflects on his hidden disability, *"So, hidden disability to me is something that… you know is there, that affects your life but other people may not see or may not realise…I think that in some ways there is just a lot of, that in and of itself can cause significant distress and trauma because you are kind of not given any credit for it, you're seen as somebody who could be doing all of the normal correct things, but are not doing so for reasons of laziness or not caring enough or what have you, the standard reports in high school were 'very smart, but doesn't care, doesn't want to work kind of thing' so I think that's probably very important to the idea of hidden disability, kind of being expected to function normally and often just not being able to."*

SaraBeth

SaraBeth is a young woman in her early 20s and in her final year of university study. She successfully completed her secondary schooling without any symptoms, impairment or barrier. SaraBeth was diagnosed with multiple sclerosis (MS) in 2016, while she was about to enter her final year of a four-year double degree, although physical symptoms began appearing two years prior to the diagnosis. This delay in the diagnosis of MS is common in young women displaying these symptoms as the diagnosis is still seen as unusual in young women of her age group. For SaraBeth, being told she had MS was difficult. We see this when she reflects on this time in her life, "*It was very hard, getting the news and being half-way through first semester last year and assignments all being due and that made it all difficult."* SaraBeth has required an extra semester of study as she recently changed her enrolment to part time in order to cope with her physical symptoms and her deteriorating mental health.

SaraBeth shared the psychological and physical challenges of the recent diagnosis of MS and noted that this kind of illness was less common amongst her age group, MS is more common in people over 35 years of age. SaraBeth initially experienced pins and needles down her body. She now has significant fatigue, making it challenging to get up in the morning. She has rapidly lost the ability to hold a pen for any length of time. "*I'm right-handed but it looked like when I was writing, I was left-handed. It was just like a 5-year-old learning how to write, was what it was like. And my hands would get really sore, when I was writing."* The weakness in fine motor skills has had a direct impact on SaraBeth's ability to take notes in class, as well as preparing and constructing assessments. SaraBeth has only recently come to the conclusion that she has a hidden disability. This epiphany led her to realise that *"it was a bit hard for me, well yeah you do have a hidden disability, no one can tell by looking at me".*

Max

Max's diagnosis of dyslexia came early in life, around the age of 4 or 5. Due to the negative way that the schools dealt with his diagnosis, Max *"felt like an idiot"* and found it "*difficult to improve his marks"* so in Max's words *"I stopped trying"*. This led to Max becoming demotivated and disengaged. A consequence of this is that Max spent his secondary school years with a negative self-perception of his academic abilities and a belief that he was not smart enough or capable of achieving academic success.

A major impact of dyslexia for Max is his inability to concentrate when he is reading and writing. "*I lose my track quite easily and my attention goes and I can't read, plus like reading is just slower for me in general and so by being slower it just means that it feels like it is taking forever and then I doubt myself and then I lose track and then I come back and it's* *just this repetitive cycle."* Max also stated that poor self-esteem around his academic capabilities has hindered his ability to truly flourish. Max acknowledges the hidden nature of his dyslexia as something that others don't always acknowledge. *"And it's not something that people can see, actually I've talked to people just recently and they say that it's hard for them to even notice that I have it, other than just like, when I read slower than others and stuff like that…"*

Max is now 22 years old and in his third year at university. Since enrolling into university and choosing to study an area of his interest and passion, Max has been able to reflect on the inaccuracies of the self-perception he previously held. He has seen a substantial positive shift in his motivation levels. Max attributes this shift in his thinking and attitude to finding the right university course for him and choosing to study, rather than being forced to study.

Candice

Candice was born deaf. At the age of 3 years, her parents made the decision for Candice to undergo an operation to receive a cochlear implant. This operation was not guaranteed for success, but it was a risk that the family were willing to take for Candice to experience sound. This implant enabled Candice to hear some sounds and gave her the capacity to learn to speak in addition to learning Australian Sign Language (AUSLAN). Candice found learning challenging through primary and secondary schooling. The Catholic school that she went to didn't provide the financial support for a teacher's aide that Candice needed to participate and engage in classroom activities. This lack of support meant that Candice was unable to learn at the same rate as her peers, and as a result had to repeat a year at school. Candice decided to move from the Catholic system to a public school for year 11 and 12. There she found a state funded program for students with disability and teachers that supported her. This support led to improved grades and Candice enjoyed the remainder of her secondary school years. Candice returned to study as a 20 year old, completing a TAFE pathway to university course before transitioning into higher education.

Candice definitely identifies with having a hidden disability because people cannot tell that she has a hearing impairment based on her interaction with others. The cochlear implant is hidden by her long hair. During the interview, Candice shared that *"no one can really tell* *that I am deaf, like I come across as hearing and I've had to deal with a lot of issues because I am put in a category as hearing not deaf just because I can interact with a hearing person and speak clearly…"* These issues include discrimination in the community and experiencing challenges in accessing formalised support at university. This discrimination has led to Candice feeling excluded from the deaf community, who are currently divided on deaf identity and the cochlear implant. Candice had learnt to hide her disability and avoid other disabled young people, as she thought that she would be judged. Candice had internalised negative stereotypes, which essentially caused internalised ableism, and this had a negative impact on her self-esteem.

Jessie

Jessie is a female university student in the fourth year of her degree. She has spent many years undergoing painful medical interventions, including six lumbar punctures to diagnose the cause of a number of reoccurring symptoms. These multiple diagnoses include intracranial hypertension, diabetes, chronic hair loss, clinical depression, clinical anxiety, social anxiety and chronic insomnia. Jessie easily identifies herself as having a hidden disability. *"If you look at me, you're not going to know I've got diabetes, you're not going to know I have insomnia, you're not going to know that I've got depression or anxiety or suicidal tendencies, because you can't physically see it and that's a really bad stigma that people have with disabilities, they think it's something physical, it's not. Because a lot of people think of a disability as something physical, so say you've got a cast on your arm, we know that you've broken your arm, or you've got a moon boot on, you've broken your leg."*

Jessie's schooling was impacted by the challenges faced when attempting physical activity. Physical exertion is a trigger for hypoglycaemia for Jessie and therefore she was not always able to participate in physical activities in the same way that her peers did. Jessie's diabetes diagnosis was not always understood by her peers, who sometimes viewed her as lazy or making excuses to get out of playing sports. Despite this, Jessie felt well supported by her teachers who understood and followed the documentation provided by her diabetes care plan and mental health plans. The stress and anxiety related to year 12 exams resulted in Jessie underperforming in her exams and receiving "*a very low ATAR".* An apprenticeship as a chef was unsuccessful as the workplace was not conducive to her diagnosis and the expectation of tasting all of the food throughout the cooking process would negatively impact on her sugar levels, causing her diabetes to become difficult to manage. She then began her university studies which she says is a "*better fit*" for her.

Barbara

Barbara is a first-year university student with a dyslexia diagnosis. It was a primary school teacher who first raised a reading issue with Barbara's parents and suggested that Barbara get assessed for a learning disability. ``*Well my year 6 teacher she was really good, she actually helped me a lot she got my confidence up a lot - because I was always struggling, I would always be like, felt really bad because I was like oh, yeah I'm dumb".* Her year 6 teacher had dyslexia also, and so Barbara felt well supported and understood. This changed with Barbara moved to secondary school. Barbara attributed some of her challenges in high school to the lack of knowledge that her high school teachers had in teaching students with dyslexia. She said that they tried, but really didn't know the strategies that would help.

Barbara describes the main impacts of this diagnosis being the struggle with reading and misinterpreting information and the challenges in constructing ideas on paper. *"It definitely affects me pretty badly, I could have like, ideas in my head I just can't form it and put it all onto paper so like I could be, I could have something really good, I just can't put it onto paper, so it affects everything I do"*

Heidi

Heidi is a third-year university student, studying towards her university degree. She has two diagnoses that would come under the category of learning disabilities and in addition to these she also has tinnitus which exacerbates the symptoms of the learning disabilities. She received a diagnosis of an auditory processing delay when she was a young child and then 12 months prior to the interview, she received a dyslexia diagnosis as a young adult after she had already started her university degree. Heidi had suspected she might have dyslexia for a while, but "*was fighting it, so I've probably learnt to adjust with it."* Heidi's primary school experience was quite supportive as the school was well resourced to provide speech therapy as Heidi had difficulty articulating words as part of her auditory processing condition.

However, Heidi says she experienced a lot of negativity and attitudinal barriers when she moved to secondary school. She felt that the teachers were focused on a deficit approach to her learning and labelled her in this way. This was because they tended to focus on the things they felt that Heidi could not achieve. *"Because everyone knew I had the first disability, the auditory processing, from year 7 I was being told, she's got this, she can't do that, consistently, every year, every parent teacher interview, they were just going, I'm aware your daughter has this, which means she is going to struggle with this, which to me was just like why would you say that to me? You are just putting up a barrier in saying I can't do this without letting me even attempt it. It feels really awful just to be defined by something even though you are trying to overcome it"*.

Mary

Mary is a final year student, in her last semester at university and almost ready to graduate. Mary's diagnosis was fairly recent, and so her primary and secondary schooling was unaffected by barriers associated with an impairment or diagnosis. After finishing secondary school, Mary successfully completed a diploma course at TAFE before becoming physically unwell. Mary was spending 20 hours of the day in bed and the 4 hours out of bed took enormous effort for her. It was at this point that Mary was diagnosed with chronic fatigue syndrome. Mary identifies herself as having a hidden disability. It is something that she is very aware of and sees that her behaviour around others changes as a result. *"Hidden disability I think is when you can't see just by looking at someone. You know if someone is in a wheelchair you can see that they have a disability but if it's like say with myself and chronic fatigue no one can tell just by looking at me, and quite often I sort of over-compensate when I'm out…I basically feel like I am acting I try to come across as like as though I don't have it, I'm the same as everyone else."*

Mary was encouraged by her exercise physiologist and support group to disclose her diagnosis soon after she enrolled in her university degree and found the disclosure initially to be a positive and straightforward process. Mary's reluctance however came in sharing the access plan with the academic teaching staff: *“I felt really uncomfortable about actually handing that access plan to my teachers. It was kind of nerve racking and you know after, the first class of every single unit I would stay back after class and say this is me, I’ve got an access plan, I’ll email it to you all of that umm but I felt really umm you know I… like chronic fatigue is sort of something where like it definitely exists but there are people out there who think that it’s made up so I wasn’t really sure how that was going to go down”.*

Introducing the academic teaching staff

The academic teaching staff had a range of different teaching experiences at the university and in different contexts within school and community settings. It is important to understand the perceptions of the academic teaching staff in reference to hidden disability as these beliefs influence and form the foundation of their teaching practice and their attitudes towards students with disability in their classrooms. Students with hidden disability may be overlooked in the learning environment if their learning needs are not front of mind for the academic. Eight academic staff volunteered to share their stories and were included in this research project. A short summary outlining their teaching experience is given below.

Bonnie

Bonnie had 3.5 years of experience as a university lecturer. Bonnie has not really considered students with hidden disability in terms of her teaching practice or the way she facilitates the classroom. We see this when she asserts, “*I’m very aware and accommodating and flexible in terms of supporting students with presenting disability that I can see…. But if it is not something I can see and diagnose, that’s difficult and I don’t think that’s something on my radar…”*

Matthew

Matthew had 8 years of experience as a university lecturer at the time of interview. He had also not really considered the concept of hidden disability much at all. He did say “*obviously, there are lots that are hidden and not noticeable…I have had students with disclosed autism,* *dyslexia and ADHD. I have had some come with support plans and then I've read and looked at those, but many of those ones do not have support plans at all."*

Olive

Olive had almost 16 years of experience as a university lecturer at the time of interview. She mentioned the identity questions that are raised for some students with hidden disability. *"I've seen students who are very articulate about their disability and quite at home with them and others who are, who struggle with them every day."*

Morris

Morris had 4 years of experience as a university lecturer at the time of interview. Morris' understanding of students with hidden disability in the classroom is that their disability "*is not noticeable when you look at the person*." According to Morris hidden disability "*is not taken into account by both, by the teaching staff or the fellow students, simply because people are not aware of that and therefore learning or teaching style might not be adjusted to suit this particular student because of lack of awareness or knowledge about the hidden disability that the student might have."*

Trevor

Trevor had 9 years of experience as a university lecturer at the time of the interview. Trevor considered hidden disability in terms of his "*own inexperience to deal with difference." "I would understand that hidden disability to me is probably more around my inability to understand the ways in which people…. I might be limiting people by my interactions with them I suppose rather than their disability in the sense that they've got something limiting them."*

Frank

Frank had 3 years of experience as a university lecturer at the time of the interview. Frank understood hidden disability to mean any disability that is not obvious to the eye, *"it could be anything that I can't visually see."* While Frank had a range of strategies that he was implementing in the classroom, he was unsure of whether these strategies were meeting the needs of students with disability.

Alison

Alison had 9 years of experience as a university lecturer at the time of the interview. She recognises that hidden disability is *“anything that’s not physically obvious, that’s what I think hidden disability is.”* The impact on a student when their barriers to study are not recognised means that *“if they don’t feel that they are part of the learning or if they are struggling or for whatever the reason, they just don’t come so they miss the learning.”*

Harriet

Harriet had 4 years of experience working in a university environment. Harriet is aware of university students who choose to not disclose that they have a hidden disability. She believes that because the lecturer cannot see their disability when they walk in the room that this will have a negative impact on their learning. Harriet noted that if students do not actively seek additional support, then they are likely to face additional challenges in their academic studies. As a teacher who is unaware of the disability that a student might have, Harriet says that she “*doesn’t necessarily think they’re going to require anything more to success, we just basket them in with everyone else and continue to deliver a session or materials as we always would, so we’re already potentially setting them up for failure…”*

This chapter have provided a short précis of all sixteen participants with a particular focus on each individual’s own definition and understanding of hidden disability. The staff participants shared some of the challenges they face in trying to identify students and their learning needs, while the student participants spoke about coming to terms with their own disability identity. The next two chapters will explore the student and staff participants’ stories to begin to unpack the shared themes that emerge.

CHAPTER SIX: STUDENT DISCUSSION

Going to university - the student experience

The previous chapter provided an introduction to the sixteen participants. There was a particular focus on the disability identity of the student participants, in addition to the academic staff's understanding of the term hidden disability. This chapter shares the life stories of the eight university students with self-identified hidden disability. These stories document the challenges and barriers that students with disability encountered in their lives growing up. This chapter presents data findings that examine how young people with hidden disability can be heard or silenced, included or excluded during their years of education. These negative learning experiences may impact on a student's ability to engage positively in the current university learning process and can potentially lead to self-doubt regarding their strengths and capabilities. This chapter will continue to examine and illustrate how the student participants identified with their various diagnoses. Experiences of exclusion in education leads a student to question their self-worth, not only inside the classroom, but also more broadly as a contributing member of society.

In addition to presenting the challenges encountered by participants in this study, this chapter provides insight into the ways in which the students with disability have felt heard and valued. Their life stories draw attention to practices and belief systems such as social role valorisation (SRV) that underpin feelings of agency and validation in the goals that they set in their personal and professional lives. SRV recognises that people enjoy inclusion and a sense of belonging in the community when the community values the individual's contribution. As a result, when a student is afforded an educational opportunity that is universally designed to develop competence, and society is challenged to see value in diversity, then society as a whole moves closer to inclusion.

There were four main themes that emerged from the student participant interviews. These four themes are:

- to disclose or not to disclose their disability
- barriers to study

- the importance of relationships with teachers, peers and families to achieving academic success
- the role of university structures in hindering or fuelling academic success.

Overall, by unpacking and presenting these themes the process allows the reader to understand those factors that can seek to marginalise young people even further when supportive educational structures break down or are absent. Legislative frameworks such as the Disability Standards for Education (2005) have the potential to perpetuate the exclusion and marginalisation of students with disability when the frameworks focus on accommodations and reasonable adjustments rather than universal design. The exclusionary educational structures that result can influence a student not to disclose their impairment.

To disclose or not to disclose, that is the question.

Adolescence is the period of time between childhood and adulthood. It is known as the time when the social construction of self and identity develops most strongly outside of the family structure (Erikson, 1959; Waterman, 1982). During this phase a young person often seeks to belong amongst their peers. Developing supportive social networks and embracing group membership (formally or informally) are still fundamental to a well-functioning Western society (Lehdonvirta & Räsänen, 2011).

Young people with physical characteristics of impairment and disability can have a different experience of identity formation during adolescence. This is because some of the choices around disclosing one’s disability are not afforded to an individual with physical disability. Young people with hidden disability grapple with the decision to acknowledge and share the experience of living with disability with others (Valeras, 2010). A student’s self-perceptions of disability (visible vs hidden) can impact on their choice to disclose or not disclose their own disability. Disclosure of having a disability or being disabled was a sensitive topic for the student participants. This was partly due to the stigma that they associated with the label of disability. The participants would compare themselves with others who had less perceived functional abilities as a litmus test for labelling someone disabled. A wheelchair or a missing limb were common associations with being disabled and as a result not all participants were comfortable with the label at all.

Five of the eight student participants had chosen to disclose their impairment to someone on campus when they enrolled or soon after enrolment into their courses. These students acknowledged the barriers that existed for them in education as a result of having an impairment, but they were selective in who they told. Not all of these student participants chose formal channels in which to disclose. The student participants shared their challenges regarding the development of identity and self-esteem as a result of having an impairment.

Candice, Mary and Jessie were the only students out of the eight student participants to have registered with the Accessibility Services on campus. This service provides formalised supports such as note takers, interpreters, assistive technology and assistive equipment, in addition to helping organise reasonable accommodations and adjustments to attendance and assessments for students with disability. For Jessie a major motivation to registering is that she had seen her boyfriend's sister with a "*serious*" vision impairment experience success at university. It was Jessie's boyfriend's sister that convinced her to disclose her impairment to the university when she first enrolled in her course. *"I didn't even know about that and then she told me, so I googled it all up and I spoke to Maria and she put in an action care plan in place".* Jessie would email her individual academic teaching staff at the beginning of each unit, explaining her barriers to study and attaching her access plan. In contrast to Jessie's experience, Mary found it a straightforward process to apply for an access plan but found it difficult to share her access plan with the academic teaching staff. This reluctance to share the action plan was due to the fact that Mary was unsure of the staff's attitudes towards chronic fatigue syndrome and whether they would believe her barriers were legitimate.

Johnathon had no issue with disclosing his disability via the enrolment form. We see this when he asserts, "*I mean generally if there are boxes to check then I am just happy to check the box for whatever the form is."* Johnathon noted that when he made an enquiry via email about accessing formalised disability support, "*they wanted me to do a bunch of stuff to prove it, I couldn't be bothered so it just seemed like a bit of a hassle."* The requirement for written documentation to prove Johnathon's diagnosis became a barrier against him being able to access support easily.

Max disclosed his disability on his enrolment form. This disclosure was motivated by a fear of not being able to achieve academically.

> "*I was really worried I was really nervous about coming back into academics because of how atrocious I did in high school and how disengaged I was. So, I wanted to make sure that everyone was aware. I wasn't sure if I was going to be the elephant in the room and everyone else, cos I thought that at university, everyone's going to be really, really intelligent and I'm going to be the one that's trailing along at the back of the pack…"*

However, although he disclosed this on the enrolment form, he did not apply for an access plan through Accessibility Services, but instead chose an informal approach by speaking directly to academic staff regarding his learning needs in the classroom. Max was the least confident in his academic writing skills: *"I would after writing a piece or writing a plan, have a meeting with one of my teachers… where they would tell me if I was doing things right or wrong, or I would write it and send it to them and they would send it back to me and tell me what I needed to fix up*." Max was quite clear about the extra time that he needed with teachers to clarify assessments and was not afraid to access academic writing support services offered on campus.

In comparison, as SaraBeth received her diagnosis after her enrolment, she did not disclose her impairment as part of the enrolment process. SaraBeth also chose not to disclose her diagnosis to the university's formal processes through Accessibility Services. Yet, like Max, she chose to approach an academic staff member to discuss her disability. SaraBeth met with her course coordinator and some of her teachers to gain support in her studies. SaraBeth didn't feel comfortable talking to anyone else outside of the course. This was because she felt that her mental health was a factor in coming to terms with the diagnosis and seeking support. In addition, SaraBeth was not ready to speak to Accessibility Services staff, who she considered to be strangers, about those barriers to her learning. However, being in her fourth year of study meant that she had built some great relationships with the academic teaching staff and the course coordinator. This made her feel confident in the informal process of support that was put in place and a belief that she was able to complete her remaining units successfully.

Candice provided all of the medical documentation requested by the university when registering with Accessibility Services and received support from a note taker during her TAFE studies. However, when she began her degree studies within the same university, she was told by Accessibility Services on campus that she was no longer entitled to a note taker. Although she has registered with the formalised services, she has had to hire her own note taker for support in the classroom. Having to fund her own note taker has resulted in frustration and financial burden to Candice. In addition to this, not having the resources to have a note taker for all of her classes has meant that for some classes she has had no academic support in the classroom. This has negatively impacted on Candice's confidence in achieving academically as she finds it challenging to multitask in the classroom (listen and decode the auditory information and then write notes concurrently) and to recall previous class information without the assistance of detailed notes.

Heidi was aware of the support provided by Accessibility Services on campus but didn't disclose her impairment upon enrolment. This is because she faced the financial barrier of needing up-to-date diagnosis documentation from medical professionals that evidenced her disability. Once again, the medical model of disability dominates this area of service provision, as students are required to evidence their diagnosis with confirmation from a medical practitioner. Accessibility Services classifies Heidi's diagnoses as learning disabilities and therefore requires the documentation to be no more than three years old. Whilst Heidi had documentation of her diagnosis of an auditory processing disorder during her transition from primary school into secondary schooling, the documentation was unfortunately more than three years old. Heidi saw this obstacle of out-of-date documentation as a personal challenge. "*At least try to go to university without having university know and if I like succeed, that's going to be a lot of self-esteem boost".* Heidi therefore focused on the informal support from her peers who understood her learning needs and helped her achieve her academic goals.

Barbara chose not to disclose to the university that she had a disability. This was because she was unaware of the academic support available to her with the issuing of an access plan. Barbara's previous school experience also influenced her decision not to disclose her disability. The promised transition plan between primary school and high school never occurred and so throughout her high school learning experience Barbara took the initiative in telling her teachers individually about her diagnosis. She then had to negotiate the curriculum resources and teaching strategies that would assist her in her learning. *"…So, I actually had to tell my teachers that I was dyslexic all the time so I guess I'm just used to doing that instead of applying for something like that so I actually haven't applied or done anything about it."*

Once arriving at university, Barbara took the same approach, informing individual academic teaching staff about her dyslexia and how it impacted her learning. She is considering applying for formalised support in the future when she is required to sit exams. This is because in her interview, Barbara acknowledged that she had struggled in the past with school exams and would probably need additional time to meet the completion requirements.

An important aspect of adolescence as the transition from childhood to adulthood is identity formation. A young person will explore the questions of 'who am I?' and 'what is my purpose?' and 'where is my place in the world?' These questions are raised through the process of socialisation, education and experiences with family, peers and the broader community. Peer groups influence a young person's values and behaviour during this time of identity formation (Lehdonvirta & Räsänen, 2011). Johnathon started to recognise that he behaved differently to his peers as he was constantly arguing with others, and thus struggled to make friends. As a result, Johnathon began masking these autistic behaviours through the use of alcohol and other drugs.

> *"…if you're doing those things with those groups of people then it doesn't really matter how weird you are because you have a circle of people who accept or tolerate you as long as you are doing those things with them."*

Illicit substance use plays an important functional role in contemporary youth culture (Boys, 2001). For some young people, experimentation with illicit substances provides a platform for identity exploration as well as a shared peer experience (Steinberg, 1991). At the heart of Johnathon's drug use was his desire to fit in with his peer group.

Regardless of when the student received the diagnosis (childhood, or more recently as a young person), all the students reported an initial negative impact on their identity formation during mid to late adolescence. A desire to 'belong or fit in or be normal' can cause a young person to mask and not acknowledge their diagnosis or view their diagnosis in a negative light. The experience of being labelled as the 'other' for these students is synonymous with the perception of being less than or incomplete, and this was particularly clear in their experiences of secondary schooling. As a result, most of the participants had internalised ableism due to the impact of stigma and attitudinal barriers created by those in authority.

In her interview, Heidi asserted that she didn't have any friends with a disclosed disability during her primary and secondary schooling. A consequence of this was that Heidi felt different to her friends at school. Heidi admitted *"I wanted to be normal, I wanted to be like my friends. I didn't want to have the fear of I have something holding me back, because they didn't so why should I?"* Feeling different evoked a desire to succeed in her schooling and to prove to others that she was capable of academic success. Heidi has two diagnoses that come under the category of learning disabilities. Heidi was equally driven by a family expectation of academic success and the lack of expectation from the teachers in her secondary school who focused on what she was unable to do. In her final years of study, Heidi decided to undertake the Victorian Certificate of Education (VCE) rather than the Victorian Certificate of Applied Learning (VCAL). A motivating factor for this decision was that all of Heidi's friends had chosen the VCE pathway and she did not want to feel left out and left behind by choosing the VCAL pathway. Heidi was able to achieve a final result that granted her access to university, despite her barriers to study.

Mary had an active, busy life before her diagnosis. She played competitive sport, worked part time in a physical role, had a boyfriend and usually had six hours of sleep per night. After Mary was diagnosed with chronic fatigue syndrome, she was initially unable to work and spent twenty hours of her day in bed. For Mary, her disability is a fluctuating condition.

She describes her disability in the following way: “*because it fluctuates it just means that I have had to be more considerate in my planning and how I spend my time”*. Mary shared how the diagnosis changed her personality, causing her to become more withdrawn and shyer in her interactions with people outside her family.

> *“I would go home exhausted…because I felt like I wasn’t being myself I was trying to pretend, and I guess that something that people with depression would you know also feel like and its exhausting I felt like no one really knew me.”*

Mary is talking about the exhaustion of ‘pretending’ when she went out and masking the impacts of chronic fatigue syndrome when out socialising with friends. This desire to belong and be part of the group would then take a toll physically on her body the next day leading to a greater sense of fatigue and lethargy.

For some students, the path to diagnosis takes time. Multiple sclerosis (MS) is one diagnosis that is still uncommon in younger women and therefore SaraBeth displayed symptoms for several years before the diagnosis was confirmed. SaraBeth said that her diagnosis was a shock and took time to process and accept. SaraBeth was not willing to accept the diagnosis at first because she was a young person and generally it is middle aged women who are diagnosed with MS. Losing her physical strength was a symptom of MS that led to a negative impact on her mental health. SaraBeth was also fearful of entering the workforce and unsure about how she would cope in the adult world so soon after her diagnosis. “*I don't think I would have come to terms with what I was diagnosed with, I think I needed my own time…”* It was therefore important for SaraBeth to slow down her studies, process how the diagnosis was going to impact her learning and more broadly the rest of her life moving forward.

As a teenager, Jessie had multiple diagnoses including intracranial hypertension, diabetes, chronic hair loss, clinical depression, clinical anxiety, social anxiety and chronic insomnia. Jessie was conscious of one of the visible side effects to one of the medications that she was taking. She was starting to lose her hair, and this had a major impact on her self-esteem.

> *“It was just… as a young girl, it’s all about body image and how you look and this and that and you’re going to school and you’re trying to fix your hair, so you cover the bald patches and stuff like that.”*

This feeling of self-consciousness was made worse when a stranger pointed out her bald spots, exacerbating her anxiety as she worried about what people were saying about her behind her back.

Max, Johnathon, Barbara, Heidi and Candice all admitted to feeling *"dumb"* and *"stupid",* because they could not fulfil their teachers' expectations at school. All five participants also reflected on their learning challenges during their school years. The participants believed that these challenges were impacted by a lack of positive relationships with teachers and grading structures that reinforced their academic failings. Despite their previous poor track record in studying within formal educational structures, there were external and internal factors that led to these students pursuing university degrees. They were all motivated as young adults to recognise their need to pursue support, either formally or informally, within the university.

There were times when the participants in this study felt that their behaviour, actions and interactions with teachers, other students and the wider community were misunderstood. Jessie was always aware of the negative impact that diabetes had on her ability to engage in physical activity. Another outcome of her diabetes was that she had cranial hypertension. There was also the pressure of having to constantly make choices around the level of exercise that Jessie would participate in. Further, her slow pace in physical activity would often be misunderstood by her peers. This led to her being positioned as a student who continuously looked for excuses to get out of activities, or wanting special treatment from teachers. *"If I say I need a break for 5 minutes, it's not to get out of class, it's because I need to take 5 minutes to myself, I have to bring my anxiety back down…"* Jessie also had different rules regarding eating and drinking in class, which she had to remind the teachers of, and at times put her at odds with her peers, "*Or if I am having a can of coke in class it's because my sugars are dropping… and I need something (else) to sustain me like a sandwich or a biscuit".* Jessie also recalled an experience in secondary school where another girl disclosed one of her diagnoses to other students. This disclosure was done without Jessie's consent. This was a very traumatic time for Jessie and led to a lack of trust towards others and how they might perceive her.

Barbara, Heidi and Mary all talked about how hard it was to retain information. They spoke about the current educational system and how different cognitive processes can be misunderstood. Barbara reflects on this when she states*:*

> *"With the dyslexia it is hard to remember everything, like all the information coz your brain selects a certain amount of information that it remembers so I think for me like it is just harder to learn and remember things".*

In secondary school, the numerous quizzes and exams rely on information recall in order to do well and this puts students like Barbara, Heidi and Mary at an immediate disadvantage. Poor results then reinforce the false self-beliefs that they don't have the capacity to achieve academically.

Johnathon's behaviour throughout secondary school was problematic for the teaching staff and this was reflected in him being excluded from the first two secondary schools he attended. Johnathon's behaviour was misunderstood as he did not yet have a diagnosis of autism and therefore was interpreted by teachers as being aggressive and oppositional which led to many meetings between Johnathon, his teachers and his parents. He was excluded from two secondary schools before completing VCE in an alternative educational setting. Many of the school rules did not make sense to Johnathon and as a result he didn't see a need to follow those rules. Johnathon has a strong sense of justice and fairness, so he would also question others (both teachers and his peers) and challenge parts of the curriculum that he believed to be wrong.

> "*I remember even just like disagreements with teachers in class while they were teaching because I thought they were wrong and they didn't think they were wrong, in front of the whole classroom kind of having debates about things and eventually just walking out, getting up and walking out cos they're not admitting that they're wrong."*

It frustrated Johnathon that the teachers would not publicly acknowledge their mistakes. These fractured relationships reinforced the feelings of alienation and isolation that Johnathon was experiencing during this period of identity formation.

The students with hidden disability experience numerous barriers to study

The student participants experience different challenges in their everyday learning, both inside and outside of the classroom. The students had developed beliefs about learning based on their previous (mainly negative) formal secondary educational experiences. Some of these challenges include:

- generalised anxiety in the classroom environment regarding learning
- physical and psychological fatigue which impacted ability to attend class
- difficulty interacting with peers, both inside and outside of the classroom
- difficulty writing notes in class and following and contributing in large group discussions
- constructing and submitting assessments on time
- low self-belief/perception in academic ability
- individual silent reading in class

Each student reported on a combination of the above challenges.

Disengagement and challenges in secondary school can result in a lack of confidence in a student’s perceived abilities to study and achieve. The majority of students reflected on a range of barriers in their mixed schooling experiences, from feeling supported in primary school with a learning community of acceptance through to feeling excluded and misunderstood in secondary school. For Johnathon there was an added complexity in his secondary school experience as he remained undiagnosed and his behaviour was misunderstood so no-one was aware that Johnathon was attempting to understand social situations through an autistic lens. Johnathon reflects:

> *“You’re seen as somebody who could be doing all of the normal correct things, but are not doing so for reasons of laziness or not caring enough or what have you, the standard reports in high school were ‘very smart, but doesn’t care, doesn’t want to work kind of thing’ so I think that’s probably very important to the idea of hidden disability, kind of being expected to function normally and often just not being able to…I remember even just like disagreements with teachers in class while they were teaching because I thought they were wrong and they didn’t think they were wrong, in front of the whole classroom kind of having debates about things and eventually*

> *just walking out, getting up and walking out cos they're not admitting that they're wrong..."*

These experiences influenced Johnathon's interactions with the academic teaching staff at university, as some of these interactions reflected the same mentality as his secondary school experience.

> *"At the moment, I am having a minor disagreement with one of my lecturers…their question is wrong and it seems to me that I am obviously right and they must know that I am obviously right, but I might just be being very autistic about the whole thing, I'm not sure but I guess part of the problem I'm having with it, is instead of coming from the point of view of 'I understand how you have arrived at this situation, it has gone down the direction of umm, you're interpreting it wrong and I need to kind of change my way of thinking' and that to me doesn't seem to be particularly helpful, there's no kind of accommodation being made or given, there is no kind of room for settlement being given".*

The difference between the two scenarios is that now Johnathon has an insight into the way that his brain processes information. He is also working with a psychologist to determine the difference between being right and being effective in an attempt to improve his social interactions. However more work is needed to educate academic teaching staff to also improve their approach to social interactions.

Milton's theory of 'double empathy', suggests that the deficit view that is currently held regarding autistic people's perceived lack of empathy and supposed inability to understand and relate to another person's point of view is in fact incorrect. Autistic people are often able to be understood by other autistic people, who share similarities in how they interact with the world around them. Instead, there exists an empathy divide between autistic and non-autistic people, as non-autistic people as the dominant social group find it challenging to relate to the differences in communication and interaction of autistic people. Therefore, it needs to be the responsibility of everyone in the community to learn together, not a focus on changing the autistic individual's behaviour to comply with the social mores of the majority.

Candice had faced many of the same issues of exclusion as Johnathon, and didn't have a strong identity growing up as she existed in a space between the hearing world and the deaf community. Candice spoke candidly about the ostracising that occurred when her parents decided to send Candice for the cochlear implant surgery. This surgery was deemed a success and enabled Candice to learn verbal speech, but it also led to misunderstanding and unrealistic expectations being placed on Candice. Candice felt rejected by the deaf community who saw the cochlear implant as an attempt to fix and remedy her hearing impairment, rather than embracing her deaf identity.

Although Candice is able to hear some sounds and words through her cochlear implant, she requires additional time to process the auditory information and convert this information to speech and to the written word. Grammatical structures in written and spoken English are very different to AUSLAN, Candice's first language, and this was not always recognised by educators in Candice's secondary schooling and contributed to her decision to move schools for her final VCE years.

> *"So, year 7 to year 10 I was studying at a Catholic School. My parents wanted structure obviously in their lives that they put me in a catholic school, but in saying that they (the school) did not help me with my education at all. Like it was nothing for them to do with me cause they knew I was fine, but I wasn't, I was getting Ds, I was often failing some subjects and I had to repeat some projects and stuff. Then I made a decision to move to a public school in year 11 and year 12 which was the best decision ever, my grades went up to As and Bs, I actually enjoyed going to school, I had teachers that supported me."*

The students with learning disabilities had similar positive experiences with the interventions and support provided through primary school, but the barriers to study began appearing in the transition between primary and secondary school. In this transition information was not always communicated effectively and therefore transition planning with the student and their family did not take place. Max, Barbara and Heidi all experienced feeling stupid, a failure, struggling to keep up with other students and hating being at school. Max said, "*So in school I would always feel like an idiot and I would always feel like I was coming off worse, because I wouldn't try and like even if I did try, I felt like it would only* *increase my mark by a few percent so there is no point in even trying."* These feelings were reinforced by educators such as those who told Heidi's parents that she was unable to complete many of the tasks set out for the rest of her classmates. Heidi said,

> *"from year 7 I was being told, she's got this, she can't do that, consistently, every year every parent teacher interview, they were just going, I'm aware your daughter has this, which means she is going to struggle with this, which to me was just like why would you say that to me? You are just putting up a barrier in saying I can't do this without letting me even attempt it. It feels really awful just to be defined by something even though you are trying to overcome it…"*

For these students, their negative secondary school experiences were a motivating factor in pursuing university studies. Heidi said*,*

> *"All my family has higher education degrees, and I didn't want to be the odd sheep, so… And cos I knew that my family had an expectation of me to get my higher education degree and get into that field of study and hopefully do well in it, at least I had a pathway to go and since 15 years old I knew I wanted to be a teacher and also so I could go into the field and hopefully get rid of that stigma of a disability…"*

Max mentions that finding an area of interest helped him to pursue further studies:

> *"So, my school experience was actually atrocious, I hated school so much because I felt like I was forced to be there, whereas with the university, I can choose to be here, it's a lot better for me because I actually put motivation into being here."*

SaraBeth and Mary experienced a lack of challenges and barriers in their secondary school experiences. This was due to not yet being impacted by impairment and disability as they acquired their impairments of multiple sclerosis and chronic fatigue syndrome as young adults after exiting secondary school. As a young adult, Mary was able to see that her journey towards university had begun years prior. Mary reflected,

> *I did well at school particularly around like English and those sorts of things. I didn't do year 11 and 12 maths because I was so set on photography why should I stress myself out with that if I knew I didn't need it…and sort of withdrew a little bit umm bit like I mean I was still happy. I never really thought of myself as a teacher but*

> *looking back school holidays would come around and I would sit at home with my sister as a 10 year old and I would write her little things to do you know, so I guess it was always there but I just hadn't thought of myself as one, so I enrolled in the course thinking, you know I will give it a go."*

Australian young adults, in the 18-24 age range have the highest prevalence of mental health issues in the country, with anxiety, depression and substance use disorders as the most common forms (Kitchener & Jorm, 2009). There is a direct correlation between mental health and disability, with individuals with disability four times more likely to also experience mental health issues (Australian Bureau of Statistics, 2019). All of the student participants reported mental health issues across the broad spectrum from worry and stress through to clinical depression, clinical anxiety and suicidal thoughts. Max and Mary worried about issues such as being able to keep up with the academic work and getting the right support from academic teaching staff. These general issues could be common to all students. There are times where the students had been misdiagnosed, or had difficulty accessing psychological support from practitioners who understood and had expertise in the area of hidden disability. Jessie has spent many years going from one medical practitioner to another to try and get the symptoms that she was experiencing diagnosed. Jessie reflects on a symptom that is still to be diagnosed,

> "*The one that happened last year there is still undiagnosed, they put it down to anxiety, which I told them where to go, because I know my anxiety, and they say… oh, it's only cos you're anxious and I say mmm, it's a bit more than that, but I just bite my tongue because I just want to get out of here, I want to go home. I spent bloody New Year's Eve in hospital, you know what I mean? So that's still, like I said, they put it down to anxiety, I don't think it was, but like I said, bite my tongue, but with the hip pain and all that sort of stuff, that's still under investigation."*

SaraBeth, Johnathon, Jessie and Mary all needed to pace themselves physically as physical and psychological fatigue became a factor when studying. Getting to university for morning classes, planning placement hours and pacing homework activities all required meticulous organisational skills and attention. Their health and wellbeing was at the forefront of their daily planning so as to avoid ‘hitting the wall’ which would result in difficulty functioning. Jessie shared,

> *“Then once my sugars are back to normal, it feels like a truck has hit you, so it’s like, uh, and you can’t focus, and then you have to maybe, if I can, have a lie down for a bit, I can’t lie down at uni, so I’ve just got to sit there and deal with it, but at home I will lie down and that is another half an hour/hour, so that’s taken me almost 2 hours away from homework that I could have done, but because my sugars dropped, I had to deal with that.”*

Mary talked about the masking that she would undertake outside of the home, trying to pass as someone without a hidden disability.

> *“I was different but then I sort of was like I feel like I’m hiding part of me and I did feel like I was acting all the time. I would go home exhausted but not because you know not even because I had chronic fatigue but because I felt like I wasn’t being myself I was trying to pretend, and I guess that something that people with depression would you know also feel like and its exhausting I felt like no one really knew me but also outside at home.”*

Johnathon would also overcommit to things during the day, rather than pace himself:

> “*I’m kind of wishing myself to be a better more well-rounded person then I’m loading more and more things into my day and then just the backlash from that can make it very difficult to kind of get out of bed and just be a human being at all, then other times it’s kind of just a spill over effect into kind of basically being on the spectrum kind of goes hand in hand with anxiety and depression which kind of spills out to sometimes having patches of poor sleep, poor diet, poor exercise which just leads to me being extremely tired and kind of being awake in the morning and feeling as if I have already run a marathon and getting to class is running another one, right after the first, feeling that exhausted and just kind of having to do it anyway.”*

Students brought with them to university the negative experiences from secondary school and these contributed to periods of mental ill health. In addition to this, certain classroom environments exacerbated the feelings of inadequacy, isolation and anxiety. For Jessie, meeting new students and starting new units of study caused feelings of anxiety. Most units of study include an assessment involving group work and both Johnathon and Jessie found working in groups with unfamiliar students to be challenging. Jessie shared,

> *"I find a really unhelpful thing, it gives me a lot of anxiety, is when the teacher says ok, split into groups but I'm gonna put you in groups. I hate that because I don't know these people, I don't know them from a bar of soap. I don't want to do that, I want to stay with the people that I know because we feed off each other and we know each other, you don't need to worry about, you know what I mean?"*

Heidi, Candice and Mary found large classrooms and auditoriums difficult to learn in. When an academic staff member or student turned their back on the class to write on a whiteboard, it was difficult for Candice to hear what was being said, as she was unable to lip read. When students and academic teaching staff cover their mouth with their hands while talking or wore moustaches, these also create a barrier to hearing clearly and understanding what is being said. The way that sound travels in large rooms (such as lecture theatres) also become a distraction for some students. Heidi talked about the reverberations in the room: "*if they are in a very big room with a lot of echoing, my tinnitus, I can't hear anything*", Mary said that the larger lecture theatres and students spread out across the room cause additional barriers.

> *"100 people go and sit in a lecture theatre and you can hardly hear and you've got 3 hours to get through all of the content…there was just lots of distractions you've got people sitting in front of you talking or online shopping or watching YouTube videos, someone eating a packet of chips just lots of distractions … and I felt that, yeah the lectures I wasn't taking in as much information during the lecture."*

Max, Barbara, SaraBeth and Heidi all find reading and writing activities in class to be challenging. The pressure caused by being asked to complete reading tasks out loud increases anxiety and an additional barrier to learning, absorbing and understanding the content. Max reflected,

> *"I come into the classroom and get asked to read 4 or 5 pages of writing for 25 minutes which I can't really do and then we discuss it and then I get lost in the discussion".*

Heidi found that reading was easier on the Kindle (electronic reader) as she can change the size, font and the colour of the text, but not all of the texts and journal articles are available on the Kindle, thus causing another barrier. While text to speech software is useful for many students with dyslexia, the pitch of the audio triggers Heidi's tinnitus, thus rendering this accessibility technology inaccessible for Heidi. Barbara mentioned that the speed of academic teaching staff trying to get through the content during the class time created a barrier in effective note taking:

> *"I might be struggling a bit with it because they will be talking fast to get through all the content and especially trying to write everything down because they are talking so fast and I stuff up and they always do next really quickly I feel like I'm not going to get the information down quick enough…"*

The importance of relationships in achieving academic success

As with any on-campus university study, the students identified the importance of developing an informal network of support to ensure academic success. This informal network included a combination of family members, academic teaching staff and other students. Students spoke fondly about the role that their families play in supporting their studies. This support ranged from encouraging students to enrol into a university degree, providing the finances to access psychological support, providing emotional support and practical academic support with assessments. Johnathon and Candice acknowledged that both of their families had faced exclusion and isolation within the broader community which the students attributed to stigma associated with their disability (diagnosed and undiagnosed) during their formative years.

Max, Johnathon and Candice commented on the financial contribution that their parents had made at different stages of their secondary school experiences by sending their children to private and faith-based schools. The student participants considered this to be a commitment from their parents in wanting the best academic outcomes for their children, even though the students felt that these schools failed to meet their learning needs. This led to a pre-conceived notion that the university might also fail to meet these needs.

Heidi and Johnathon's families also contributed financially for the students to access psychological services before and during their studies. Johnathon was the oldest student participant who was interviewed and talked about not wanting to rely financially on his parents any more, but psychological services were very cost prohibitive for him. Heidi had had a falling out with her parents after the first year of university studies and as a result this financial support had discontinued. However, Heidi now considered her partner and housemates as fulfilling the emotional support role that her parents had previously provided, although the housemates weren't able to support her financially to continue therapy. This support was considered as necessary for their academic success at university.

Jessie's mum plays an important role in providing emotional support by talking through stressful situations via the phone when Jessie is at university and making a plan of action when she is feeling overwhelmed with anxiety. Mary's mother plays a similar role to Jessie's mother in providing phone support. Mary shared that her mum had a unique insight into the challenges faced when studying.

> *"Mum has a hidden disability, so can relate, she went back to study as a mature age student, great support to me when I am anxious…if I'm feeling a bit anxious or anything like that or like I just can't do it she you know one phone call to her and that's it, I'm fine again, yeah she's been fantastic."*

Johnathon's partner provides emotional support to Johnathon. Barbara talked about her family being encouraging, focusing on Barbara's strengths, the things that she was good at, to increase her confidence. The support from Mary's sister was also strengths-based, encouraging Mary to consider her strengths and passions prior to diagnosis and matching her sports playing and coaching skills to the skills needed for the university teaching degree. This family support helped the students persevere in their university studies.

The students felt more comfortable asking family members to provide practical academic and assessment support, rather than asking the formalised academic support services on campus which are universally available to all university students. Max, Barbara and Candice all have a parent who proofreads the students' written work to assist with spelling, grammar, and sentence and paragraph structure. Barbara says it is helpful to get that feedback before submitting her assessments. "*They correct my spelling, they tell me if I need* *to improve on something if I need to add something in and that, yep they are really helpful.”* Candice’s mother also watched the video content from Candice’s classes in order to help with the dialogue that Candice may not be able to hear and assisted Candice in summarising the video content. “*Mum will make me write a paragraph on what the video was about just to make sure that I did understand what the video was about.”*

The student interviews identified the importance of positive relationships with academic teaching staff as a vital key to student success. Max, Candice and SaraBeth all spoke about the individual support and feedback provided by academic teaching staff that assisted them in their assignments. Some of the participants spoke about the benefits of attending the writing club. The writing club was established by academic teaching staff and academic support staff associated with the faculty. This weekly drop-in session was located in an area of the university that the students felt comfortable in and where they experienced a sense of belonging. The academic teaching and support staff that facilitate the writing club have an understanding of the assessment requirements and are known to the students, and as a result could provide specific feedback and support. In addition, individual consultations with academic support staff helped the students in their academic success. Max spoke about the importance of having academic teaching staff that knew him as a learner and this made it easier to request extra support through individual consultations.

Figure 2 Writing club meeting spaces

Having academic teaching staff who understood the impact that the students' impairment had on their learning was important to all the participants. The level of rapport that staff built with students would determine whether or not the student disclosed their impairment.

Max, Johnathon, Mary and SaraBeth all discussed the fact that there were some academic teaching staff who they had chosen not to disclose their impairment to. The common reason was that they didn't feel the individual academic staff member was approachable, and as a result the students had not built a strong rapport with these staff members. Max then made a link between teaching practice and his reluctance to disclose. Heidi shared her concerns about disclosing her disability to some of the academic teacher staff,

> *"I found a lot of people especially with the older lecturers I'm worried about talking to them they might have an old stigma of disability and then I don't want them to take pity on me or look down on me because I have this, I want to be an equal"*

It was important to Jessie for the academic teaching staff not to make a big deal of her diagnosis and not to interact with her differently to her peers: *"That's all it is, not smothering me, but not completely leaving me alone, it's are you ok, yep, cool. If you need, I'm here, that's it."*

Teaching staff who had a lived experience of hidden disability inspired students to pursue further studies and imagine a future in the workforce. Barbara had two teachers during her primary and secondary schooling who both had dyslexia.

> *"Well my year 6 teacher she was really good, she actually helped me a lot she got my confidence up a lot - because I was always struggling, I would always be like, felt really bad because I was like ohh yeah I'm dumb, but I know I'm not but the thing is she really helped me, she really encouraged me in saying no you're doing fine and it wasn't until the end of the year that I discovered she was dyslexic herself so she really helped me before I went to high school whereas when I got to high school the teachers knew of dyslexia but they weren't really sure how to teach it."*

Barbara's food technology teacher in her VCE year also had dyslexia and the role modelling by that teacher helped Barbara to envisage a future as an educator to help other students with dyslexia. Heidi too had a teacher who had dyslexia which helped boost Heidi's self-esteem and encouraged her to pursue further education so that Heidi could make a significant difference for other students with dyslexia.

Fellow peers in the classroom fulfilled two important roles for the student participants in this research: firstly acceptance, and secondly practical support with sharing notes and participating in group work. Students shared their concerns about revealing their diagnosis for the first time to their classmates and the possibility of feeling excluded or rejected as a result. Johnathon's experience telling someone resulted in being more understood by others. We see this when he states,

> *"I told someone about being on the spectrum last year and his instant response was 'oh, that explains a lot of things', so you know, kind of there is signs of something you know being a bit odd, but you know simply just being a bit odd can be the explanation rather than there being any kind of disability there."*

SaraBeth felt relief and benefitted from sharing her diagnosis with her peers.

> "*Most I have, umm at first I was bit worried… but then I think people when they know, they are like, ahh yep, I understand and help me a little bit more, when I couldn't come to class, then they'd take notes for me or email me things that I missed, or stuff like that. So, I think they helped… big time."*

Mary agreed with SaraBeth and had a similar experience when she decided to tell her peers.

> "B*enefits I guess are just having support from other people and I think it's important to understand your condition… when I first came to Uni, I thought I'm not telling anyone about it and then I sort of came to realise like it's not, everyone's got their thing, I'm just going to tell people."*

Mary, Jessie, Heidi, Barbara and SaraBeth all developed small informal study groups or networks of students that share class notes, study and research together in the library and work on group assignments together. Barbara shared,

> "*I guess what I've got like friends that use to help me, I borrow my friends' notes and copy it down and that really helped me and like I did really well in it, yeah, like I just*

> *look at my friends, coz actually I have a friend that came to the same year doing the same course as me - he's really good, so if he's done something that I don't know, I'll just talk to him and see what his thoughts are so I can just work out a way for me to do mine."*

Mary and one of her friends access the library together on a regular basis. "*…we sort of doing assignments together and bounce ideas off each other, and that's been a really good help".* For Heidi and Jessie, they found friends in the course with hidden disabilities who were able to relate to their lived experience of barriers to study. One of Heidi's friends bought her a Kindle at Christmas time, because he recognised that by being able to change the font, size and background colour the technology would assist her reading.

University structures can help or hinder a student's academic progress

University policies and procedures regarding students with disability should be dictated by the Disability Standards for Education (2005). In 2020, there was a review of the Standards, and the Australian Government consulted widely with students with disability, families, advocacy groups and education providers. The outcome was 13 recommendations that covered four thematic areas. Two of the thematic areas relate directly to university structures:

- Strengthen the knowledge and capability of educators and providers
- More accountability for the Standards through education

(Australian Government, 2020)

Feedback from this consultation suggested that many educators didn't understand the Standards and the rights of students with disability under the law. Therefore in addition to ensuring that their policies and procedures align with the Standards universities also have an obligation to make sure that the academic staff understand the importance of following the Standards inside and outside of the classroom. The state governments were also given the responsibility of ensuring the compliance of the university policies and procedures through the process of auditing.

The university's formal support structures are set up to assist students with disability who experience additional barriers to study throughout their university degree. The eligibility criteria to access support through Accessibility Services on campus state that a student must be currently enrolled in a course with disability or a health condition that impacts the student's study or else be the main carer of a person with disability. In addition to these criteria, the student must provide written documentation from a qualified health practitioner to prove the diagnosis and the support being requested by the student with disability. This documentation eligibility criteria appears to be consistent with the other universities across the state of Victoria and is reflective of the medical model of disability, which views the health practitioner as the expert in the individual's life and over-medicalises the process of seeking support.

Process for receiving support can be discriminatory

Currently there are different requirements for the written documentation that a student needs to produce from the health practitioner, based on the type of diagnosis that a student has. This process for receiving support can be viewed as discriminatory, depending on the type of diagnosis a student has been given. For example, the written documentation that a student must produce must be:

- written within two weeks for **temporary conditions (conditions such as a broken leg, minor physical injury etc.)**
- written within six months for **fluctuating conditions (conditions such as mental health conditions, and chronic fatigue)**
- written within three years for **learning disabilities** (**conditions such as dyslexia and auditory processing disorder)**
- No specific date is required for **permanent disabilities** (conditions such as some vision and hearing impairment, para/quadriplegia) (Swinburne University, 2022)

This begs the question- why is there a separate category for learning disability? Having a separate category gives an inaccurate perception of a learning disability being temporary or 'something you can grow out of or cure'. This is not the case for many learning disability diagnoses such as dyslexia or auditory processing disorder. The impacts of the impairment on the individual may change over time with support, but the impairment is permanent and ongoing. It is suggested by ADCET (2022) that the diagnostic documentation for learning disability is required to be issued within 3 years of university enrolment due to the significant brain development that occurs during adolescence. There is no mention of these classifying categories in the Disability Standards for Education (2005). This distinction between learning disability and other permanent disability diagnoses appears to discriminate against students with learning disability and becomes an additional barrier to the entitlement of receiving appropriate support.

Adult educational diagnostic assessments are costly and can present an unnecessary additional barrier for the student trying to access support services on campus. Heidi comes to the university and discloses on the enrolment form that she has a learning disability - specifically auditory processing disorder (she hadn't been diagnosed with dyslexia at this point) but because her assessment documentation was from the transition to Year 7 at secondary school then she cannot get an access plan. Heidi faced the financial barrier of going to get an adult educational assessment to satisfy the eligibility requirements.

It is interesting to note that the special consideration process within the university allows the student to make a statutory declaration regarding their barriers to study for a non-medical reason, while Accessibility Services distinguish a disability as different from a health condition. Therefore, it could be said that a student is able to self-disclose their barriers for special consideration (additional time for assessments, exemption from attendance, etc.), which are the same accommodations provided through an access plan. Why is it that a student is able to use a statutory declaration for special consideration but not for an access plan through Accessibility Services?

Candice's experience shows the inconsistencies that may exist within the Accessibility Services support structures. The university is considered a dual sector university which means that it offers both higher education (HE) undergraduate and post graduate degree programs and Technical and Further Education (TAFE) vocational certificates and diplomas. Both HE and TAFE share the same human resources department and formalised disability student supports through Accessibility Services. Candice enrolled in a vocational diploma, which is a direct pathway program into the undergraduate degree at the university. She submitted all of her paperwork and received an access plan and a note taker and then spent 12 months studying for her diploma. When Candice completed her diploma and transitioned to a higher education degree, she was told that she no longer had access to a note taker because she has a cochlear implant and so has to pay for her own note taker.

> *"Coming to university was a little different because I went from TAFE, which was a bit similar to high school which was good and I got used to that I had a note taker every day, which was really good, then it came to my second year and it just started…. I was doing ok the first semester, but then I decided to take the second semester off due to family reasons and ever since I got back note takers are the pain in my arse, sorry, but it's just that it's a struggle, I sometimes have a note taker and sometimes I don't, so it's like I don't know what is going on, like I have spoken to VU about it and it just come across as my issue not their issues…I have to pay her, like forking out of my own money to fund a note taker, because I'm not labelled as a disability."*

Johnathon finds social interactions challenging with people that he does not know well. He had no issues disclosing his diagnosis of autism by ticking a box on the enrolment form, but the barrier came when he enquired about accessing formalised support through Accessibility Services, "*I sent off the email to the disability people and then they wanted me to do a bunch of stuff to prove it, I couldn't be bothered so it just seemed like a bit of a hassle."* This enquiry was not followed up by Accessibility Services to see what the barriers were for Johnathon to register for support, which led to delays in him receiving the support that he needed.

In contrast both Jessie and Mary found applying for an access plan to be simple. Jessie faced no barriers attending the Accessibility Services meeting with the Accessibility Liaison officer and her application for an access plan was straightforward. *"But you know what? If I need it, I need it. I'm over what other people think. If it's going to help me, so be it…"*

On advice from her exercise physiologist and support group, Mary went to her GP who described the impacts to her learning but didn't specify the impairment in her health practitioner's report. Mary then received an access plan without any issues.

> *"There was a bit of a support group sort of happening and none of them went to VU but they were in contact with disability services and had an access plan so that then prompted me to speak to disability services and they were fantastic so all I had to do was get a letter from my doctor…I don't think they even needed to know what the disability even was, it was just that they needed to know how they could support me."*

These differing experiences appears to show some inconsistencies in terms of the support offered via Accessibility Services and the processes of applying for an access plan.

Barbara's experiences in the transition from primary to secondary school influenced her behaviour in not seeking formalised support through the university upon enrolment. She had become used to simply telling her teachers what her learning needs were. "*I actually didn't, I didn't really know about it, didn't think about it, like I just didn't really know because when I went from primary school to high school they were actually meant to tell my high school that I was dyslexic but they never did so I actually had to tell my teachers that I was dyslexic all the time so I guess I'm just used to doing that instead of applying for something like that so I actually haven't applied or done anything about it.*"

The delivery mode of a course can assist or hinder the academic progression for a student with disability, depending on the needs of the individual. The VU block mode of delivery was implemented halfway through the student participant interviews. This mode of delivery was adopted university wide and has significantly changed the way that units of study are delivered to students in the classroom. As a result, half of the student participants studied under the traditional mode of twelve-week semesters, studying four units concurrently per semester in a full-time capacity. When the block mode of delivery replaced the traditional mode it follows a sixteen-week semester, with a student studying four units, one unit at a time for a four-week block.

When SaraBeth received her diagnosis, she was studying under the traditional mode of delivery. She was able to stay engaged with her studies and the university by decreasing her study load to part time. This meant that she was only studying a couple of units concurrently, rather than the four units of a full-time study load.

> *"I had to cut down on classes, because of the stress of everything, the coming to terms with, I'm different now, like, like mental issues happened, all that kind of stuff. So, cutting down on classes… so I only had to come back this year, for one semester. Which was only going to be two classes, but now it's none, it is just placement, which has made it easier, and I think if I did placement last year, when I was supposed to it would have been hard, and I don't think I would have been ready for the real world, if I did it last year."*

Mary, on the other hand, would have benefitted from more contact hours for her units as she needed more time with the academic teaching staff to learn. "T*his semester is my final semester and I have 4 contact hours a week for 4 subjects, so 3 subjects one is worth 24 credit points and we get 2 hours per week and another is two separate classes that they have joined into one and that's two hours and so that's umm, that's I need the conversations that's not enough time, enough contact time for me, yep."*

Heidi enjoyed having the variety of studying four units concurrently as she could move from one unit to another and remain engaged. Her concern with the block model was that she would completely disengage with the units that she wasn't interested in as she would only be studying one subject topic at a time.

Learning strategies that work

The students had a range of strategies that they used when approaching the task of studying both inside the classroom and at home. The students experienced varying degrees of success based on a number of factors including time of the day the students were needed on campus, mental health issues, attitudes of others and competing priorities of life and work.

Table 2 Learning strategies that work

Strategies	Inside the classroom	Organisational skills	Assessments	Health and wellbeing/ self-care
Johnathon	Self-management in the classroom (taking 10 min breaks when anxiety is high)	Write an organisational plan for assessments	Flexibility given by teachers in assessment timelines	Healthy lifestyle Mindfulness exercises Adjusting personal expectations
SaraBeth	Peer support, accessing other students' notes when SaraBeth cannot write or is absent.	Using an iPad in class to take notes and help plan assessments	Flexibility given by course coordinator in assessment timelines	Studying part time helped to balance the study and maintain good mental health. Wanting to meet other students with MS
Max	Fun and engaging classroom content, kinaesthetic learner, moving around, larger accessible font to read	Writing plans and drafts of work	Attending writing club facilitated by teaching staff and academic support	Rain music in the background at home helps with focus and keeps track of time
Candice	Peer support, sitting in class where she can see lecturer and	Access to PowerPoints before the class	Attending writing club facilitated by teaching staff and academic support	

	peers- people speaking clearly so she can lip read			
Mary	Smaller tutorial style learning so she can hear and process information when everyone speaks	Planning and pacing her work - might have to read an article 3 times	Informal group meets in the library to work on assessments	Medication (Ritalin) to get through the day and medication to sleep at night Attended a support group and undertook cognitive behavioural therapy and exercise physiology
Jessie	Self-management in the classroom (taking 5 min breaks when anxiety is high)	Pre reading the content for the class	Peer support and familiar groups to work on assessments	Mindfulness activities to regulate anxiety
Barbara	Visual and hands on learner, watching other students demonstrating and facilitating the learning, accessing other students notes	Learn through repetition, reading, summarising, writing it down, reading etc. Typing instead of handwriting is easier	Practical assessments are useful so she can see how it is done, or examples of written work to guide assessment writing	Background noise from the TV helps with focus and to generate ideas. Quiet environments cause anxiety and difficulty in processing thought
Heidi	Smaller class size and room better for reverberation. 12-week semester helps to manage different topics and process	Using the dyslexie font and finding e books and articles that can be read on the Kindle. Reading	Works with one other student with autism who understands her. They have the same	Using white noise to help when studying. Access therapy outside of the university and

	information, 4 weeks is too short. Sitting close to the lecturer to hear and focus on information	out loud and tracing with her finger. Text to speech software doesn’t work with the pitch and tinnitus	philosophies and work together on assessments	undertake dialectal behavioural therapy

All of the students were aware of the impact that the classroom environment had on their learning. The students spoke about the size of the room and how smaller tutorial style rooms are preferred over the large lecture theatres. Mary shared, *"The small classroom with the stuff on the screen that you can actually see, you can hear, you can stay back afterwards and speak to the tutor or during the break… I was in the tutorials and also the tutorials were much more hands on as well like if I think of the subjects that I learnt the most about actually teaching they were all the hands-on ones."* Heidi found that sound reverberated in the large lecture theatres, which caused issues with her tinnitus, so smaller tutorial rooms were better. Heidi, Candice and Mary all make sure they position themselves in the smaller classroom so that they can hear the academic teaching staff clearly without the distractions of other students and the echoes of the larger rooms.

Both Johnathon and Jessie recognised the benefits of an adult learning environment and being able to take a 5-10 minutes break when needed from the learning. Both students would leave the classroom quietly as a technique for managing stress and anxiety caused by the content and their colleagues. Johnathon battled with an internal dialogue at times that distracted him from the learnings in the classroom. Questions like 'am I too close to the next person?', and 'can they smell cigarettes on my breath?' would dominate his thoughts when his anxiety levels were high. Jessie would need time to process content that had triggered past traumatic experiences and recognised the importance of her teaching staff being aware of this. "*It is so I'm aware that they know what is going one and they are prepared to help me through that lesson, whether its letting me go out for 5 minutes or catching up with me after class, but the big thing is not to make a scene in front of the class, cos that is the last thing I want."* This was successfully managed when Jessie would quietly leave the classroom for short periods of time without the academic staff or other students making any inquiring remarks. Max drew attention to the need for only short whole class breaks being offered during class time because a "*20 minute break which is like quite an excessively long break, so like by that time, I'm like already disengaged and not in the learning sort of mood."*

Most of the students discussed the importance of accessible content in the classroom environment. Max, Jessie, Barbara, Mary and Heidi all talked about their learning styles being visual and kinaesthetic learners and the importance of having the physical classroom constructed in a way that enabled students to work in small groups, move around the room and watch demonstrations before participating and engaging in activities. For Jessie, the icebreaker activities were hard in a room of strangers and she didn't like the attention given to her, so she prefers activities in smaller groups "*Three people move from here, there, there, there, I find it so much easier cos then it's just 3-4 people in a group instead of 28 kids, you're staring at, they're looking back at you, it's too much."*

Candice made the point that videos with closed captions allowed her to understand and experience video content in the classroom alongside her peers. Video closed captions also allowed Candice to actively participate in the subsequent class discussions related to the video. Without the closed captions, she would have to rewatch the video at home with her headphones and specialised equipment or get her mother to verbally explain the video to her or provide a written summary of the topic.

SaraBeth and Barbara were also reliant on the peer relationships within the classroom environment. Both student participants benefitted from having access to their peers written class notes to gain a deeper understanding of the content being delivered in class. Barbara reflects, "*It's not just that, it like my brain just doesn't understand it like, if you've got it, if you were to tell me to go and summarise something, I'll struggle with it, it's just it doesn't work well for me, so I can't really, so I can make my own notes, but it wouldn't be as good so I borrow my friends notes and copy it down and that really helped me and like I did really well in it."* The fine motor skills required for handwriting were a challenge for both students, and so in addition to using other students' notes, technology was also identified as a benefit. SaraBeth was given an "*iPad and that had a program where I can record and make quick notes which made the whole semester or the whole year actually a lot easier for me, so that was really good.*"

Barbara spoke about using her computer in the classroom. "*I know that using a computer for me is helpful because I feel like writing stuff down like I feel like I struggle to get words onto paper whereas laptop I feel like it is easier to get ideas out I'm not sure why it's just a lot easier."* Not all academic teaching staff like students using laptops in the classroom, as it can be difficult to monitor if the student is taking notes on class content or being distracted by other information online.

Flexibility in accessing content and submitting assessments

The students mentioned the usefulness of visual aids in the classroom during learning. Jessie was one of the students who preferred to have access to the PowerPoint presentations prior to the class. “*Yep, that reduces my anxiety as well. Ok we’re going to learn about A, B and C and a bit of background reading. Or this week we’re going to learn about this topic, I’ll see what notes I’ve got, that way I go into class prepared.”* It gave students more confidence when they were able to prepare for the class with the prereadings and summarising the content. They all agreed that visual presentations during the class were useful to maintain focus, follow along, keep up with the discussions and take relevant notes. Mary shared, “*I gave them the access plan, we sort of went through it and then they began, they would make sure that the lecture was on VUCollaborate or the PowerPoint was there before class, so it really helped to be able to have it on the screen and them talking and me to have it on the screen in front of me and be able to write notes.”* Heidi mentioned that in one of the classes the “*dyslexia font was available which was amazing”* and this assisted with the reading process.

There were elements to assessments that were important to all students:

- Feedback
- Flexibility
- Clarity in task requirements

Candice, Max and Barbara all needed regular feedback from teachers in regard to their assessments. It was important to get that feedback prior to submitting the assessment as reassurance to the students that they were on the right track. Max shared: “*I would often send, I would after writing a piece or writing a plan, have a meeting with one of my teachers, where they would tell me if I was doing things right or wrong, or I would write it and send it to them, and they would send it back to me and tell me what I needed to fix up.”* Candice did not want to just pass; she was also interested in improving in her academic writing skills over time. She said, *"I have always asked the teachers to give me a feedback, a proper feedback and be like quite honest, brutal of how my assessment went. And I find that I do improve after getting that feedback - and that's pretty much it."*

Half of the students required additional time to complete their assessments. Johnathon asked for support at the beginning of the unit of study so that the extensions were already in place, and similarly when SaraBeth received her diagnosis, she worked with the course coordinator to get additional time to complete the remaining units of her degree. SaraBeth believes the impact of an assessment extension was greater for her than the other students: *"like with the assignments being so lengthy and stuff like that, just giving me extensions on assignments which was really good and helping me a bit more than they may have with other students."* Jessie and Mary on the other hand didn't require extensions for all units. Jessie needed extra time when she had periods of ill health: *"I've used it a couple of times for assignments where it's just gotten way too much or where there has been so much going on, and my anxiety has just gone through the roof, or my insomnia…like I've taken 10 steps back."* Mary found that she relied on the assessment extension process less over the course of her degree as her academic skills increased. It was also important for Mary to feel like everyone else and not receive special treatment: "*I mean I got I definitely got better at sort of reading the research and understanding the terminology but it still took a long time to do each assignment so instead of just asking for an extension straight away I made sure that I planned it out and that I, you know it sort of meant a lot to me to make sure that I was not asking for extensions and getting it in on time and sort of being able to like I kinda just want to feel like everyone else.*"

Study habits and strategies that work

The students had developed different study habits outside of the classroom to assist in their learning and in completing assessment tasks. Max, Barbara and Heidi were all very aware of sound (or the lack of sound) in their home environments, so rain music or TV as a background sound helped them focus on the task at hand. Max says: "*I very rarely can even stay into what I'm reading, because a lot of the time it's just words on paper… so whenever I am doing assessments for Uni, I put in like light rain sounds and so it blocks out because otherwise I get distracted and think about other things."* Barbara agreed with Max, saying: *"I* *don't particularly like silence it's just I feel, I struggle just to write stuff down when there is silence, I feel I need some noise even if it is just to be there so I can work"*

Johnathon, Heidi, Mary and Jessie had all sought assistance from different therapists (psychologists, psychiatrists and counsellors) outside of the university support structures at different times. These practitioners used different therapeutic approaches such as cognitive behavioural therapy and dialectical behavioural therapy with the students. In addition to this, Mary shared that she took medication to assist her in her studies as well. *"I still take Ritalin to get through the day. I still take medication to help me sleep at night and things like that. I still have to plan everything, pace everything but I'm just, it's like second nature to me now. Yeah I might still have to read an article 3 times to get out of it the same as what someone else does."*

SaraBeth, Johnathon and Jessie acknowledged the importance of good mental health while studying. SaraBeth decreased her study load to part time after her diagnosis on the advice of her course coordinator. This prolonged her studies by an additional six months, which gave her additional time to come to terms with her diagnosis and SaraBeth says this decision contributed to her ongoing success in the course. "*I had to cut down on classes, because of the stress of everything, the coming to terms with, I'm different now, like, like mental issues happened, all that kind of stuff. So cutting down on classes was what me and (the course coordinator) decided would be best."*

Johnathon and Jessie use cigarettes as a coping mechanism, but they also use mindfulness exercises as strategies for academic success. Johnathon said that these techniques alleviated some of the anxieties related to coming to class. "*Mindfulness is something that I use, is an effective tool for that, I don't actually do it as often as I should, but it's very beneficial and also just kind of accepting that umm just not worrying about how I come across, or how I fit in, just accepting that if I'm going to you know, be an active member of the class, then I can't worry about, is this the appropriate thing to say, or is that a dumb thing to say, just once you start worrying about all of those things, it isn't possible to function so…"* Johnathon said that his focus for the remainder of his studies was going to be on a healthier lifestyle including diet, exercise and sleep as he saw each element as a contributing factor to academic success.

Final advice for academic teaching staff

The student participants were asked this question at the conclusion of each interview:
"What advice do you have for lecturers? … In what ways can a lecturer best support your individual needs as a student?"
The student participant responses revealed the diversity of experience in learning and living with the range of impairments that are considered hidden disabilities. There is a lot that academic teaching staff can learn from the students in terms of the barriers that exist and the positive elements to inclusive teaching and learning strategies.

Jessie and Heidi don't want to be treated differently by academic teaching staff. It is important that staff are approachable, but don't make a big deal about a student with hidden disability. Heidi expressed her fear, *"I'm worried about talking to them they might have an old stigma of disability and then I don't want them to take pity on me or look down on me because I have this, I want to be an equal…"*

Candice and Johnathon wanted academic teaching staff to seek to understand them. As Candice said, *"Just understand the person, understand their disability, person and listen to them,"* rather than making assumptions based on what the student looks like.

Max and Mary wanted practical and engaging tutorial classes, rather than lectures. Barbara wanted academic teaching staff to undertake training so that they were better equipped to teach students with hidden disability in the classroom:

> *"I feel like teachers need to do like a special class… I feel like they need to coz I notice these courses where it advises teachers about dyslexia and difference learning disabilities, I feel like they need to go to that class and learn about it, learn how to teach it so that even when they teach a class, they should just implement it automatically because it might actually help someone that is dyslexic who might be afraid to speak up and like I'm dyslexic and I struggle at school."*

SaraBeth was looking for peer support, like the support Jessie, Barbara and Heidi had all experienced from other students with a similar lived experience who had overcome the barriers to study.

> *"Even if there was someone else that was maybe the year level above them or in the same sort of situation that has MS, maybe get them connected if both parties wished so that they could work together, you know have some common ground with each other. That's what I would have loved to have someone like my age because it is not very common really, well it is, but you don't really know when you are looking at them. I mean, I could be talking to someone and they have it too, but we would never know. I think getting connected, just helping as much as everyone helped me…"*

The introduction of peer mentoring programs for students with disability, particularly autistic university students, can have great benefit by decreasing isolation, connecting students into the other supports available on campus and establishing an informal network of friends that may similar lived experiences.

The next chapter of this study will unpack the experiences of a group of eight academic teaching staff and their experiences in supporting students with hidden disability in the classroom.

CHAPTER SEVEN: ACADEMIC STAFF DISCUSSION

The role of the academic

There were five main themes that emerged from the academic teaching staff interviews with a series of sub themes explored within each theme. Here is a summary of the five main themes below:

- Positive relationships lead to student disclosure
- Institutional limitations and barriers impede student success in their studies
- Values and attitudes of academics impact on the student experience
- Reflective practice builds academic confidence for dealing with the challenges that students with hidden disability bring
- Training in best practice models to improve accessibility is needed to work effectively with students with hidden disability

Positive relationships lead to student disclosure

It was agreed by all of the academic participants that positive relationships between academic staff and students not only build trust and open communication channels, but ultimately can lead to the student experiencing academic success. Establishing positive relationships between academic staff and all students in the classroom can be initiated by the academic teaching staff using different approaches, such as verbally asking the class to disclose any barriers to study, normalising and celebrating diversity in the classroom, through inclusive curriculum design, and being prepared to display humility by seeking reconciliation if a situation is misunderstood which results in a student feeling excluded. Academics also spoke favourably of the opportunity to teach a student multiple times across their learning journey, not just for one unit of study. Teaching a student on multiple occasions was said to deepen the relationship between the academic and student, and thus alleviate any anxiety associated with learning for the student. The academic teaching staff acknowledged that they were more likely to find out information about a student regarding their hidden disability and their learning needs if there was a positive relationship that had already been cultivated.

Sub theme #1:

The process for finding out student information is varied

The academics suggested that often the first stage of considering teaching and learning strategies for individual students is when an academic staff member discovers that a student has a diagnosis of a hidden disability. Some academics will ask specifically in the classroom environment for students to let them know if there are any barriers to learning, but others stated that they didn’t ask this question explicitly in the classroom environment, and as a result relied on the student or the formalised services such as Accessibility Services to share this information about the student. There are many ways that this disclosure takes place, and these ways are varied, random and often inconsistent.

The disclosure process of a student with disability can happen in one or more of the following ways. These ways can be loosely categorised into three groups - via the student, via university services and other academics, or via the academic’s own observations, intuition or supposition.

i. Via the student:

- A student discloses on a confidential survey for placement or during a one-to-one placement meeting with a Placement Partnerships Coordinator
- A student approaches an academic staff member before or after class, or goes to the staff member’s office
- A student with disability may disclose a diagnosis by sending the academic teaching staff member an email prior to or during the unit of study. The student may also attach an access plan to this email if they have one,
- A student may disclose publicly in class that he, she or they have a disability/ are disabled
- A student may disclose this during a reflective writing activity in class.

ii. Via university services or other academics:

- An academic teaching staff member receives an email with the student’s details and an attached access plan from the university Accessibility Services
- Informal discussions with other academic staff regarding a unit class list of students

- The course chair/coordinator provides information regarding a student with disability.

iii. Via the academic's own observations, intuition or supposition:

- The academic staff member observes a student and their appearance, interactions with their peers and certain behaviours displayed by a student lead the academic to believe that the student has a hidden disability.

All of the academic teaching staff participants could recall a small number of students that were proactive and felt empowered to share the information from their access plan, or about their learning if they did not have a documented access plan, before the unit of study began. These students were clear about how their impairment impacted their learning and most students were able to articulate to academic staff what strategies worked for the individual student both inside and outside of the classroom to best support their learning.

Frank tells a story about one of his female students*: "She said I want you to know I have a hearing impairment and I have strategies to use, and I manage. I asked what are they? and she said I always ask the teacher to make eye contact with me when they're speaking so I can see their mouth, and I may move around in classrooms to different positions so I can hear."*

However, Harriet acknowledges that it might be "*difficult for the student to talk about their diagnosis",* and this can therefore have a negative impact on their studies if the diagnosis remains hidden and the information is not shared with academic staff. The student may not have a formal diagnosis, or acknowledge their diagnosis as a disability, but "*they are more often able to identify the challenge that they are facing in the classroom,"* says Bonnie.

When the learning environment is set up to promote discussions about disability in the context of learning, some students felt comfortable to disclose personal information through written reflections or assessments. Matthew tries to schedule his classes so that he has time before and after class to be available for individual students to have face to face conversations if they don't wish to disclose their diagnosis in front of their peers. Being available for pastoral care conversations proves challenging though when an academic staff member has back-to-back or multiple classes on one day, and more so if across different campuses of the university. In those situations, Matthew leaves his email or phone details in the hope that the student will follow up using one of those alternate communication methods. Unfortunately, these alternate communication methods may create a barrier for students who find it challenging to talk about their diagnoses with strangers. Some students are content with disclosing an issue to an academic staff member with whom they have an established relationship but will not follow up referrals to formalised services on campus. This was frustrating for academics that could see support benefits that were not being utilised by a student who instead had to work *"extra, extra hard"* to overcome their barriers to study.

If a student has disclosed their diagnosis upon enrolment into their course, it is a legal requirement under the Disability Standards for Education (2005) and common practice for Accessibility Services to create an access plan (provided that the student has up to date written evidence to support their diagnosis). This is a written document that outlines the impact that the diagnosis has on the student in regard to their learning. The plan also outlines the student's responsibilities, the accommodations and adjustments that the student may require in regard to attendance and assessment, any placement support that may be required, any referrals for learning support and other issues to be addressed for independent learning and suggested inclusive teaching and learning strategies for the academic teaching staff to implement in the classroom. It is Accessibility Service's policy to send all access plans directly to the student's course chair/coordinator for dissemination to relevant teaching staff. However if a student undertakes elective units of study outside their faculty, or their major or minor units of study sit outside of the course chair's direct staff remit, then these access plans may not be forwarded to the actual course teaching academics.

The standard Victoria University Accessibility Services access plan also states that it is the student's responsibility to share their access plan with individual academic teaching staff. If a student has not established a relationship of trust with an individual academic, the student may be unwilling to share their access plan with the academic for fear of attitudinal barriers and stigma, fear of their hidden disability not being acknowledged or believed, or a fear of being given too much leniency and the student's abilities not being recognised, and therefore further exclusion occurs.

When colleagues or course chairs/coordinators share student information about a diagnosis from one unit to another, the academics interviewed recognised the need to memorise names and to covertly find the student in class without drawing the attention of the other students. While memorising names helps to build trust in the teacher/student relationship, it is also helpful to avoid singling out an individual student and accidently drawing undue attention to that student. The example given by one academic staff member was a student with anxiety who did not like to be asked questions by the teacher during whole class discussions as she felt like she was 'put on the spot', and so the academic would avoid calling on her and instead would wait for her to feel confident enough to raise her hand when she wanted to contribute to the discussion.

When a student does not disclose a diagnosis, some of the academic staff participants reflected about their intuition, or an 'educated guess' that is made about a particular student, mostly based on the student's appearance, written work, interactions with peers or behaviour. Morris talked about the difficulties of academics relying solely on their own observations without receiving any information from the student, or others within the university.

> *"That's the kind of hardest…to I guess distinguish those signs or characteristics of a hidden disability and distinguish them from someone who is just not motivated to learn and maybe is doing the course for the wrong reasons, just to get the Centrelink payment, or is doing the wrong course and not enjoying it, how do you kind of, make an educated determination or, form an educated opinion of this student doesn't actually have any sort of disability they are just not motivated to learn or whatever and this student their characteristics might be similar they might be acting in a similar way but actually might be the underlying cause is different"*

This observation provided evidence to suggest that assumptions are being made by academic staff about students who appear to be lazy or unmotivated, when in fact these students maybe feeling excluded from their own learning processes and environment.

For Bonnie, it was difficult to initiate conversations with students who she suspected may be experiencing challenges to study but had not disclosed any impairment to her. She acknowledged that she was not qualified to diagnose, and so although she wanted to support students to achieve learning outcomes and support their learning, she was reliant on the student being able to articulate and express their barriers to learning.

Sub theme #2:

Building trust is necessary for both staff and students

The academics acknowledged the importance of building trust over time with students. All academics talked quite fondly about the privilege of building relationships with students over their learning journey, seeing the students grow and develop, experience academic success and then graduate. From Alison. "*I like that I am building these lovely relationships with these students where I'm able to have that sort of conversation. (A female student) had confidence now because we had that conversation and now that self-belief…. so (students need) time to know that we are invested in them."* And in the same vein from Olive*, "They do want time with you, they want time to hear their stories told."*

A trusted relationship can result in opportunities for both the academic teaching staff and the student with disability to learn more about themselves and each other. Alison noticed that a student was self-isolating in the classroom and due to the rapport she had already built with the student, Alison was able to make the observation *"I notice that you are not mixing with the other students"*. The student replied that she couldn't hear in the group setting, so that is why she sat at the front. Hearing impairment is often considered a visible/physical disability if the individual uses AUSLAN as their main communication method, has limited speech, studies with an interpreter, or has visible hearing aids. However, there are many people in our community who have learnt to lip read rather than use AUSLAN, who have a hidden cochlear implant, invisible or hidden inner hearing aids, and thus in these circumstances a hearing impairment becomes hidden to others. The student in this example wore hearing aids that were hidden by her long hair. This was a great lesson to the academic about not making assumptions about a student's lack of socialising with their peers and as a result she changed her delivery style in the following classes to ensure smaller groups were able to communicate and moved groups of students around in the space to minimise background noise.

Sometimes it took teaching a student over an entire semester or through several units before they disclosed information to the academic staff member. Harriet shared that there were *"students either telling me eventually, not necessarily on the first class but eventually coming up or emailing me personally*". The comment here regarding different forms of communication is important. Some students are more comfortable communicating face to face, and others are more comfortable communicating via email. This is discussed further in theme #2, where communication can become a barrier to receiving the right support for a student with hidden disability.

It becomes difficult for academic staff to have a positive view on disability as diversity and a strengths-based approach if their encounters are with students in crisis mode. This crisis mode occurs when the barriers to study become overwhelming and all-consuming for the student. When this happens the academic staff member must invest a lot of time to assist the individual through this challenging period, rather than preventing the crisis from occurring in the first place. An example from Bonnie: "*The way that those conversations might happen with students would be one on one conversations where I would suggest most of those conversations come at some kind of crisis point. Sometimes it's even in an informal chat at the end (of a unit)."* Alison too found, *"If I taught over a 12 week period, I'd say by week 9, week 8 or week 9 the student might tell me, so that is my first way of knowing because it does take time to build trust and build that relationship for them to actually tell me their story."*

Sub Theme #3

The importance of validating the individual student's experience of learning

Among the academic staff there was a shared belief that the learning of a student with a hidden disability is negatively impacted if it is not disclosed, but it was also acknowledged

that the needs of students with hidden disability are not front of mind for academic staff if the student hasn't shared the information before the unit of study begins.
Harriet shared, *"I think if a student doesn't have a visible or an obvious disability then that will impact their learning because as a teacher, we don't necessarily think they're going to require anything more to succeed we just basket them in with everyone else and continue to deliver a session or materials as we always would, so we're already potentially setting them up for failure."*

When students were able to clearly articulate their needs, academic staff seemed more willing to be solutions focused. Alison gave the example of a student diagnosed with chronic fatigue who was finding manual handling tasks difficult while on placement and was able to seek assistance from the academic staff member to reassign some physical tasks and increase the student placement numbers in that workplace, which effectively met the needs of the individual student while still maintaining the inherent requirements of the course. Alison felt empowered in the process as in her position of authority on the academic teaching staff she was able to make a decision which had a positive impact on the student.

Sub Theme #4:
Staff need time to 'adapt' the content to meet the needs of the students

It was also interesting to note that the timing of information sharing also became a barrier for academics. As Trevor acknowledged, "*I think within the shorter period of time I know anybody, the less time I have to pick up that hidden disability."* Similarly for Bonnie, "*I think another challenge is that I'm a sessional teacher so the ongoing relationships with students, I don't have those so often."*

If the academic staff were not informed before the unit of study began, there was limited time to prepare additional content or modify tasks to meet the needs of the student. This was exacerbated with the introduction of the 4-week block delivery of units, where there is less time to modify content during the delivery stage. In addition to this, the student may have already become overwhelmed with the unit and then reach a crisis point or disengage completely.

Teaching and learning strategies that a student can benefit from may also be included in the disclosure, but this is dependent on each situation. For example, Morris explained about '*an instance where I have received an email from disability services that said this student has identified that they have a hearing impairment and therefore appropriate strategies should be adopted to accommodate this student's learning.'* Morris was able to provide closed captions for the videos and a summary for a video that didn't have closed captions available. It was interesting to note that this academic staff member was only implementing this inclusive teaching and learning strategy when he was notified of a student with hearing impairment, rather than utilising this strategy all the time as a universal design for learning principle. Many different students benefit from closed captions and this feature could be incorporated as standard in all classes, but the staff member saw it as modifying the curriculum.

Bonnie describes a situation where the academic support she provided to a student led to them acknowledging their barriers to study without actually receiving a formal diagnosis. *'I think in terms some of the more academic content that I support students with the kind of academic skills, that's possibly an opportunity where a student then also will share with me the challenges in "I sat down and tried to read these 14 times, but I can't".*

All academic staff interviewed in this project had previous experience teaching and facilitating learning experiences in diverse settings with different age groups of students. They all reported having significant skills in building relationships and rapport with students. This is certainly a contributing factor for students, many of whom spoke favourably of those academic staff who understood their needs and provided flexibility inside and outside of the classroom. Even though staff indicated that they felt under resourced and ill equipped to meet the needs of students with hidden disability, interestingly at times this did not come across to the student participants.

Institutional limitations and barriers impede student success

Higher education (HE) and vocational education (VE) institutions are structured to comply with the necessary legislative and compliance requirements laid out by regulation bodies such as ASQA and TEQSA. These regulators wish to ensure that the courses delivered by the institutions are consistently delivered and of a high quality. One challenge facing institutions is the desire to innovate while still being bound by the compliance restrictions. What happens when we try to fit a person into a system designed for the majority? Reasonable adjustments and accommodations are created to force the system to make allowances for an individual student with disability - rather than focusing on removing the barriers created by the system itself.

Sub theme #1:

Limitations and barriers of university formalised educational structures lead students to disengage or not disclose

Accessibility Services on the university campus aims to be a leader in inclusivity for people with disability (Victoria University, 2020). For accessing this service, the term ‘disability’ is recognised and defined in accordance with the Disability Discrimination Act 1992 and is used alongside the Disability Standards for Education 2005. There are many different names given to the support staff employed by the universities in Victoria, Australia to work with students with disability. These different names for the same role include:

- Disability Advisor
- Student Equity and Disability Advisors
- Accessibility Liaison Officers
- Equitable Adjustment Advisor
- Equity and Diversity Officers
- Accessibility Advisor
- Disability and Learning Access Officer

What is pertinent to note here is the attempt by each university to describe the services being offered to university students, and although some universities using strengths-based language, the process to access the services remains medicalised. Each university states that a university student with disability seeking support must provide the university with current documentation from health professionals, and in the case of a learning disability the diagnosis and assessment must have been carried out on the student as an adult, or after the age of 16. Learning disability is not clearly defined in all of the university documents, although dyslexia is sometimes mentioned. A learning disability is mentioned separately to a permanent disability, which gives an unfair impression that a learning disability is always temporary and never a life-long experience for the individual. Frank had assisted students trying to access learning support through Accessibility Services, and felt that there were many blockages in place for the student.

> *"I have engaged the services of disability support….I found it to be a, a bureaucratically heavy process that took a long time and there was a lot of emails back and forwards and high amounts of documentation required, formal diagnoses was required before there was any engagement at all from disability support, I felt like and this could be incorrect, this is just my perception, that it was, that they were overworked and that there was a waiting list, so to speak that took a number of weeks"*

Accessibility Services (previously known as Disability Services) rebranded the service as part of the process of evaluating the previous Disability Action Plan (DAP) when it was decided that by changing the name from Disability to Accessibility this would also change the focus from the medical model of disability thinking to a social model of disability approach in addressing and seeking to eliminate barriers to learning for students with disability. Although changing language is important to align with the values of a group or community, it is not enough in and of itself, and there also needs to be action to support this change. Alison says, *"I think there is that underlying stigma of yeah, special consideration, maybe the changing of the term is because that is part of the probably stigma is that it's labelling them… we work from a strengths-based approach, looking for the best in everybody and all of a sudden we are asking them to fill out a form that actually says these are the things that don't work right for me at the moment".* Bonnie also felt that the way that Accessibility Services was viewed or perceived by students with disability would determine whether the students would even attempt to engage with support.

> *“I think, I have no visibility of disability supports, I don't see them having anything to do with our students, they seem to be a service that is very removed and hidden away and if you don't tick a certain criterion of ‘oh well I can see that you might need additional support, I think they rely on students going to them as opposed to coming to students. I also think more broadly, our students in our course often see support services as this kind of remedial, you need this kind of help, I don’t know if it's a shame thing, I don't know what’s going on there, our students are not likely to access additional supports outside of our team…”*

Academic staff spoke generally about referring students with hidden disability to the universal academic supports provided by the Learning Hub on campus, when further assistance with written work was determined to be needed by the staff member. However, as Alison stated, “*I’m going to say it is a bit hit and miss.”* There was very little knowledge as to the efficacy of the supports provided by the Learning Hub, who provide generic academic support to all students on campus and via remote support online, not a specified service just for students with disability. Trevor shared, *“I’ve only sort of referred them to learning support but not physical or access type support”.* When asked to comment on how that experience had been for the students, he replied *“I really couldn’t comment, I don’t know, I certainly don’t know.”* Again when Frank was asked the same question, he also acknowledged, *“I don't know, I don't know, in that I haven’t followed up and done any measurement in terms of having a look at grades before and after engagement, or whether they stayed engaged with that process for any period of time or whether the students went to academic support once and didn't feel it was worthwhile and never went again, I haven’t done any monitoring of….”*

In contrast Olive had seen an improvement in written work from the students that she referred to academic support but suggested that it came at a cost of getting to know the students better. *“Yes, but not often without great effort and time. Yeah, it’s tough, really tough I umm, my gut instinct is that it will be a hindrance, that time is our friend, when it comes to getting to know students”*

Sub theme #2

Access plans can be enablers or barriers to students experiencing academic success

Students who didn't have current written documentation from a health professional were not able to obtain an official learning access plan. As Harriet observes, *"Sometimes accessing supports within the Uni actually impedes the student's learning when it is not effective".* However, she also acknowledged that when students had the required current paperwork and were able to contact the service and obtain an access plan, the student experience can change dramatically. *"When it is effective the process is streamlined so the student doesn't have to tell their story to everyone."* For Olive's students that had successfully navigated Accessibility Services and received an access plan, they didn't express negativity toward the service: *"they've never expressed to me that it's made it worse for them… getting their disability plan up and running. They've only spoken of those processes as being positive."*

The academic teaching staff experiences in receiving access plans directly from the individual student or through Accessibility Services varied. According to Olive they were *"not super, not super. I think they are a reminder to me and not super, I can't remember going 'oh wow that plan was…. So glad I got that, and you know, no, sometimes I've been grateful that I have felt covered by the plan to allow space for assessments to be finished."*

Bonnie shares an experience of a student with an access plan, who was able to access a support person, known as a participation assistant, to work in the classroom.

> *"So, they had a... an aide in the classroom, who would ahh, who was in every class with us, she came on excursions, you know she was actually wonderful she became a part of the group really and contributed. So her role was to support this student in taking notes, and documenting ahh, what was happening in a classroom to support them to actually physically write assessments and I think also, one of the things that was wonderful was her ability to be able to access resources and different things faster than he would have been able to but also to be able to draw up 'ok, hang on we had this conversation last week , look you wrote these notes, you know she wasn't teaching him, but supporting him to be able to navigate the resources that he*

> *had already done in the classroom, but again with that particular student I didn't get any documentation from the university, I didn't have any kind of coordinator or manager sit me down, say great, these are the particular needs of this student and here is a plan. There were never any tips here is something that you could actually do, here is what might be helpful, literally this student arrived, and he had an aide and he had managed that all by himself, that wasn't provided by the university."*

When a student is successful in obtaining a learning access plan through the university, this doesn't always mean that the barriers are automatically removed for the student. There can be challenges with receiving the right support through the plan. One of the supports offered through accessibility services is the use of a note taker. The note taker's role is to sit in the classes and take notes for the student with disability. Note takers are useful for a range of students, such as:

- Students with cognitive and learning impairments that may present challenges in reading, processing, focusing and summarising information.
- Students with sensory impairments that may present challenges in hearing or translating verbal information in large and small group discussions or blocking out other sensory stimulation in the learning environment.
- Students who have a physical impairment which makes handwriting or typing difficult in the time pressured classroom environment.

(State Government of Victoria, 2019)

Note takers do not always have the background or working knowledge of the content that is delivered within a unit of study. Support services say that specialised knowledge is not necessary as the note taker's role is simply to summarise the interactions and written information delivered in the classroom. Note takers have rarely been given access to background or contextual information prior to the class, and the notes must be delivered to the student via the agency, not directly from the note taker. Students do not always have access to the same note taker as an external agency provides these support staff, and the reliability and efficiency of the support is sometimes questioned. The note taker role is another example of modifying the delivery for an individual, rather than looking at the system as a whole. For example, if the class was recorded, then a transcript of the session could be provided to all students, ensuring that everyone has access to the same information. Academics and students have raised concerns about recording classes as impinging on privacy, and as a result the individual student receiving the note taker support must rely on the note taker’s interpretation of the class content. When we consider the situation from a social constructivism perspective, this individual student has an extra barrier to the meaning making, as it is filtered through the note taker’s perceptions and understanding.

Frank reflects on his experience with note takers in his classroom.

> *“What I did note was that it was very difficult for that student to build a relationship with that note taker because it was a different person every day, just being pulled from an agency, it was a brand-new person, I think I saw the same note taker twice over a semester break, so they were having to meet a new person and go through those processes of icebreaker and feeling comfortable with that person, it was a different person every day, essentially.”*

Frank identified the importance of building relationships with note takers by commenting on a separate scenario where the note taker was observed supporting a different student to remain on task. In this second scenario, the barrier facing this student with disability was that they could only access the note taker for half of the classes.

Frank continues,

> *“My understanding was that they engaged with an external agency who came out and took notes and sat in the classroom and took notes for that young person… there wasn't enough funding for, they weren’t eligible somehow for full funding, so for some classes they would have a note taker, the student, and other classes the student wouldn't have a note taker, so it was essentially pointless being there. So it was, and it seemed to be about 50% of the time, of the classroom work was a note taker present. It challenged the student to stay engaged with the material.”*

Note takers are not encouraged to communicate on a regular basis with academic staff members, and often do not have access to the written classroom materials in advance. This can cause a barrier in creating efficient and accurate summary notes, and also ensuring a timely turnaround of written materials getting back to the student. This becomes even more pertinent in block delivery when the classes are delivered in an intensive mode over a 4-week block. When asked about communicating with support workers or note takers, Bonnie replied,

> *"Probably not intentional conversations, but conversations about 'hey cool, here's the three things we are going to do today, but there was never a plan or a real conversation around, what are we going to do every week, what do you need, what's working, what's not working, and I think part of that is because I actually don't know what he (the student) would have been comfortable with in terms of roles, I don't want to, I would have felt uncomfortable having conversations with her about him. He was capable and he was switched on and he could own some of that. But I don't know what he would have wanted. So that potentially was about what I felt comfortable with."*

Sub theme #3

Lack of consistency and clarity between academics and formalised services can lead to frustration

Accessibility Services is located within the Student Services department and there is an ongoing tension within the department as to the extent to which Accessibility Services should be supporting academic teaching staff, as it is a student focused support service. It was not always clear to the academic what the roles of Accessibility Services staff are and the boundaries of those roles. This lack of clarity often caused academic teaching staff frustration and in turn made them question the efficiency of the service as a whole. Morris says,

> *"To be honest I don't know a great deal of what the work that Disability Services do in terms of, in terms of providing the learning support….at times that I know that they have access for example, students with a hearing impairment, might have access to an interpreter to attend classes, umm, in terms of , I know that….they can have their own plan created for them that then sends to the teaching staff outlines the strategies that should be employed in the classroom to accommodate this*

> *student's needs so they obviously can sit down with, with someone from disability services and then come up with the plan and that suits this particular student and communicate that plan to the teaching staff but, I'm sure they do other stuff, I'm absolutely sure there is others but I'm not overly familiar with it"*

In the Accessibility Action Plan 2016-2020 (Victoria University, 2016), under Action Area number 3 Learning and teaching, target 3.4 states "Promote resources and provide workshops and training for academic staff on Inclusive Teaching strategies." It was not clear amongst the staff participants what training has been offered and how many academics have undertaken these learning opportunities. Harriet was looking for support from Accessibility Services to gain a deeper understanding of the impact of disability on a student's learning. "*Is there support or the role of disability support services at a university to also then provide that ongoing support to staff to be able to achieve it, so we're the ones doing the front facing work with the students in relation to their academic studies?"*

There was also a desire for accountability and evaluation of the access plans to ensure that the academic staff were providing the right support to meet the needs of the individual student. This lack of accountability and support, in addition to the late arrival of some access plans, left academic teaching staff less than confident in their teaching practice. As Harriet said,

> *"The process can be one way - receive the disability access plan from disability services and then there is no accountability or support to implement the plan, sometimes there are not helpful strategies in the plan… Sometimes the information is delayed, may not reach the teacher until after semester starts, so modification needs to happen as they go, less preparation."*

Sub theme #4

Time as a major barrier as expectations on staff increase

Several academics reflected on the changes to the way that units were being delivered from traditional semester long units, to short intensive four week long units. While there were benefits with students being able to focus on one unit at a time rather than trying to juggle studying four units concurrently, staff were also facing different demands in teaching with sessional staff seeing students for shorter periods of time, increased expectation in feedback and marking turnaround, and shorter periods of time for students to reflect, implement and apply their learning. Bonnie, speaking about the effects for her,

> *"I think another challenge is that I'm a sessional teacher so the ongoing relationships with students, I don't have those things so often I will have a student once and never see them again so it's not like I have them for a semester, we try some things and then I'm really eventually able to say, let's sit down and let's think, what worked for you, what didn't work for you, that doesn't happen. I'm not necessarily sure that would happen if I was ongoing but there are limitations I think in that sessional piece, I think."*

Likewise Olive too sees issues,

> *"so, I do know there is potential to really get to know students with that structure but …that ability for students to grow and apply what they are learning with you will be lessened by the gaps between them seeing us. So, they will have less opportunities to apply our learning in between the sessions that they have with us."*

There are limited communication channels not just between Accessibility Services and academic staff, but also between program areas within faculties who do not currently have a structured way of sharing information between staff members regarding students with disability. Bonnie describes what can occur as a result,

> *"…thinking about…a student at the start of last year who is deaf, who I didn't know was deaf, until about 4 weeks in…- and I had no idea, so I don't think there is an intentional space where we are able to, or we have the capacity to, or we just don't prioritize actually thinking about what information do we need to know about each student , what works and what doesn't work and part of that is, we don't share that knowledge but I also don't think that we create a space with every student and enable them to do that…*
>
> *And I think we rely on 'oh well there's disability support so you can go and access that', well actually so many of our students are not in a space where they will identify with needing to go there or wanting to go there and these students, the students*

> *who've had some almost revelations as they have gone through the course. I have had students who've said "I've never questioned this because I've always been bad at this, I've always been bad at reading, writing, or I've always been you know those sorts of stories are, is the dominant experience of their educational journeys or lives, that's what I hear over and over and over. I think that's a limitation of us as a team. But I've not seen, not seen a model where that works, I think that's the broader system and structure."*

Olive's experience during the most recent university restructure was a loss of informal activities between staff and students to build relationship and establish communication channels.

> *"I'm all for trying new things and switching things up but I had worked in this university when I was able to be much more inclusive… I think I'm going 5 years ago we were very supportive so, even having an orientation day with BBQs and with informal time to get to know each other, times when the whole course came together what else, yeah opportunities to, opportunities for staff and students to interact, they've gone, they've already gone and even…the physicality of our offices and we used to have an environment where students could wander down a hallway and catch a couple of people from our team who were all equally invested in supporting them"*

Sub theme #5

Environmental barriers in the classrooms impact students.

There are three main environments in which the students currently learn - the physical classroom, the digital online learning space and the placement learning environment. These environments can have a positive or negative impact on a student with disability, depending on how the environment is constructed. On campus, classroom environments vary depending on the unit that is being delivered and the timetabling allocations. Some classrooms are large lecture theatres, others are smaller classrooms with fixed seating, others have moveable tables and wall spaces that can be used as whiteboards. Aspects of the physical environment such as flickering lights, multi-coloured surfaces, rooms where sound reverberates or comes in from adjoining rooms, rooms with multiple steps which decrease freedom of movement, all these can be triggers for students and become barriers for learning. Even a lack of electrical outlets in rooms creates physical barriers as cords clutter the floor.

Figure 3 Lecture theatre

Figure 4 Classroom

Morris aired his frustration at the limitations of the built environment, which he felt he was powerless to change.

> *"But at the end of the day what really matters is, is well we have several things that we cannot change, right? that's the place of the lectures, so we have to teach in the room that we are given, we can't, unless we, you know, want to go outside, we can't really have a lot of say in that, the time in that the length of the class"*

Universities must comply with the Disability (Access to Premises - Buildings) Standards 2010, in regard to ensuring that physical spaces are accessible. However, this can lead to a single focus on physical access, while disregarding other access issues. We can ensure that students are able to enter the classroom, but the university will continue to exclude students if they ignore the other barriers which exist within the learning environment. As Trevor says,

> *"People love to build a ramp…. Of course, it's important that we build a ramp, it's absolutely vital, it is a tangible thing that we can see, how do we then say, once that person is in an intellectual space, what is the language, what are the timeframes that they need to get to be able to engage inclusively because that is a more abstract discussion, and then those things get, they are in the too hard basket"*

Among the least talked about barriers are the attitudinal barriers that exist within the classroom. Both Frank and Bonnie acknowledged their own barriers that they had created in the classroom through their beliefs and attitudes and how these had contributed to the possible exclusion of students with hidden disability. Frank said,

> *"So, they may not be able to hear, they may not be able, if they've got visual stuff going on they may not be able to read the board, they may not be able to follow YouTube clips, so I'm thinking about sight and hearing really, the stuff beyond that I don't really understand. Stuff like whether they might be on the autism spectrum, I don't understand how that influences or limits their ability to process and analyse information."*

Bonnie added:

> *"I do think actually there is stuff that the way that I present in the classroom might actually be quite exclusive I think, I'm very willing to support any student who actually wants to be there and wants to learn, so I think in terms of the inclusive and the exclusive I will make very clear in my classroom if you don't want to be here, if you don't care about this, if you're not going to do the work - awesome, mate, go and withdraw now and come back next semester and I think that's fair enough but what's not fair in that is that there is an assumption that if you're not turning up every week excited to be there, or, or even if you're not excited, I don't think you should be joyous, but you know, but I just want to see a highlighter, I'll take a dot, right, I'll take one word highlighted on the reading that I have given you. I think my, some of that assumes that you're not interested, or you don't care or you're not motivated, and I perceive that as wasting my time. However, actually there could be*

> *other things that are preventing you from doing that…potentially meaning young people with hidden disabilities get pushed into that 'well you're not interested, so I'm not interested' category."*

Online learning environments are supposed to support the student in their learning journey and complement what is being taught in the face-to-face classroom environment. The majority of university units of study have traditionally been delivered face to face, via lectures and tutorials. The style of teaching has now moved to a blended learning approach where there are synchronous and asynchronous learning activities provided in the online learning platform, in additional to the before class and after class activities to support the learning. This online learning platform can be of great benefit to a student with disability or it can be another barrier to study, depending on how the environment is structured. Olive acknowledged that her use of the online environment was limited, as it was not her strength, interest or area of expertise. In the past, she has relied on members of her team that were interested in the online curriculum development to assist her to set up the spaces, but she saw the online space as limiting the spontaneity and surprise elements of classroom learning.

> *"I use Collaborate very poorly. I very much value face to face over online or digital learning and I use Collaborate in that way that they always tell us off for as a depository for really good articles, I put really good stuff up there and I at the moment umm, I use a space that is ticking the boxes for my peers who value Collaborate and online learning. But I wouldn't say that it supports my students with hidden disabilities in an intentional way. I imagine some of my students with hidden disabilities use it to the best of their advantage especially those who have been quite reflective about their disability and are in tune with their needs so yeah, I think they would use that, but no me putting up material… the one I've got at the moment has a lot of material up, events of time. It's all up there this one, but that's not a very Olive practice! If it is me doing Collaborate, it's a few articles put up after the class if I remember…"*

Trevor's reaction to the online learning environment was far less about his own practice and far more a cynical reaction to what he saw as the 'blended learning fad' of the educational institution industry, rather than an innovative approach to provide more inclusive and accessible learning materials for students with disability.

> *"So, as I'm talking I probably see that the university is going down a pathway of standardisation and then I feel that we bolt on this inclusion stuff, oh yeah we must have policies for inclusion but also fit into this rather than saying we have an approach which is responsive to the needs of all students as best we can. And I don't feel that… clearly the university is not looking towards that sort of a policy framework…*
>
> *I see a lot of things being sold as the Emperor's new clothes, I've seen IT experts tell me what great things they are going to do… when people move from overhead projections to PowerPoint, people thought this is amazing and I see Collaborate spaces, where I go, yep, that's just the same stuff put in different templates. And those sorts of things I don't call that innovation"*

Sub theme #6

Limitations of assessment timing (when to hand in) and type can exclude students

The process for determining if a student has fulfilled the learning outcomes in a unit is generally dictated through a series of assessable tasks. The academics all spoke about the different elements of assessments and the impact the following have on the student:

- How academics assess students
- Limited flexibility in changing assessments
- The allocated time the student has to complete an assessment
- Cumulative aspect of assessment incompletions

Morris spoke about being constrained by accreditation bodies who he said influenced how academics assess student learning in a unit of study.

> *"Also what else is predetermined is the assessments. You have to kind of teach and deliver to the expected outcomes and, and assessments in a way that kind of meets the requirement then is compliant with our documentation and accreditation and so*

> *forth, because of those things, I think these are the main limitations that we can't really be as creative or as kind of accommodating to student needs as is ideally possible because we have these barriers or these things that are predetermined but you, within that, small things can be done I guess."*

Morris also pointed out that if an academic is bound by rules regarding how an assessment is to be conducted, then that will also limit his ability to provide flexibility to meet the needs of students with disability.

> *"… in the education process in any equal manner in providing them the same experience as any other student in the classroom I think, that's the main problem of being able to address those needs adequately, because if you can't change the date and location and the time and the assessments etc. because you are expected to deliver everything in a kind of uniform way then that sets limitations to how far you can go to address those particular needs that these students might have."*

Trevor, on the other hand, saw assessment standards as a reflection of a neoliberal education model rather than being imposed upon by the accreditation requirements of a course.

> *"I think assessment at university is the underlying issue, so because we are that we are responding, that's the tail that's wagging the dog in my opinion and because my understanding, and your bosses may be different, that we have to be standardised and we have to be accountable and fair and we have to be all these terms that we use to I think limit us in being responsive and inclusive… but in our more neo liberalised model here that's invaded schools, but certainly coming to universities as well is that we are, is that these are the standards that I will set and you will meet and I decide those standards, I don't negotiate those standards, they're dictated to me by somebody else and so what that does is limit all students whether they have hidden or not disabilities or are perceived to be non-disabled or whatever they are, it hinders them in that they have to respond, every one of those students has to respond to a pre-existing arbitrary set of criteria that we have set rather than we're coming together as groups of people trying to understand important problems, we are meeting an arbitrary curriculum, 'cos I think we're still trying to fit the kid to the program rather than trying to fit the environment to the person"*

Alison identified the need for academics to understand the purpose and role of the access plan, so that students didn't experience ongoing barriers relating to the allowances set out in the plan. Alison felt compelled to act as an advocate for students when she saw an inconsistency in how some academics implemented the access plan for the students. Some academics still insisted on students filling out special consideration forms, when the student's access plan clearly stated and provided the flexibility required for assessment completion.

> *"So then even as a tutor, it makes me stand out as being different when I feel like I'm doing the fair thing and the right think for the student, so I've had to really morally, I've had to advocate a lot for these processes within my own team when I was in the College of Arts and Education."*

Olive felt protected by the access plan when identifying that a student may need additional time to complete an assessment task.

> *"So I feel then that when I am making space for students to take longer to do an assessment, or, I haven't really had experience of a student who needed doing an alternative assessment because of a disability, but certainly extension of time, I've felt like I'm covered because I have that. I feel like I can say to my superiors, should they, no one ever has, no one has ever said, why on earth did you give that person extra time or special consideration, but I feel like if they did, then I'd be like, disability plan, that was what was appropriate for that student"*

Alison raised an interesting point regarding the unintended outcomes of providing assessment flexibility for a student. Due to the block model of teaching, the students are studying one unit of study every four weeks and receiving their results on a regular basis. If a student with hidden disability requires and is approved for additional time for an assessable task, the student will receive an L result in the interim, until the tasks are successfully completed and the final result amended. However, in the meantime, the student continues to progress into their next unit of study and receives new assessable tasks while still trying to complete the previous ones. This adds additional stress to the student, and does not lead to the sense of satisfaction and progression that the block delivery method had intended. As Alison says,

> *"The student I talked about earlier that has 3 L grades across 3 units. After I leave here today, I'm going to talk to the curriculum coordinator just to say, we need a process for when this happens, what's our process for when this happens and rather than the key academic saying to me as the tutor, you need to follow up with this student and I'm saying, I've looked up her results and I don't think 3 different tutors should be contacting her we need a one approach of someone who is going to be her key contact so that yeah"*

Beliefs and values that govern and guide an academic's practice

Beliefs (ideas that an individual holds to be true) and values (what is most important in an individual's life) are inherent in every individual and are formed via a range of interconnected factors. These factors include an individual's experiences, family and society's expectations, and cultural understandings. Beliefs can be based on scientific certainty or facts (I believe if I throw a ball in the air, it will fall back to the ground based on an understanding of gravity). Beliefs can also be based on probabilities and matters of faith (I believe in the existence of a supernatural God). A teaching philosophy is created through a self-reflection of an individual's beliefs and values. An individual's beliefs and values then impact on and influence their actions.

Subtheme #1:

Unconscious bias impacts an academic's understanding

There is an unconscious association of the term disability with physical impairment. Imagery plays into the subconscious and reinforces underlying beliefs and attitudes held by society. The international symbol for disability/accessibility is currently Figure 5. This image depicts a person seated in a wheelchair. Around the world, people have traditionally used the Figure 5 symbol to represent all disability and access issues and yet the limitation is clear. It doesn't represent the range of impacts that different impairments have on an individual and it fails to address the non-visible elements of impairments. There have been campaigns in several countries to change the international symbol to the one shown in Figure 6. This image gives an impression of active movement and depicts the ability of the individual to lean forward and propel themself in their wheelchair. This image is preferred by many disability advocacy groups as it moves the focus away from the depiction of a person with disability as being incapable to a person whose need is for an accessible environment. While this image may encourage people to see people with physical disability as active members of the community, the image still leaves the impression that all disability is visible.

Figure 5 International symbol for access

Figure 6 Racing wheelchair icon created by the Accessible Icon project in the UK

Figure 7 Think Outside the Chair campaign hybrid symbol

In 2019, the image in Figure 7 was used in an awareness raising campaign in New South Wales, Australia. This campaign was designed to raise broader community awareness of the discrimination that people with hidden disability face when they undertake everyday activities because of the attitudinal barriers that still exist in the community. The symbol itself is a hybrid between the international symbol for access and the international symbol for man.

In this research project, the academics reflected on their inability to detect a student with hidden disability just by looking at the student, although Bonnie and Morris admitted to making their own prediction of a student's diagnosis on occasion based on the student's interactions with others.

Matthew made an interesting observation, even though he referred to his university students as children.

> *"I think it is just the lack of identification, the whole point, the issue of hidden disability, if we don't know, how can we cater for them the best way possible? I'm going to talk about that in a moment- my general philosophy is if the system does not tell us, I can't do anything specifically to help that child beyond the more general… and so (I) follow formal procedures and occasionally I will give an extension because of special grounds needed."*

Subtheme #2:

An academic's teaching philosophy promotes or inhibits inclusion

The academics had the opportunity to reflect on their own teaching philosophies and how these related to their understanding of disability. Trevor had the greatest understanding of the social model of disability and how this influences his own practice as an educator. "*You know that Mike Oliver approach of… is the disability within me or is the disability within the environment's ability to deal with me - I think our environment is becoming more rigid so I find it is harder to deal with difference."*

Bonnie worked from a competency-based approach, making the assumption that all university students have the ability and confidence to self-advocate for their learning.

> *"I have that expectation that students are reflecting on their own learning styles and what they need and sharing that back, I don't think that's accommodating or*

> *providing a place for students themselves to reflect on that or name that outside of the sort of things that they would say that their peers are experiencing, normal time management, and prioritization and all of that sort of stuff".*

However, this assumption has possibly excluded students with hidden disability from the learning environment.

Bonnie acknowledged that

> *"… in terms of the inclusive and the exclusive I will make very clear in my classroom if you don't want to be here, if you don't care about this, if you're not going to do the work- awesome, mate, go and withdraw now and come back next semester and I think that's fair enough but what's not fair in that is that there is an assumption that if you're not turning up every week … some of that assumes that you're not interested or you don't care or you're not motivated, and I perceive that as wasting my time. However, actually there could be other things that are preventing you from doing that… ethically I'm pretty happy with what I have done in my classroom and that's great but is potentially meaning young people with hidden disabilities get pushed into that 'well you're not interested, so I'm not interested' category."*

Morris made similar assumptions to Bonnie regarding the correlation between a student's behaviour and their perceived motivation to learn.

"I probably guessing that a number of students who are in the class who have, who possibly might have a form of disability, but I have received no information from anybody else, nor have they disclosed to me so and that's the kind of hardest… to I guess distinguish those signs or characteristics of a hidden disability and distinguish them from someone who is just not motivated to learn and maybe is doing the course for the wrong reasons, just to get the, you know, Centrelink payment, or is doing the wrong course and not enjoying it, how do you kind of, make an educated determination or form an educated opinion of this student doesn't actually have any sort of disability they are just not motivated to learn or whatever and this student actually they might just kind of their characteristics might be similar they might be acting in a similar way or you know but actually might be the underlying cause is different".

Alison has taught in both children and adult learning environments. She sees learning as a two-way street in that she learns from her students as they learn from her.

> *"So every time I have had an experience, that is how I have learnt to look for it another time with another group of students… so I am really explicit in why I do things… So in the class, not just grouping students who are like, alike because that sharing and that information is so important, more so not just sharing information but time to consolidate knowledge and really look at it from a different perspective… so we are actually giving students a chance to shine and use their strengths…."*

The academics' teaching philosophies included the theories of metacognition, strengths-based practice, praxis inquiry, Freire's pedagogy of the oppressed, Vygotsky, Gardner's multiple intelligences, the three learning styles and the social model of disability. There was a genuine desire amongst the academics to see students with disability succeed in their classroom. As Harriet says,

> *"I understand it to be teaching and learning that incorporates everybody, no matter their potential circumstance might be. So it's something that provides a space where everybody in the classroom feels like they belong, everyone in the classroom feels like they are valued, everyone in the classroom feels like they can contribute something and they also feel like they can gain something, like I feel their contribution is supporting and it's an ongoing cycle not just a one way, that's what I understand it to be."*

However there was less clarity as to how these teaching philosophies would help an academic to achieve an inclusive learning environment. For Olive, *"I think I do explicitly say to my students this is what I'm aiming for, I'm aiming for inclusion and try to articulate, articulate that often."*

Reflective practice builds academic confidence

David Kolb (1984) used the four stages of the Lewinian experiential learning model to assist in explaining the role of experience in learning and development. The four stages of the model (abstract conceptualisation, active experimentation, concrete experience and reflective observation) reflect experiential learning theory. The stages occur in active ongoing cycles and depict learning as a process rather than a series of outcomes. Reflective observations are an integral part of the teaching and learning process and evidence the interconnectedness of teaching and learning for the educator. Trevor reflected on the privilege that comes along with the role of an educator. *"That's a pretty good job to have to come to work and be able to engage with knowledge and I get to have these conversations with lots of young people about who they're becoming and that helps me a lot in the journey of who I'm becoming as a person".*

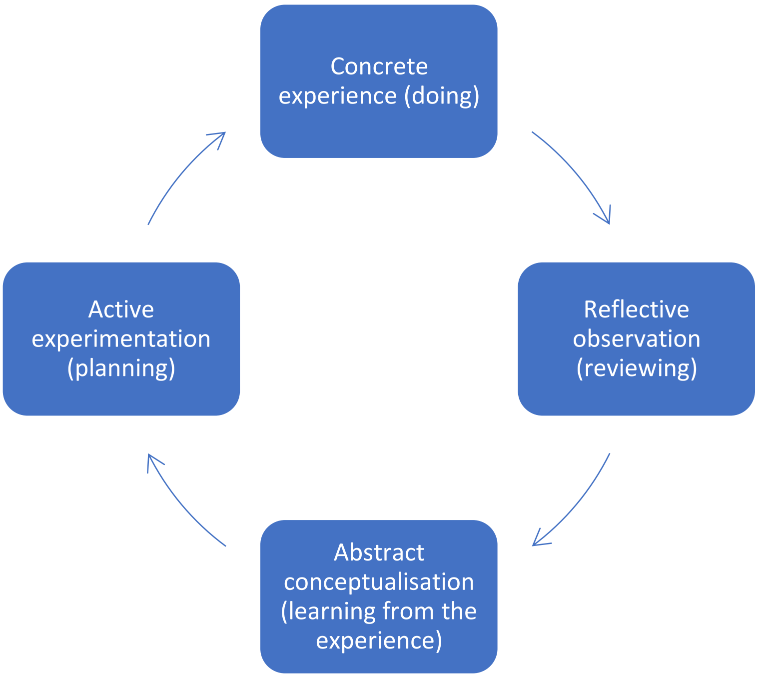


Figure 8 Lewinian model (cited in Kolb, 1984)

The academics used the process of being interviewed during this research project to reflect on their practice as educators, both currently in the classroom and also in the past in previous roles in the community sector and schools. All participants had been educators or trainers in formal and informal settings prior to commencing their roles at the university. The role of an educator is a dual role with both teaching and learning aspects. This is done by teaching students how to learn and by role modelling the learning process with them. Alison used the example of teaching pedagogy.

> *"So in teaching we usually pull apart what pedagogy is and showing them that it's not difficult if they put it into context with their own experience, so everything is about, talking about, What does this mean to me? How does this connect with my experience? So lots of reflective thinking…"*

The academics spoke about the importance of listening to students with disability tell their stories and how hearing their stories changed the academic's practices and influenced future teaching. Despite their acknowledgement that disability was not in the front of their minds when teaching, the academics were able to cite instances from their practice that they considered to be examples of inclusive teaching and learning strategies.

Subtheme #1:

Learning from students increased future academic self-confidence

Students were not always able to articulate the teaching and learning strategies that would benefit their learning, but they were able to explain the barriers and struggles that they were experiencing. Bonnie shared,

> *"That's possibly an opportunity where a student then also will share with me the challenges in "I sat down and tried to read this 14 times but I can't", you know those sorts of pieces that to try and identify what is it that is going on for you, or, I mean the most common things are the students will sit in front of the computer and it's that I don't know how to get this out of my head, or those sorts of pieces… we can think about strategies for what we might do…"*

Alison continues,

> *"So even to be brave enough to get to that stage of desperation to actually vocalise it and articulate it, I just think they are very courageous… I have probably the biggest thing that I've noticed is about students with dyslexia, so working and marking their work you can see that there are some inaccuracies…"*

It was identified by the academics that the emotional wellbeing of the students is also linked to their learning. If a student is feeling comfortable to attend class, is engaged in the class activities and feels like their contribution is heard and valued, then the student with hidden disability will be more likely to succeed in the unit. Morris and Bonnie both talked about students who were too anxious to even set foot in the classroom. Alison reflects,

> *"So there's lots of things around the emotional wellbeing that I have noticed, not so much in the early years, but more working with adults, they miss their learning, actually if they don't, not even a connection or belonging, but if they don't feel that they are part of the learning or if they are struggling or for whatever the reason, they just don't come so they miss the learning. Socialising which is probably what I was trying to say at the start about connecting, it's the socialising. It's not just about the academic, it's the socialising, it's being, it's belonging, being liked. You know when you feel good about yourself, you can do anything"*

There are some students with disability who are not willing to disclose their impairment to the university systems, even when they are encouraged to do so by academics. Alison tells the story of teaching one student across several units and in the first unit of study she had encouraged the student to access support via Accessibility Services on campus. However, when Alison began teaching the same student in the following block, the student had not followed her advice to access the available support. So Alison sat down with the student and showed the student how to make an appointment through the online system on the university website. She concludes,

> *"and I'll show them the search bar and we will type in - even to type in the word disability, or even to know the term special consideration, like you have to know something about what you are looking for to find information and then to go in there on that box to make an appointment and to again confront something that maybe you have been just… not squashing but you know to get into university it is almost like, ok, I'm here, I'm just going to hold my best face, I'm not going to let them know if there's something that is going to hinder me."*

Realising that some students do not wish to disclose issues to the university or in front of their peers, several academics made themselves available after class to meet individually with students to clarify learning activities and assessments and let them know what content is coming next in the following class. Alison shared,

> *"I've got a few anxious students that will check with me at the end of every class when everybody's gone, they will wait, and I will guide them through and reassure them on what the next step is."*

However this approach didn't suit all academics. For instance, Olive explained her delivery style included the theatrical element of surprise in the classroom and she was developing and adding curriculum ideas as the class journeyed through the learning process, and therefore *"I've never been able to support students that well with information ahead of class…no I'm really not strong on that."*

Subtheme#2:

Reflective practices in the classroom lead to inclusive practices

One of the limitations of the block model of teaching is the short period of four weeks that a student has to undertake one unit of study. While the student is able to achieve success in a short period of time if they complete all of the assessable tasks to the required standard, there is not a lot of time for the reflective observation stage of the Lewinian model as depicted by Kolb. For Matthew this is such an important aspect of his work as an educator. The units that he teaches require explicit discussion about the role of reflection and reflexivity in a teacher's practice framework, so there need to be many opportunities inside and outside of the classroom for this process to take place. Matthew says,

> *"Alright so I encourage my students to reflect but I also talk about the fact that this university has a unique model of praxis and for me praxis has been building theory from practice to improve outcomes for all students so it's very much underpinned by social justice values as Freire would say. So I talk about the value of reflection on what we are doing and then I introduce them to the concept of reflexivity which has got the action component. If we just reflect and don't do anything different, we don't change."*

This stage of the experiential learning process often occurs outside of the formal learning environment. It can occur on placement, as the theory that students have learnt in the classroom meets the practice. Matthew adds,

> *"I am saying this because as a practice inquiry teacher we are connecting placement and theory all the time in classroom so for me it's very important to start classes with the opportunity for students to reflect on issues that they are facing in placement"*

Or it can occur during other times in the day, when the individual is able to make further connections and build knowledge through experience. Olive makes the observation,

> *"even if you think that a lot of reflection happens when you are doing the dishes, they are going to do less, fewer dishes during the block mode than they will during the year."*

Half of the academics reflected on their perceived personal limitations in the classroom and how these could lead to the potential exclusion of students with hidden disability. This was addressed in the classroom through transparent conversations with students and by approaching other staff with more expertise for assistance. Trevor says,

> *"Negotiation of times and ways that they will present their work, how they will do it, when they will do it and I will also have explicit case studies and conversations in a lot of my classes around inclusion and disability. I will acknowledge to the class that we are all exclusive, so I'll acknowledge that each class that I take of 20 people that my language will have excluded someone, that my behaviour will have excluded someone, my inability to understand my own assumptions and prejudices will always be present so that's part of the dialogue".*

Bonnie's observations were linked to her expectations of students.

> *"So I think, while I say that in all of my classes and I have that expectation that students are reflecting on their own learning styles and what they need and sharing that back, I don't think that's accommodating or providing a place for students themselves to reflect on that or name that outside of the sort of things that they would say that their peers are experiencing, normal time management, and prioritization and all of that sort of stuff..."*

Morris reflected on his own perceived lack of experience in working with students with hidden disability. *"Obviously my experience I think is still very, very what's the word for it? If* *it's not great? Would be… not, not... What's the opposite of having a lot of experience in something? Having little experience…"* He did however see that there was opportunity in his practice to become more inclusive: "*Having said that, obviously I'm not saying that there is no room to do anything differently, I think there is flexibility within the class to a degree that teaching staff can alter their teaching styles and their, I guess even experiment with different teaching styles and methods"*

Frank made a similar assessment of his ability and experience to that expressed in Morris' observations, so one of his solutions was to refer a student onto someone else.

> *"There are some members of the team who have a greater level of the understanding around this stuff than I do, and so what I have done is just made informal referrals or had conversations with those other staff members and said I think this is an area that you have some experience in, can I refer a student to you."*

Trevor, on the other hand saw a link between his limitations and the opportunities for student input into the curriculum.

> *"So my best approach to that is about the way that I design curriculum that is responsive, that is multi-modal, that's interactive, that offers students chances to have lots of opportunities to that curriculum. I think my ability to do this in a deep and meaningful way is very limited but my ability to do it probably comes down to my ability to design curriculum that has student input into it."*

Matthew saw empathy as the vital element in his reflective practice as an educator and more broadly in all roles within the education system. As a result, this become an essential part of his teaching.

> *"Empathy is such an important component of our practice as teachers, and we need to get students to understand the importance of empathy so they can stand in the shoes of others and understand their experiences. So when I am setting up a positive learning environment, I say to them, one of the things I always do is I teach a specific lesson of listen with understanding and empathy."*

Subtheme #3:

Explicit teaching and modelling of inclusion in the classroom helps inclusive practice to be front of mind

Many of the academics were unsure of how effective their teaching and learning strategies were in providing an inclusive classroom for all students. When asked the question about what inclusive teaching and learning strategies they implemented in the classroom, the academic staff talked about the combination of curriculum, assessments and classroom discussions as vital elements of inclusive teaching and learning strategies.

The academics also mentioned the following actions:

- Ensuring that there are closed captions for videos being presented in the classroom
- Providing a transcript or summary of the video if no closed captions are available
- Learning activities that promote all voices being heard in the room
- A range of different learning activities that are designed for auditory learners, visual learners and tactile learners
- Academic support that is brought to the students rather than sending the student off to access support on campus somewhere else
- Creating a culture of support for success, so that it is acceptable and desirable for everyone to access academic support, and not just a deficit model where only those perceived as ‘struggling to pass’ access support
- Regular breaks in class and opportunities to move around the space to activate all learners
- All the curriculum content is developed and available early in the online learning space for students to access at their own pace, to review and revise content where needed. There is no hidden content and the pre-class tasks, in-class tasks and post-class tasks assist in consolidating the new knowledge
- ‘Think, pair, share’ activities that allowed students to personally reflect on what they have read, discuss with one other student and then share their learning with the rest of the class

- Regular opportunities for constructive ‘sandwich’ feedback (using positive feedback, then constructive feedback, then positive feedback to conclude) to the student from their peers and the academic
- Constructing mind maps with students
- Learning students’ names and their stories, goals and aspirations
- Agendas and learning intentions for each session assist students to focus and remain on track, and alleviate anxiety about what is coming next
- Communication is responsive and rapid and offered in many forms (verbal and written in the classroom, email and discussion posts outside of the classroom, verbal and written feedback)
- Transparent expectations and clarity in assessments.

When it came to the teaching and learning strategies that lecturers use in the classroom, Harriet understood these strategies *“to be teaching and learning that incorporates everybody, no matter what their potential circumstance might be so it’s something that provides a space where everybody in the classroom feels like they belong, everyone in the classroom feels like they are valued, everyone in the classroom feels like they can contribute something.“*

Trevor’s approach was to design curriculum that is responsive, that is multi-modal, that is interactive, that offers students chances to have lots of opportunities to engage with that curriculum. It is also a curriculum that has student input into it. Frank agreed and said that

> *“…a lesson plan will be devised, and a class will be delivered with a range of different activities that provides engagement opportunity and scaffolding. There’s some activities there for the visual learners, some for the auditory, some for the tactile, in recognition that different students have different learning styles.”*

Alison’s classroom activities had to model the strategies that she wanted her students to use in their own practice. For example, *“I am really explicit in why I do things, so if I am using different coloured sheets of paper, I’m saying this is a really good strategy to draw your attention to something rather than just using white, but also I would use this for* *students who need this for their reading or for dyslexia and I am always explicit in saying why I do what I do."*

Matthew agreed, although he acknowledged that it was important to strike the right balance by having appropriate material, and not having too much, not having too little. He also felt students need to have ongoing access to class materials in the online learning space, so Matthew's preference was to set up his online class space early.

> *"I think this is one way that that supportive, blended curriculum can help because for the material to be available to them to access at their own pace 24/7 when they need to is important too in a blended learning environment. The right sort of environment that we create can support what we are doing in the classroom, so having them access 24/7 is very valuable for students who have a range of reading difficulties and need to spend more time unpacking the material."*

Assessments are the traditional way that students evidence the learning outcomes of each unit of study. Bonnie, Alison and Trevor all discussed the importance of a variety of assessment methods. According to Alison, this variety allows students to utilise their strengths and also work on areas to improve within the single unit.

> *"…the variety of assessments require students, and you can see their strengths and you can see those that just as much as some students shine with public speaking, they might not with their writing. and then vice versa they might be great with their writing but not public speaking so we are actually giving students a chance to shine and use their strengths and we can map that, we can look at the data and say oh, look at this, consistently really good in these areas, when it comes to collaborating, problem solving and group work, they're fantastic and then when it comes to working on their own, they're struggling with this part of the writing assessments."*

As there are regular conversations in Trevor's classroom about inclusion, acceptance, difference and differentiation, it was his belief that these concepts also had to be modelled through assessment variety. Along with assessment variety, academics spoke about the importance of regular and timely feedback for students from both their peers and the academic teaching staff. This feedback alleviated anxiety for students and helped to guide the students to academic success. Alison said,

> *"I think providing feedback to students straightaway, so as quickly as possible, giving them feedback about what they can do differently, what they can improve. Use the sandwich approach for feedback so I do a positive then something, not critical but something to improve, yeah constructive, then finish on a positive and usually say something like continue this approach for the next assessment, or I can see you've made a start on this, keep going with that - with the feedback, they know where they are tracking, rather than that waiting, that horrible time of waiting for assessments and feedback, you know they think the worst, I've done the same, you wait and you wait and you think, maybe there is something wrong with my work."*

Bonnie found that embedding academic support into the assessment requirements and bringing academic support staff into the classroom to meet the students began to change the student culture around asking for additional support, as students saw it as generic support rather than 'disability specific' support. Bonnie reflected,

"I think in terms of supports for students who might have a hidden disability that piece of we're bringing those supports in, as opposed to sending you out. Because I think that's it, as soon as you send someone out the door there is just so many barriers, and so many things that will prevent them from doing that , particularly if you're talking about hidden disability. Even if you have someone from disability support come and stand at the front of the room I think the students that you are talking about right here, are not, are not going to take that in, that's not going to go 'Oh that's for me'. "

This was an inclusive teaching strategy as it wasn't specifically targeted at a particular group of students. The addition of a complementary academic writing club also meant that academic support is being brought into the student space, rather than expecting the students to access the support away from their course. This strategy was effective when there were academic support people assigned to each college but it became impossible to continue when the investment for support staff at college level was discontinued, and a centralised academic support service (Learning Hub) was established.

Another inclusive teaching and learning strategy within the classroom was the acknowledgement of different concentration spans and the varying ability of students to retain information throughout a 2-3 hour class. Therefore, Matthew's strategy included small reactivation breaks during class.

> *"The other thing, the other practical thing I do is that 2-hour class there is a break. I implement a 3–5-minute break, around about halfway through the class. Again I get people to stand up, move around, refresh their brains and have a chance to reconcentrate and refocus. Just a practical strategy, within long degrees of time which I think is very important."*

It was interesting to note that all of the academics focused on the need for adjustment and accommodations for students with disability in relation to the formal processes of access plans and special consideration. For academics this meant changing the curriculum that had already been developed to meet the needs of students with hidden disability. Only two academics really spoke about universal design principles, although this language was not used. Mathew and Trevor spoke about inclusive curriculum design, designing the curriculum from the outset to include all learners, rather than adapting and attempting to fit the needs of students into the existing curriculum. This evidences a gap in knowledge for academics in understanding the benefit of universal design principles in the area of curriculum development to ensure inclusive teaching and learning environments.

Training in best practice models to improve accessibility

All the academics in this project showed a willingness to learn new ways to meet the needs of all of their students in the classroom. This may not be reflective of the broader academic community in this university. By volunteering to participate in a research project on this topic, participants are clearly motivated to have the conversation about disability and teaching practice and have shown a willingness to reflect on their own practice for the purpose of improvement. Therefore, these findings cannot be generalised across the university and further research across different faculties would be beneficial as it would assist to understand the similarities and differences in academic teaching experiences across the broader university environment. When asked about the ways that the university could support the academic staff in their teaching roles, the academics talked about more resources to support the classroom learning, more opportunities to develop their own skills through professional development, a deeper understanding of the research and best practice in inclusive teaching and learning and also a commitment and investment from the university to create a culture of inclusion more broadly across the university.

Subtheme #1:

The need for knowledge around the underpinning inclusive education pedagogy

The academic staff in the College of Arts and Education are intrinsically linked to their teaching philosophy and a deeper knowledge of pedagogy, as it is central to the curriculum that is taught in the classroom. However, there was reluctance amongst the group of academics to say with confidence that their teaching practice was effectively meeting the needs of students with hidden disability (i.e. disability that the academics are unaware of) in their classroom. Therefore academics like Morris were asking for a pedagogical approach to teaching students with disability.

> *"The question of, I think, pedagogies in general, I think, regardless of the underlying reason why, why some students might engage better with you, and some students might engage less there are always different methods and pedagogical approaches you could employ if only you had the time to do the required prep work and to read about them etc. and the same applied with students who might require different approaches due to their disability but yeah something that would take not a lot of time…"*

Harriet was also looking for "*some theory or some kind of best practice that this is what a student would need."* When asked the question about what teaching and learning strategies would be effective in meeting the needs of students with hidden disability, Frank was unsure. He said,

> *"I would need to develop at least some level of understanding of what these hidden disabilities are before being able to come up with proposals - hey this might be a great idea and what about this? I think you would need to understand with some level of depth what we're actually talking about when we are talking about hidden disabilities, I'm not even sure that I understand what they are, other than, I'm*

> *making an assumption that it means something that you can't see just by glancing at someone."*

Subtheme #2:

Need for resources to meet the needs of students

A number of academic staff spoke fondly about pastoral care structures that had previously been in place to support students across all year levels before the recent university restructure. Academic staff had officially or unofficially been assigned roles as year level coordinators or coordinating a group of students. This allowed the academics to get to know students at a deeper level, to monitor progress carefully and potentially to address issues with students before they reached crisis point. Olive really wanted these roles to be reinstated and resources be allocated to staff to provide this support within the faculty.

> *"…it was written down that as part of my pastoral care role I had time to support students with obvious and hidden impairments and disabilities. How awesome would that be, that I actually got to do that?"*

Another support that the academic staff wished that they had access to were practical resources to use in the classroom. Alison talked about bringing in her own personal literacy resources to use in the classroom with students. She was unsure of what she was able to access through the university and how to tap into the university resources. Bonnie wanted to have access to resources which she could then role model in the classroom, and the students could then implement the same strategies when working with young people with disability in community. Bonnie also acknowledged that as a sessional staff member she didn't have the knowledge, time and space to develop the resources herself.

"Maybe that's our job to come in with a toolkit and try some things and name that and offer them some tangible examples of that and I think that's actually a wonderful thing if we're training youth workers to facilitate groups to be quite intentional and upfront about... 'great so if these are the barriers that someone might face, we're going to try this and see how it works' and playing in that space but I don't have those tools or resources and I don't have

the capacity of the, the time capacity as a sessional to be able to invest in those and develop that and really build that up."

Morris and Harriet saw value in creating digital resources in the online teaching and learning space for academics to be able to utilise to ensure that inclusive teaching and learning strategies remain front of mind. Harriet saw it potentially as the responsibility of Accessibility Services to provide "*perhaps a checklist to follow of strategies for the student would be nice to know",* and then follow up to evaluate the access plan and provide support for academic staff in the implementation of the access plan in the classroom. However, Morris' focus was on understanding the strategies to meet the specific needs of students with a particular impairment, rather than learning universal design of learning principles.

> *"You know I can't use the same strategies when I have a student in class who have a vision impairment or this wouldn't work for them or multiple disabilities… and say like I see that teaching strategies for students with ADHD or students that I suspect might have ADHD and then see some examples that other courses have actually done or someone just writing, even a blog post or something like that that would take me you know 20 minutes to read and then I say ahh actually that's a good one, maybe next week I'll try this one and if it works for the student I have in my class."*

Subtheme #3:

The need for professional development opportunities to better equip academic teaching staff

The professional development opportunities that the academic teaching staff mentioned related to the characteristics of hidden disability and the different diagnoses that they were likely to see in the classroom. There was still a focus on 'finding out' which students had a diagnosis that was not visible and then adapting and accommodating for the needs of that particular individual student or groups of students. At the foundation of this focus was a genuine desire to include all students. As Matthew says:

"I just need to know across a group what disabilities am I likely to have and how can I ensure that my curriculum that I plan and implement caters for them in the best way possible".

Although this desire was coming from a genuine place, the reality is that most academic teaching staff will be unaware of the hidden disabilities that exist in the classroom when students choose not to disclose.

Morris' concern was that he was potentially misjudging student motivation for studying by assessing their behaviour and interactions with others. He felt that more training for academic teaching staff would help him to distinguish between students with hidden disability and simply unmotivated students.

> *"I think that would be useful and every teaching staff should get some sort of, some level of training or guidance is actually identifying the symptoms or maybe that is a very medical term, characteristics rather of the disabilities, we don't, without having to have the complete knowledge of, or you know of, there is no need to diagnose or say that, ahh I know exactly that this student has this or this or this, but at least to kind of identify that these are the warning signs or the signs that this student might have a hidden disability and therefore might require a different teaching strategy to be employed, to be suitable for this student, and, yeah I guess that's the main thing how to, for me, how to distinguish an unmotivated student from, distinguish between them and someone who's maybe appearing to be not happy in the class or not paying attention for an entirely different set of reasons."*

Frank, as an experiential learner himself, saw benefit in the university providing practical workshops, where content free activities could be demonstrated and then role played, so that academic teaching staff could become more confident in applying a particular strategy to their own discipline area.

> *"I would like to be given the opportunity to, whether formally or informally, participate in some training where I'm actually given the opportunity to observe some role playing and acting so to speak of practical in class activities that will help scaffold learning for that particular group, for that cohort of students with hidden disabilities. For students who may have hearing impairment, here's some great activities, they're content free so they can work in any class will really help, for those students who may be on the autism spectrum and the research says that incorporating two or three of these each week… but I would need to have them role played in front of me before I would feel confident having a crack at doing it in my*

> *own classrooms, and I would, I would need someone to say to me, the research says these three activities are really good if you've got a hearing impairment, these three are really good if you've got this impairment, now you get up and have a turn."*

Olive and Bonnie said that they mostly relied on students with hidden disability self-reporting.

Through training and professional development opportunities that concentrate on universal design principles (UID and UDL), there will become less reliance on the individual student having to make the decision whether or not to disclose their diagnosis, as the learning activities and environment will naturally become more inclusive.

Subtheme #4:

University investment in staff development would encourage innovation

As the university was undertaking a restructure at the time of the interviews, there was a sense of 'change fatigue' amongst the academic teaching staff and an increased pressure to 'do more with less'. Bonnie saw the language around inclusive education as token with little substance and was unable to pinpoint practical examples of how inclusive education was being sought after and implemented by the university as a whole. "*So I don't hear that language from the university and go 'yeah actually I can see how we are actively pursuing that".*

Frank wanted the university to recognise the importance of professional development in the area of disability and to see the value of investing finances and resources into upskilling the academic teaching staff.

> *"Well, they would need to invest in myself and my colleagues around some professional development about this stuff, to build my knowledge and build my awareness and actually recognize it as being of critical value for the students and for the university more broadly. So they would need to invest essentially and some PD sessions, I don't know what it looks like. But beyond that term hidden disabilities, I*

> *couldn't write you a sentence on it, other than I think this means stuff that I can't see by glancing at someone."*

Bonnie felt that there was no investment from the university. She couldn't think of any training or workshops available and could only recall one professional development on supporting students with hearing impairment in the 3.5 years that she had been at the university. Matthew acknowledged the university's financial contribution to professional development through the AVID training and the tertiary teaching training (although not disability specific). He also said that the university had a series of online professional development modules that were compliance requirements. "*There are some online PD modules, which I'm not very good at completing - now you're getting the super honest I have done the sexual harassment ones, the working with disabilities, but I don't remember anything off the top of my head, and you would be much more aware of it than I am, of hidden disabilities being, that concept being in there at all".*

As an educational institution, if academic teaching staff can come to better understand the complex lives that young people with hidden disability live, then in that process they can think more carefully about how they can implement inclusive teaching and learning practices in order to increase the student's chance of academic and social success in a tertiary setting.

Qualities of effective academics

The academic teaching staff participants were as diverse in personality and lived experience as the student participants in this research project. However, there were common attributes that were observed by the researcher during the research interviews. Each academic teaching staff member displayed attributes that the student participants mentioned were important:

- **Shared moral purpose:** The tasks that academic teaching staff undertake in a teaching team have a broader purpose when grounded in strengths-based practice and a human rights framework. Academics see themselves as making a positive contribution to the broader society by teaching the next generation of citizens and leaders (Bezzina, 2007).

- **Empathy:** Academic teaching staff that work hard to understand the student's social context, lived experience and preferred ways of learning will create inclusive environments that provide students with disability with the opportunity to succeed (Meyers et al., 2019).
- **Compassion:** The willingness to see the structural inequality that exists and the institutional barriers that are in place.
- **Reflection:** Academics who are committed to critiquing their own professional practice.
- **Resilience:** There are constant pressures to teach larger classes with less time and resources, while still being expected to innovate and publish.

In the next chapter, I will take the themes explored from the data findings to develop a practical structure that the university can utilise to promote a consistent and inclusive learning environment for all.

CHAPTER EIGHT: FROM THEORY TO PRACTICE: Contribution to new knowledge in higher education teaching and learning practices.

In this chapter, I will explore through a theoretical and sociological lens the themes established from the data findings in the previous two chapters for the purpose of examining the following research questions:

1. *What are the barriers that students with hidden disability face during their university studies?*
2. *What are the enablers that assist students with hidden disability to achieve success during their university studies?*
3. *What inclusive teaching and learning strategies can assist in meeting the needs of university students with hidden disability?*

The exploration will also draw from different theoretical perspectives in order to create a new understanding and contribute to new knowledge in the area of disability in tertiary education. The five themes which have emerged from the data findings are:

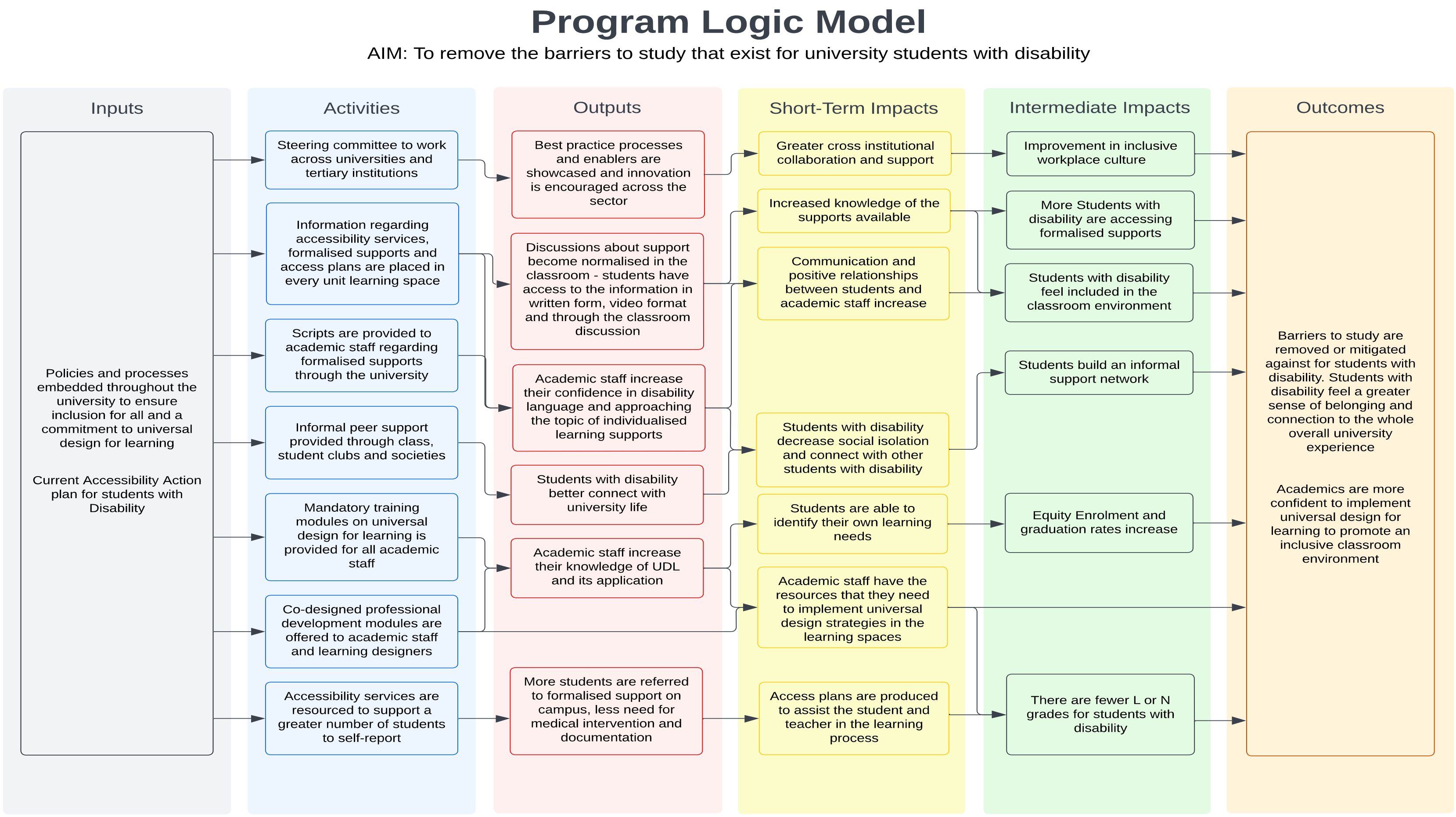
1. **Relationships between academic teaching staff and university students with hidden disability enhance or detract from the learning experience**
2. **Formalised university systems either support or hinder student academic success**
3. **Informal support networks for students and academic teaching staff alike are important for building a greater understanding of the strengths and learning needs of students with hidden disability**
4. **Defining what constitutes inclusive andragogy and classroom environments to meet the needs of students with hidden disability will also have an indirect benefit for all university students**
5. **The individual's understanding and acceptance of self with regards to a disability diagnosis contributes to an increased sense of belonging within the university community**

A program logic model has been created to demonstrate the causal link between the structural changes necessary to enable short and longer term outcomes of greater educational accessibility and the subsequent impacts for students with disability and academic staff members alike.

University wide approach

There needs to be a university wide approach to acknowledging the power imbalance and removing the barriers that exist for university students with disability. This begins with inclusion and equity policies and processes being clearly stated and embedded throughout the university to ensure inclusion for all and with a commitment to universal design for learning. Then a series of activities can be rolled out across the university as seen in **Error! Reference source not found.** below. These activities have clearly linked outputs and short and longer term impacts for the students, academic staff and broader university community resulting in these outcomes:

1. Barriers to study are removed or mitigated against for students with disability
2. Students with disability feel a greater sense of belonging and connection to the whole overall university experience.
3. Academics are more confident with implementing universal design for learning principles to promote an inclusive classroom environment.



Program Logic Model

AIM: To remove the barriers to study that exist for university students with disability

Inputs

Policies and processes embedded throughout the university to ensure inclusion for all and a commitment to universal design for learning

Current Accessibility Action plan for students with Disability

Activities

Steering committee to work across universities and tertiary institutions

Information regarding accessibility services, formalised supports and access plans are placed in every unit learning space

Scripts are provided to academic staff regarding formalised supports through the university

Informal peer support provided through class, student clubs and societies

Mandatory training modules on universal design for learning is provided for all academic staff

Co-designed professional development modules are offered to academic staff and learning designers

Accessibility services are resourced to support a greater number of students to self-report

Outputs

Best practice processes and enablers are showcased and innovation is encouraged across the sector

Discussions about support become normalised in the classroom - students have access to the information in written form, video format and through the classroom discussion

Academic staff increase their confidence in disability language and approaching the topic of individualised learning supports

Students with disability better connect with university life

Academic staff increase their knowledge of UDL and its application

More students are referred to formalised support on campus, less need for medical intervention and documentation

Short-Term Impacts

Greater cross institutional collaboration and support

Increased knowledge of the supports available

Communication and positive relationships between students and academic staff increase

Students with disability decrease social isolation and connect with other students with disability

Students are able to identify their own learning needs

Academic staff have the resources that they need to implement universal design strategies in the learning spaces

Access plans are produced to assist the student and teacher in the learning process

Intermediate Impacts

Improvement in inclusive workplace culture

More Students with disability are accessing formalised supports

Students with disability feel included in the classroom environment

Students build an informal support network

Equity Enrolment and graduation rates increase

There are fewer L or N grades for students with disability

Outcomes

Barriers to study are removed or mitigated against for students with disability. Students with disability feel a greater sense of belonging and connection to the whole overall university experience

Academics are more confident to implement universal design for learning to promote an inclusive classroom environment

Figure 9 University framework for inclusive practice

The barriers experienced by the student participants will be theorised through a social model of disability lens. This theoretical lens assists in interrogating and making public the structural inequalities built into tertiary educational institutional systems and processes. The enablers that assist with student success will be explored through the concepts of strengths-based practice and the affirmation model of disability, while also considering the double empathy problem. Bronfenbrenner's bioecological model is also used to explore the relationship between the formation of oppressive social systems and the people that exist within those systems. By critiquing the education system within which students with disability are expected to learn, the students become the agents for the transformative social and structural change that is needed from within the institution. At the same time in the classroom setting the academic staff too can use both a critical and reflective lens to ensure that students with disability succeed alongside their non-disabled peers.

The dominant narrative in society regarding the notion of normalcy is directly influenced by the medical field (Hiranandani, 2005). A set of diagnostic criteria set by medical professionals determines an acceptable range of human characteristics considered to be 'average' (Baron-Cohen et al., 2001). Characteristics outside of this range are often given either a giftedness title if they exist above the range or a deficit, subnormal or atypical label if the human characteristics fall below the pre-determined average range (Brantlinger, 2004; Torre, 2017).

The challenge with these labels is that although they may aim to describe the effectiveness of one set of characteristics, the labels fail to take into account the complexity of the human condition. Gardner's (1993) multiple intelligences attempts to address this complexity by describing multiple modes of developing and expressing intelligence, and this directly challenged the previous held belief that there was just one singular indicator of intelligence evidenced through the IQ test (Shearer, 2018) . Maslow asserted that we must consider the individual in a holistic way, taking into account their environment and their access to resources in order to encourage their development and flourishing (McLeod, 2007).

Seligman's work in the area of positive psychology and on the concept of character strengths has contributed to the development of the Values in Action (VIA) inventory of strengths (Linley et al., 2007). This inventory didn't claim to be finite or definitive (Peterson & Seligman, 2004) but rather an alternative to the clinical based approach of examining problems and deficits.

The common use of the words 'normal' and 'typical' need to be challenged in the classroom if we are to focus on multiple modes of developing intelligence. A new term has emerged which refers to students who are both gifted and with a learning disability. They are referred to as G/LD (Gifted/Learning Disability) or twice exceptional (2e). When a student is given the label of 2e by an educational psychologist, it is because they have been assessed as above average for 'their cognitive, academic, or creative abilities and potential, and also fall in the lower end of being exceptional in a learning deficit area' (Beckmann & Minnaert, 2018, p. 2). It can be difficult to be recognised as being 2e, as the area of giftedness may detract, mask or hide the learning disability, or likewise the disability may be the focus which can mean the area of giftedness remains unacknowledged (Ruban & Reis, 2005).

While there are many diverse areas in which students are considered 2e, there is one common non-cognitive psychosocial factor that many students in this cohort share. Students who share the attributes of both gifted and with a learning disability often have negative emotions that can be generally associated with negative school experiences (Beckmann & Minnaert, 2018). By utilising strengths-based approaches in the classroom, an educator is able to work effectively with a diverse group of students to minimise negative emotions and the subsequent low motivation attributed to learned helplessness (Abramson et al., 1978; Peterson & Seligman, 2004). Gillham et al. (2001) posit that people who are optimistic see problems as temporary and external and therefore can utilise the internal and external strengths that they have to work through adverse circumstances.

The previous chapter highlighted the academics' perceptions of teaching and learning in the classroom when working with students with hidden disability. Further along in this chapter I present a program logic model that the university can use to create an inclusive learning environment for all students. The program logic model entitled a University Framework for

Inclusive Practice takes into consideration the work of Kolb (1984) and the principles set out in the universal design for learning (1984). This model also addresses and responds to the main research question regarding teaching and learning strategies that was raised at the beginning of the thesis.

A commitment to inclusion in an educational setting must be matched with a policy framework and a clear action plan against which a tertiary institution can be held accountable. This logic model outlines the sequence of actions necessary in order to assist tertiary institutions, academics, and support staff to work more inclusively with students with hidden disability. When the model is applied to a higher education setting, students with disability will build more meaningful connections with academic staff, fellow peers, and support staff. This formal and informal support will lead to a greater sense of belonging, self-efficacy, and ultimately meet the learning needs of the individual student. There are two guiding principles,

- Dismantling structural inequality and
- Activating enablers for student success,

that have been constructed from the qualitative data themes and are interrogated through a sociological lens in the sections that follow. In order to make progress in this area, every member of the university community has a part to play, and this must be achieved by a university wide approach.

Dismantling structural inequality

When reflecting on professional practice, educators, practitioners and facilitators must first consider the values, ideas and theories that underpin and influence that practice (Schön, 2017). These principles can be individualistic (personal values) and intrinsic to one's character. However, values can also be collective amongst a group of people who share the same perspective influenced by experiences. These values are then the catalyst for ideas and influence theories. As a practical example let's take the life and work of the Reverend Dr Martin Luther King Jnr. King is well known for his work as a leader during the civil rights movement of the 1950s and 1960s (Roberts et al., 2008). The important work of King and others was underpinned by a set of values, ideas and theory. King held a moral vision and personal value of humanity that upheld all human life as worthy of dignity, worth and the right to be treated fairly (Roberts et al., 2008). This vision was taken from the biblical notion that all men (and women) are created equal and in the image of their Creator (God). This idea is shared by the collective Christian belief that the human value of dignity and worth is derived from God as its source (Henry, 2011). Dr King saw that these values and ideas were not being translated into action in the community as people of colour and other members of the community were not being treated equally or fairly. This racial and structural inequality led to a civil rights campaign to change the laws and bring an end to segregation. The civil rights movement was also one of the catalysts for the disability rights movement.

The literature review critiqued and examined the works of Paulo Freire (1993), Mike Oliver (Oliver, 1996) and others who saw examples of inequality and oppression in their own minority communities of class and disability. This led to the discussion and development of values and ideas to form a theory or an explanation of the situation. Following on from *The Fundamental Principles of Disability*, first published in 1976 (Levitt, 2017), Oliver developed the social model of disability in 1983 to illustrate the structural and systemic inequality facing disabled people in the community (Oliver, 2009). The student and academic participants in this project have highlighted the need for accessible formal systems of support at the university. There are barriers that are built into the institutional systems which make it more challenging for disabled students to navigate university life and achieve academic success. The structural and systemic solutions to these barriers may include:

1. Accessibility Services following up students who do declare an impairment upon enrolment using a range of communication tools including phone calls, text, email, video conferencing.
2. Formalised services providing information on support options in a number of formats to meet the needs of students (e.g. written information on the website and on the learner management systems, verbal information provided by academic staff at the beginning of the unit, phone calls, email, video conferencing and face to face meetings offered to students)
3. Streamlining access plans by removing some of the administrative barriers such as medical documentation, and allowing self-declaration
4. Providing access to low cost/no cost educational assessments for diagnosis

5. Re-examining physical classroom spaces to ensure universal design principles for learning are met.

Freire (1993) argued that in order for oppressed people to experience freedom from oppression, they must lead the action for change. In the practical example of Dr King above, the culmination of values influencing ideas to create theory led to nations of oppressed people and allies becoming agents of change through collective actions including protests, demonstrations and advocating for legislative overhaul. What is important to acknowledge here is that in order to build agency for social change an individual must first build connections with others. Likewise in the context of tertiary education, the individual academic's theoretical frame is influenced by their own personal values, as well as by the values and ideas of the educational institution and this translates into action and the professional approach that the academic staff member takes (Schön, 2017). We see this in Matthew and Harriet's stories when they reflect on their own values and teaching philosophy and how these play out in the classroom environment. As Matthew said,

> *"Alright so I encourage my students to reflect but I also talk about the fact that this university has a unique model of praxis and for me praxis has been building theory from practice to improve outcomes for all students so it's very much underpinned by social justice values as Freire would say so I talk about the value of reflection on what we are doing and then I introduce them to the concept of reflexivity which has got the action component. If we just reflect and don't do anything different, we don't change."*

Harriet too reflects on the beliefs that motivate her teaching.

> *"I understand it to be teaching and learning that incorporates everybody, no matter their potential circumstance might be. So it's something that provides a space where everybody in the classroom feels like they belong, everyone in the classroom feels like they are valued, everyone in the classroom feels like they can contribute something and they also feel like they can gain something, like I feel their contribution is supporting and it's an ongoing cycle not just a one way."*

If an individual relies solely on their own values and ideas without a critical lens and theoretical frame, then there is a danger that the individual may generalise their own lived experience as having more value and credibility, thus creating an ableist learning environment. Brookfield (2011) calls this lack of understanding and awareness a learning problem for academics. If an academic is teaching literacy and has no lived experience of dyslexia or other learning disabilities, they must rely on the learning theories and a variety of teaching approaches to meet the needs of the diverse learners in the classroom, rather than relying on the one approach to learning that makes sense for the teacher. We see this in Bonnie's story where she acknowledged that she has made assumptions regarding her students and their perceived lack of motivation.

> *"What's not fair in that is that there is an assumption that if you're not turning up every week … some of that assumes that you're not interested or you don't care or you're not motivated, and I perceive that as wasting my time. However, actually there could be other things that are preventing you from doing that"*

Trevor addresses his own limitations in regards to how students with specific disabilities learn best by encouraging co design of the curriculum.

> *"So my best approach to that is about the way that I design curriculum that is responsive, that is multi-modal, that's interactive, that offers students chances to have lots of opportunities to that curriculum. I think my ability to do this in a deep and meaningful way is very limited but my ability to do it probably comes down to my ability to design curriculum that has student input into it."*

Again from Trevor,

> *"So I'll acknowledge that each class that I take of 20 people that my language will have excluded someone, that my behaviour will have excluded someone, my inability to understand my own assumptions and prejudices will always be present so that's part of the dialogue."*

There are occasions where a person with disability is employed in a tokenistic manner by a business or organisation to consult on disability and inclusion solely based on their lived experience (Shaw et al., 2022). The business or organisation is interested in a box ticking exercise to appear accessible and inclusive. If the disabled consultant doesn't have a framework of practice to guide the process (Broadbent, 2021), the consultation may become limited to addressing the needs of the individual disabled consultant, rather than the community more broadly. This happens when the individual with disability only relies on their own lived experience without consideration of organisational policies and procedures, structural inequality and a theoretical lens of the diversity within the disability community.

Enablers for student success

In this study, academic success for students with hidden disability was discussed in terms of positive academic progress through a series of coursework units. The student participants mentioned that at times their enrolments didn't look the same as their non-disabled peers. Some students had taken intermissions, part time study loads or alternate pathway options into a degree. These changes from regular full-time enrolment were linked to their diagnosis in some way, although there were mixed feelings as to whether to view the changes from a positive or negative perspective. For instance, SaraBeth chose to decrease her study load in order to process her diagnosis and the impacts it was going to have on her life moving forward. "*I had to cut down on classes, because of the stress of everything, the coming to terms with, I'm different now…*" Some student participants doubted their own academic ability or needed time to process the implications of a new diagnosis to their personal and professional lives, while others thought that the alternate pathways through diploma studies would better prepare them for university studies and academic success. Max struggled with feelings of inadequacy from his secondary school education, but was willing to challenge that self-perception with further study because the content matched his passions. *"So my school experience was actually atrocious, I hated school so much because I felt like I was forced to be there, whereas with the university I can choose to be here. It's a lot better for me because I actually put motivation into being here."*

Heidi had additional motivation for further studies, so that other young people in future generations would not experience the negativity and exclusion she had felt. "*I knew I wanted to be a teacher and also so I could go into the field and hopefully get rid of that stigma of a disability…"*

The student participants in this study all considered positive relationships with their lecturers to be an important element for their academic success. We see this for example when the student participants were more likely to disclose their diagnosis to a staff member with whom they had a positive previous relationship or if they were flexible and approachable in the classroom. Max, SaraBeth and Barbara had no hesitation sharing their diagnosis with academic staff if they didn't feel that they had to prove their diagnosis or justify their need for accommodations and adjustments in their studies.

Strengths-based practices are used with the foundational belief that every human has the potential to grow, develop and flourish (McLeod, 2007; Peterson & Seligman, 2004). McCashen (2010) writes about the necessity for human connection in building capacity within the individual and broader community. This approach to human interaction within an educational context requires the academic staff member to view a student with disability in terms of their strengths and capabilities, rather than taking a deficit approach to disability (Kewanian et al., 2021; Wehmeyer, 2013). The academic can build on diversity in the room and encourage a respect for difference through a capability framework that acknowledges the bioecological interactions occurring between the individual student with disability and their environments (Shogren et al., 2016).

Bronfenbrenner's bioecological model is a useful tool to examine how an individual university student with hidden disability interacts with and is impacted by different systems including:

- Microsystem - family and peer support
- Mesosystem - academic support, formalised support on campus, inclusive learning spaces
- Exosystem - Disability Standards for Education, university inclusion and diversity policies
- Macrosystem - societal beliefs regarding inclusion, diversity and accessibility

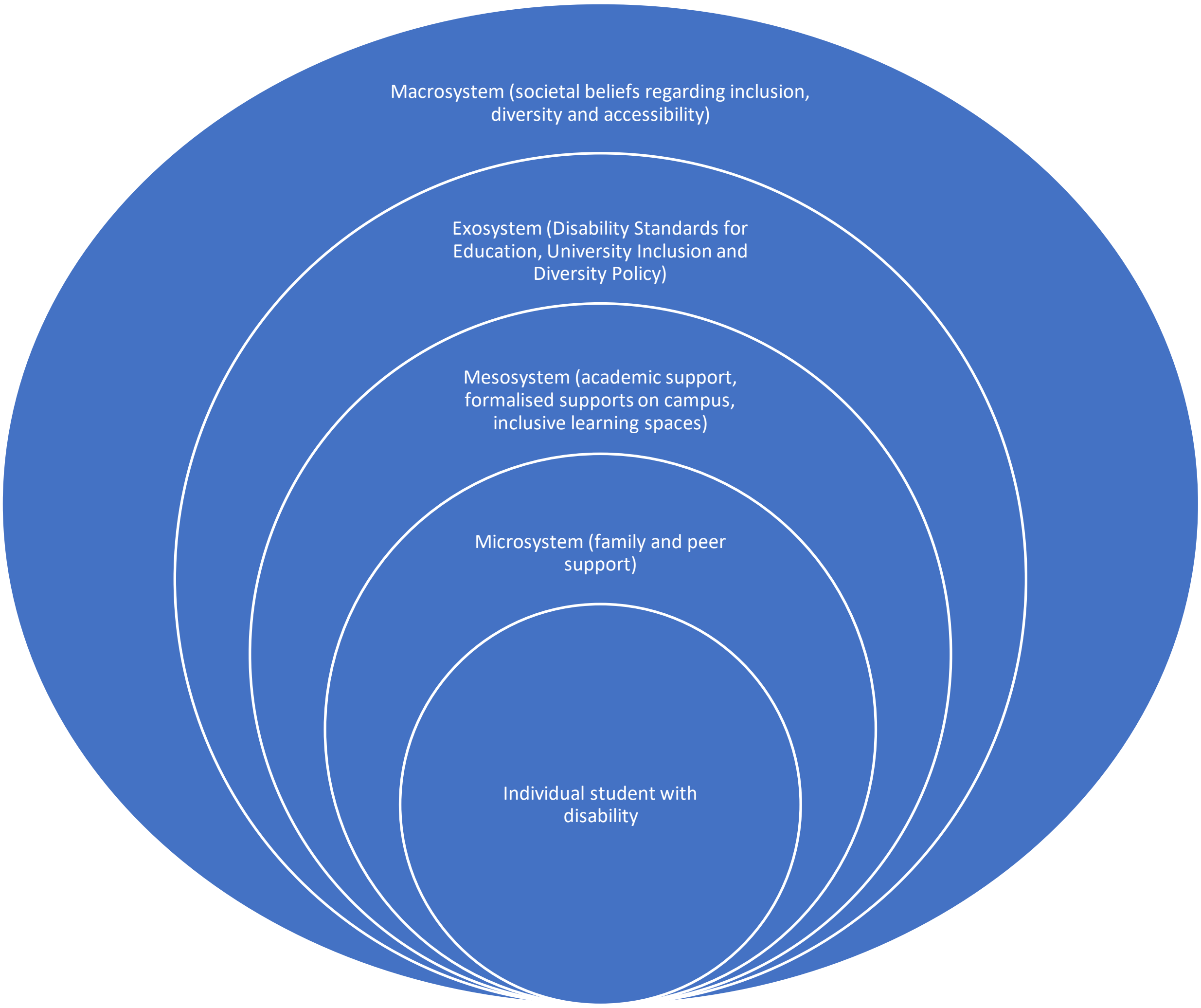


Figure 10 Student experience based on Bronfenbrenner's bioecological model (Bronfenbrenner & Morris, 2006)

The strengths-based approach allows the student to feel heard, valued and understood by the academic staff (Kewanian et al., 2021). Strengths-based practices also require power sharing (McCashen, 2004; McCashen, 2010), which can be challenging within a traditional educational institution where there is an imbalance of power between students and academic staff. Those academic teaching staff with professional backgrounds in human services fields (such as working with young people in education and community settings) all displayed practical relational practice in their classroom settings, although they didn't all identify this theory to be foundational in their teaching approaches. Most staff talked about their desire for more time to be allocated to working with students to build rapport and trust as they saw this as instrumental for student academic success. Academic staff participants also acknowledged that students with disability may need additional time to understand key concepts, prepare for assessments and as a result experience academic success.

The affirmation model of disability (Swain & French, 2010, p. 569) “was essentially a non-tragic view of disability and impairment which encompasses positive social identities, both individual and collective, for disabled people.” This model acknowledges the barriers that exist for people with disability in society, but the model dismisses the deficit approach to impairment and prefers to discuss the diversity of the human condition and celebrate that diversity as necessary for a functioning community (Cameron, 2013). There is no denying that people have negative experiences resulting from impairment. However living with impairment can also be “valuable, interesting and intrinsically satisfying” (Cameron, 2014, p. 110). There are many examples of people with disability who have contributed greatly to the community and in their areas of interest and passion. Dylan Alcott, after an inaccessible music festival preventing him from pursuing his love for music, created Ability Fest. Chloe Hayden at the age of 25 is a published author and one of the first autistic actors to play a lead role as an autistic character on an Australian TV series. In both of these examples, their contributions have been significant for the broader Australian community.

When disability is affirmed and celebrated, then individuals can be encouraged towards self-acceptance and participation. The student participants talked about the process of coming to terms with their identity as disabled although there was no consensus in terms of positive affirmations of disability pride. For Mary, she encountered attitudes that were not affirming, and this impacted her own self-perception – *“like chronic fatigue is sort of something where like it definitely exists but there are people out there who think that it’s made up so I wasn’t really sure how that was going to go down”.* In contrast, flexibility in changing study mode allowed SaraBeth time to process her diagnosis and come to terms with her disability – “*I don't think I would have come to terms with what I was diagnosed with, I think I needed my own time…”*

Therefore, we begin to see that an individual's acceptance, self-belief and belonging of their own disability is directly related to the attitudes of others in the microsystem and the formalised university systems in the mesosystem of the bioecological model.

One prevailing attitude amongst the macro system of the broader society is the myth that autistic individuals lack empathy towards others. The double empathy problem (Milton, 2012) challenges this pervasive idea within parts of the community that autistic individuals lack empathy towards non-autistic individuals. This idea arose from the notion that a set of social skills were deemed to be essential in communication between humans. This set of social skills included such things as maintaining eye contact, the ability to remember and apply a set of verbal strings such as ‘how are you?’ and ‘what is wrong?’ in response to certain body language that the other person displayed, and the perceived superiority of verbal communication. If an autistic individual behaved in ways that were considered to be opposed to the social skill set for effective communication, then the individual may have been deemed as lacking empathy. Johnathon experienced this in his learning where his perspective was seen as the problem, rather than the academic attempting to understand his perception.

> *“I guess part of the problem I’m having with it, is instead of coming from the point of view of ‘I understand how you have arrived at this situation, it has gone down the direction of umm, you’re interpreting it wrong and I need to kind of change my way of thinking’ and that to me doesn’t seem to be particularly helpful, there’s no kind of accommodation being made or given, there is no kind of room for settlement being given.”*

According to Milton (2012), the double empathy problem reconsiders the perceived lack of a display of empathy as a problem that exists for the non-autistic individual, rather than the focus being on the autistic individual to change. This idea is further reinforced when groups of autistic people gather and communicate with similar patterns and are easily understood. This double empathy problem is helpful for non-autistic academic staff to reflect on their own communication style and pre-conceived expectations. Trevor acknowledges this when he reflects on his individual teaching style in the classroom: *“I’ll acknowledge that each class that I take of 20 people that my language will have excluded someone, that my behaviour will have excluded someone, my inability to understand my own assumptions and prejudices will always be present.”* An academic staff member will be more effective in their communication if there is a willingness to reflect and acknowledge different communication preferences in the classroom.

An autistic student is more likely to succeed if their peers and academic staff are accepting of the diversity of communication and are willing to be flexible in the classroom so that all modes of communication are valued and encouraged (Hummerstone & Parsons, 2022). Both the affirmation model of disability and the double empathy problem present an important opportunity for non-disabled academic staff to reflect on the values and ideas which underpin their professional practice. Critical reflective practice (Mezirow, 1998) is an informal practice within the educational environment to critically examine the physical classroom environment, curriculum, lesson plans and classroom delivery in order to address unconscious bias, values and beliefs to improve the quality of teaching and learning (Van Beveren et al., 2018). Deaf students are another group of students who may wish to communicate in non-verbal ways (Hankebo, 2018). Therefore, by building authentic relationships with students, the academic is well positioned to respond to the communication needs of the students and incorporate universal design for learning principles in the classroom.

Therefore, the formula to an inclusive classroom involves several key factors. The following diagram outlines the important elements that contribute to an inclusive learning environment with the ultimate aim of building a student’s sense of self-belief, belonging and academic success.

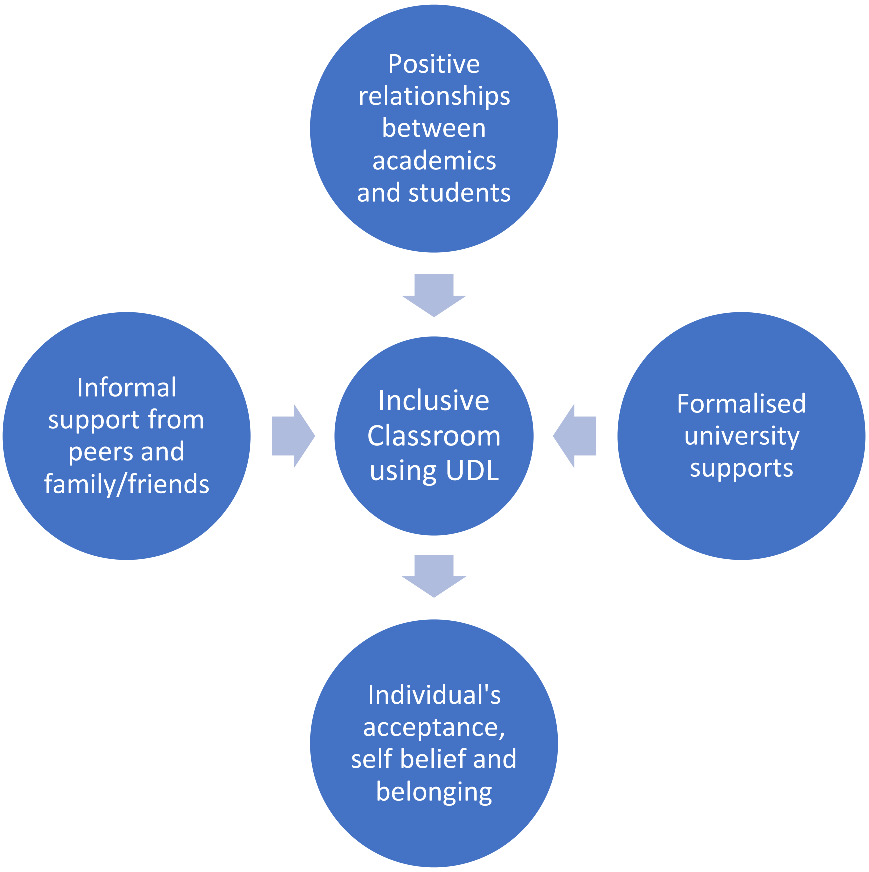


Figure 11 Key elements that contribute to an inclusive classroom

Each of the key elements will build a protective factor for the individual student with hidden disability and increase the likelihood of them experiencing academic success. Moreover when the above elements of

- support by family, friends and external networks (microsystem)
- fostering authentic relationships between academic staff and students (mesosystem)
- accessing formalised support on campus (exosystem)

are combined with universal design principles, then the individual student is given time and space within these bioecological systems to come to terms with their diagnosis and develop their own sense of identity and strength.

Universal design for learning (UDL)

The universal design for learning principles (Centre for Applied Special Technology CAST, 2018) are now widely accepted as a framework for developing learning experiences in tertiary institutions, although it is often misinterpreted as a framework specifically for students with disability (Fornauf & Erickson, 2020). UDL principles unpack the *What, How* and *Why* of learning (Centre for Applied Special Technology CAST, 2018). The *What* of learning refers to the curriculum content, the *How* refers to the modes of delivering the content and the *Why* of learning considers all the ways that a student is motivated and engaged with the learning process.

Important questions to raise for academics when considering the learning environment are:

- What are the learning outcomes?
- How will the learning activities assist to achieve the learning outcomes?
- What multi-modal texts are on offer?
- Is there a variety of assessment modes and student choice?

Clear statements regarding the inherent requirements of the course are necessary to assist students with disability to understand the skills and knowledge necessary for their chosen career and to be able to build those skills and knowledge over time. In response to using universal design for learning, it is important to note that the design principles should not be used as a checklist, but rather as part of a reflective process in how to design and deliver curriculum that will meet the needs of the diversity of learners in the classroom. Fornauf and Erickson (2020, p. 185) argue that UDL is a "process-based framework for inclusive pedagogy." Liasidou (2014, p. 127) agrees by asserting that UDL advances "inclusive forms of pedagogy to meet learner diversity in non-discriminatory and socially just ways."

Lesson plans are an example of how the universal design for learning process can work in the classroom (see Appendix Five). With the complexity of the disability community, it would be naive and oversimplifying the issues to create a checklist for inclusion. However, there are some clear strategies needed to achieve the outcomes that the participants are seeking in this research project. Lesson planning is an important way to ensure consistency in the teaching and learning process when you have multiple academics who are teaching the same unit of study. The plan also makes clear the learning intentions that relate back to the assessments and the overall learning outcomes for the unit. Pre-planning the lessons also assists the academic to scaffold the learning by creating learning activities that build on the previous knowledge gained.

The lesson plans become alive in the classroom through the facilitation of the learning environment. This is where the academic translates the learning theory (underpinned by values and ideas) into teaching practice. An academic must acknowledge the power imbalances that exist within the learning environment. McCashen (2004) talks about ‘power with’, rather than ‘power over’. Traditionally, educational institutions have been structured by a ‘power over’ mentality where the teacher controls the learners and there is little choice given to the learners regarding the learning process.

Classroom culture

Safe and accessible learning spaces need to be established at the beginning of each unit of study. The academic staff member can set the tone of the learning environment with the use of inclusive language and terminology. The university structures have maintained the imbalance of power, where the academic dictates the assessment requirements for the unit of study and determines the pass or fail grade of the student. There are small strategies that can be implemented at the beginning of each new unit of study to set the expectations and create a safe and respectful learning space. These strategies include:

- Acknowledgement of country: Acknowledging that the land in Australia was never ceded, it was taken through colonisation and that the traditional custodians of country have tended the land and continue to contribute to the knowledge sharing of teaching and learning. By thanking and acknowledging elders both inside the classroom and outside in the broader community, we acknowledge and need to actively work to removing the barriers that continue to exist for our First Nations learners.
- Acknowledgment of preferred pronouns: The process of an academic vocalising their own preferred pronouns at the start of a new unit of study begins to create an inclusive classroom culture, where students feel heard and valued in being able to vocalise their own preferred pronouns.
- Acknowledgement in the preferred means for communication: The academic offers a range of methods for feedback and communication. These can range from email communication, audio files containing feedback, phone calls, one on one meetings (face to face in person or via a digital platform). A multi-modal approach to

communication allows each student to reflect on their own preferred means for communication and consider other ways that their peers may wish to communicate.

- Acknowledge the learning supports available to all students and specific supports available to students with disability: At the beginning of each block, the academic will talk about the benefits of seeking support for all students. These universal supports can include academic writing and assessment assistance through academic support services, emotional and psychological support through counselling services, and other material supports through welfare services. In addition to these supports, there are specific supports for students with disability. By talking specifically about these supports, there is a clear message being sent to all students, that the classroom environment is inclusive by normalising help-seeking behaviours for all students. Seeking help is often viewed by students as a deficit, and this narrative needs to switch to view help-seeking as a character strength for students.
- Increasing student choice and decision making allows power sharing to happen: An academic who allow flexibility in their lesson plans to enable student choice increases student engagement and motivation. This flexibility may include when and how often breaks occur throughout the session, the modes and topics for assessment and choice in group formation. It is also important to remind students of their power to choose when to undertake a particular unit (while acknowledging the limitations of unit prerequisites and rules) and the times of the day that are most conducive for learning.

Inclusive strategies in practice

There are inclusive strategies that can be implemented in the classroom setting, either in a face-to-face classroom or in a remote environment such as a Zoom classroom. The unit of study uses the multi-modal learning model of Watch, Read, Reflect and Act. Each learning activity is linked back to one or more of the learning outcomes for the session. The session plan allows for multiple academic staff to deliver a consistent learning experience for all students across the academic year.

As you can see from the lesson plan examples provided in Appendix Five, there are a variety of activities that activate all of the senses, that allow students to work to their strengths and work in teams to benefit from the strengths and knowledge of their peers in the learning environment. One common teaching strategy that is not used in these session examples is asking students to read aloud to the class. Reading aloud is a cause of anxiety for many students such as those with low literacy, those who have learnt English as an additional language and those with dyslexia. Any large amounts of written material that students need to read are given in the pre and post class content to give students time and space to use assistive technology and other reading strategies for comprehension.

Figure 12 Dimensions of tertiary teaching model (Kane et al., 2004)

Using the dimensions of tertiary teaching model in preparing for a unit session allows for flexibility in when each of those learning activities take place. Having pre and post class activities outside of the classroom reminds students that learning is continuous and not limited to the classroom environment or the restricted set times of the classroom session.

This chapter has demonstrated the interconnected components required across the university in order to establish and maintain an inclusive classroom. University wide policies regarding diversity and inclusion need to be enacted so that consistent practices can be developed across the institution. The following chapter will outline the implications of the recent global pandemic for the teaching and learning experience of academics and students alike. Throughout COVID, we have seen the physical classroom space transformed into a digital online classroom space. This transition has eliminated or minimised some barriers to learning, while at the same time generating new barriers for some students.

CHAPTER NINE: THE FUTURE OF INCLUSIVE TEACHING AND LEARNING

The previous chapters have unpacked the experiences of the student and academic staff participants. The penultimate chapter of the thesis will consider the current context of university teaching and learning which occurred after the participant interviews were finalised, and provide some additional recommendations to address the systemic barriers facing students with disability in their studies and to continue to develop the skills of the academic teaching staff to provide an inclusive classroom that will benefit all students.

During the process of writing this thesis, all educational teaching and learning environments across the world were impacted in an unprecedented way with the global health pandemic that became known as COVID-19. The COVID-19 virus swept rapidly across the world's continents in early 2020, enabled largely by the numbers of people moving via global transportation across land, sea and sky. Within a few short weeks Australia's borders had closed to international travellers and the majority of Australians were asked to self-isolate in their homes, restrict their physical contact with people outside of those that they live with and limit their geographic movement. At the beginning of April 2020, 84.8% of enrolled learners worldwide from pre-primary to tertiary level were impacted by the closure or part closure of education institutions (UNESCO, 2021). 1.8 million university students in Australia were affected during this time (UNESCO, 2021).

The impact on universities was massive and swift. International students were stuck in their home countries, or left Australia to return home to be with their families. This contributed to a significant decrease in funds for universities that relied on international student enrolment. Academic staff at universities across Australia were told to pack up their offices, take their computers, monitors and resources and set up home offices. University students were informed that their studies would either be put on hold or continue via digitally enhanced remote delivery. In the space of a few short weeks, academic staff across Victorian universities had adapted their classroom curriculum, taken crash courses in a number of online platforms including WebX, Zoom and Google Classrooms and pivoted to this new delivery mode. Accessibility Services scrambled to ensure that university students with access plan needs were not forgotten in the process of delivering units remotely.

Some students thrived in the remote delivery environment. Rural and regional students no longer had to endure the long commute to study on campus. Many students who had moved into student accommodation in the city returned home to Victorian rural areas or interstate, but were left financially out of pocket for accommodation costs (Clark & Dalton, 2020). Students with chronic illness and disability who had previously found it difficult to navigate university campuses to get to class on time were now able to study at home. However, the remote delivery also created new barriers for learning for some. One barrier that was identified early in the pandemic was the communication barrier caused by facemasks for deaf/HOH people. As the facemasks are designed to cover a large portion of the face including the nose and mouth, it became impossible to read lips and facial expressions. Likewise, deaf students found it difficult to read lips in the online classroom and were faced with other students choosing not to turn their cameras on and thus excluding them from some of the conversations.

Students studied in a range of places including the kitchen table, on the couch in the lounge room, in a room designated as a study, on their bed, outside on the deck or in the backyard, and in the car. Many students had to share resources such as computers and internet with other members of their families and households who were also attempting to study and work from the home environment. Parents studying had to juggle this with supporting their children who were also remote learning at home. The impending threat of the COVID-19 virus had a negative impact on the mental health of all students with disrupted routines, financial pressures as many students lost their jobs, or increased workloads if their work environment was considered essential by the Victorian State Government.

Students with disability in primary and secondary school were considered vulnerable by the Victorian Department of Education and Training and as a result had the option and were supported to return to school during some of the lockdown period. These students were supported on the school premises by a small number of teachers and other support staff on rotation. University students with disability were not given the same opportunities during this time to be supported back on campus and were expected to adapt to the remote delivery of classes via online platforms. University libraries began to reopen in the second half of 2020 to allow students to have access to a physical space and internet, although the support services continued to be delivered remotely. In a new COVID normal environment, the universities are beginning to reopen their doors to face-to-face classes over the coming months. At the same time, academic staff and students are now grappling with the ongoing effects of a traumatic global health event, which hasn't really been resolved yet, and seeking to continue on with their lives in terms of teaching and learning. Hybrid models of learning are now being considered, where elements of the remote online delivery will remain, while other classes will return to the pre COVID face-to-face classroom.

There is a fear that students with disability will continue to be ignored and forgotten in the process of reimagining and redesigning university education. The universities across Australia are at an important crossroad in terms of delivering education in a post COVID world and there is much that we can learn from the experiences of students with disability. For students with disability to succeed in their university studies, flexibility is required, barriers to education need to be removed, academic staff need to be prepared to redesign curriculum to reflect universal design principles and be willing to build relationships of trust with students as part of the teaching and learning journey.

CHAPTER TEN: CONCLUSION

Australian universities have both an ethical and legal responsibility to provide high quality education programs and learning environments that meet the needs of all university students, with a particular focus on equity students. The fastest growing group of equity students are university students with disability, both visible and hidden. Therefore, in order to understand the changes required in curriculum and classroom environments, personal insights provided by students with disability need to be sought after by educators and administrators alike.

My professional journey working alongside young people both with and without disability in their homes, local communities and in education settings provided me with key insights into the structural disadvantages that these young people face on a daily basis. A lack of awareness in regards to disability in general and low expectations that result from families and society mean that young people with disability have limited opportunities within the current mainstream education systems to grow, develop and flourish. The motivation to create meaningful change in terms of accessible and inclusive education ultimately led me back to the university to undertake this research project. I was particularly interested in the educational experiences of university students with hidden disability and what improvements the university could make to ensure the learning was inclusive for all.

From an individual educator's perspective, as a result of this research, I have changed my own teaching practice in a number of ways. In the zoom classroom, I encourage students to use their cameras during class so that students can lip read. Closed captions are activated during class time to assist all students in the classroom. I provide activity instructions verbally and in written form and allow time in the break out rooms for small groups to discuss and then summarise in collaborative word documents that are accessible to all students after the class. In the face to face classroom, I have utilised space outside of the classroom for small group activities and space to move around while learning. By providing information about formalised supports available, via email as well as verbally in class, I aim to be as approachable as possible and encourage students to communicate with me about their learning needs. By utilising UDL principles in my units, the students may not need to disclose their diagnosis at all, as their learning will be accessible by design.

An addition to changes in the classroom, I have had the opportunity to share the learnings gained from this research regarding universal design and inclusive teaching practice in different forums across the university. These forums include:

- Higher Degree Research student symposium
- Library Staff Forum
- Universal Design and Blended Learning Forum

I have also been codesigning with a student with disability to build online modules to support disabled university students in building graduate capabilities and confidence in networking in preparation for job interviews.

In this research, a qualitative case study was chosen to capture the voices and experiences of university students with hidden or invisible disability and the academic staff who support them in their academic studies. A collective understanding of the key term 'hidden disability' was sought through the interviews and not all of the student participants were comfortable with the label of 'disabled'. The medical model of disability (Brisenden, 1986) was prevalent throughout the university experience from enrolment through to accommodations and expectations in the classroom. The expectation of a student 'proving' their diagnosis through a medical practitioner's report (Victoria University, 2021) allowed little room for self-reporting. Getting current documentation also proved to be costly and time consuming, so some students opted not to pursue formalised supports on campus.

The student participants shared their reluctance in disclosing their diagnoses with administrators if they had previously felt marginalised, excluded or experienced ableism in other educational settings. Other reasons for choosing not to disclose were not always clear cut, as there were layers of nuance. Some reasons were linked to self-perception of disability, whether or not the student had come to terms with their own diagnosis, and whether the student was faced with a critical moment in their studies. Critical moments included struggling with the workload or feeling unable to meet the expectations of a unit of study. Many university students are still transitioning through the adolescent stage from childhood to adulthood and thus exploring their own identity during their academic studies. The concept of Disability Pride (Martin, 2012; Bogart et al., 2018) is still quite new to the community and the student participants were still grappling with the deficit focus of their diagnoses.

If a student viewed an academic staff member as approachable and willing to listen, then they were more likely to choose the informal approach of coming out and disclosing their impairment to that individual academic staff member. Although the student experiences were varied and diverse, as laid out in Chapter Five where the participants were introduced, there was still a common thread with all participants expressing a desire to be treated with dignity and respect and not treated as the 'other'.

The academic staff and student participants identified the need to raise awareness of the formalised support available through the university. As a result of this research, learning support slides have been created in a pilot phase and a script written for academic staff to be placed in the student digital learning shell in one area within the institution. This will assist academic staff to share a consistent and accurate message to the students in every unit of study and to provide this information at the beginning of session one as routinely as the assessment information and emergency management information.

The experiences of students with hidden disability were unpacked in Chapter Six and they revealed that there was a need for safe spaces, both within and outside of the classroom. The students spoke about the process of coming out to their peers and creating informal circles of support with fellow students, both with and without disability. For many students it takes time and courage to share these details with peers, so creating safe spaces and a sense of belonging through mentoring and peer support was seen as a beneficial addition to the student experience. The student participants needed to come to terms with their learning journeys, many of which differed from those of their non-disabled peers and needed to adapt or change their study routines over time. These changes included going part time, needing additional time to complete placements or assessments, or asking for special consideration or adjustment in the course expectations.

This research established through the shared stories of the academic staff in Chapter Seven that there was a perceived gap in knowledge regarding hidden disability and a difficulty in identifying students who may need adaptation of the current curriculum. The academic staff participants were able to identify physical characteristics that they associate with disability (guide dog, wheelchair or a difference in an individual's physical appearance) but acknowledged that they may be missing other students' needs in the teaching and learning process. I was challenged to reflect on my own teaching practices throughout the research process and struggled at times to position my voice in the narrative as I didn't want to take away from the experiences of the participants. This is one of the ongoing challenges of the role of the insider researcher. The research found that there was a deep desire amongst the academic staff to know their students, hear their stories and a keen willingness to learn new ways of teaching and reaching students with disability.

The research acknowledged that the particular teaching skillset held by this group of academic participants was not reflected in the broader institution. Most academics are employed primarily for their content/curriculum knowledge rather than their teaching experience. This group of academic participants collectively held many years of teaching and facilitating groups with strong foundations in pedagogy and reflective practice. The academic staff participants called on a greater commitment from the institution to invest in ongoing staff training in the areas of understanding disability and inclusive teaching and learning strategies.

Students with disability must have a voice in the design, implementation and evaluation of the teaching and learning curriculum. If academic staff and students with disability work together and utilise the universal design for learning principles, then relationships of trust will continue to flourish, there will be direct benefits to the student's learning experience, and systemic barriers will continue to be identified and addressed. Universal design for learning principles can also be used to address the current reluctance of some students to disclose or come out as this will become less necessary if the learning needs are being met from the outset.

At the foundation of this thesis was a desire held by me to address the inequalities that currently exist within one tertiary institution. These inequalities lead to students with disability facing exclusion and having to work harder to advocate for their rights to access curriculum, information and learning activities in formats that are accessible. The social model of disability (Oliver, 1996) posits that it is the structures, processes and attitudes that are ‘disabling’ for students with hidden disability and cause barriers to achieving academic success. This research establishes its significance through the collection of stories provided by both the student and academic staff participants. Their willingness to participate in this research further evidences an altruistic desire for the systemic change needed in the institution in order for students with disability to experience academic success.

A University framework for inclusive practice was created in Chapter eight to provide an overview of the necessary steps to achieve the overall aim of removing barriers to study that exist for university students with hidden disability. The recommendations below outline the activities in the framework that will provide the outputs necessary and the short term and intermediate impacts for students with hidden disability, staff and the broader institution.

Recommendations

Mandated student focused disability training for all university staff

A regular disability awareness training schedule is needed for all university staff with training that is co-designed and co-delivered with students with disability who provide the lived experience expertise. Students with disability should be compensated for their time and expertise in the development of these modules to acknowledge the emotional labour that also gets expended when exploring topics of exclusion and discrimination. This training should be strengths-based, have a social model of disability frame of reference and follow universal design for learning principles. This training is in addition to the disability discrimination training already on offer, which has a focus on employees with disability, rather than the rights of students with disability. Different modules need to be created for all of the different departments of the university, from facilities to library services and classroom teachers. This training should include the obligations under the Disability Standards for Education 2005 and focus on the recommendations of the 2020 review.

A range of peer support and mentoring programs on offer which meet the varied needs of students with disability

When support is offered through Accessibility Services, it is often viewed by students in a deficit frame of reference, much like a student's view of counselling services and academic support. By creating peer support and mentoring extracurricular programs that sit within the Student Clubs and Societies, this may create a normalised view of belonging. By creating a number of programs with social, communication, activism and career/networking focuses, students with disability will have choice and feel less isolated and alone in their educational experiences. Students will also be able to build informal networks through structured activities of interest. Students with disability are more likely to identify with Disability pride if they see their peers positively engaging with their disability identities.

Dissemination of accessibility information

Students require ongoing and consistent messaging regarding formalised services and supports on campus. As some students will not receive a diagnosis until after they have enrolled or their circumstances may change several times throughout their studies, the information must be accessible throughout their course, not simply through the initial enrolment period. This information should be shared via a number of channels including verbally in class, by video in the student online learning platform and as written material on the website, and it should be available for all students including students with physical injuries, students with mental health issues and parents supporting a person with disability. University events are a great opportunity for Accessibility Services to have a visible presence to share information to current and future students. Involving students as staff in the dissemination

Streamlined services and support

There is a need for the formalised university support system to be overhauled and streamlined to reach students with disability more effectively. There are multiple ways that can assist a student to access support quickly and efficiently:

- When a student does disclose an impairment at enrolment, then Accessibility Services initiates contact a number of times through the student's preferred means for communication (phone, text, video conferencing, email etc.).
- Allowing a student to self-report their diagnosis where there is limited or no access to current documentation (this may be due to estrangement with family, financial barriers, moving states, misplacing documents). This process is currently allowed for the special consideration process and could be extended to accessibility services as well. This approach aligns with the social model of disability, relying less on medical opinions and with a far greater focus on the learning needs of the individual student.
- A change in the eligibility criteria for students with learning disability to allow a learning disability to be recognised as a permanent disability. This change will remove the financial barrier of having to obtain up to date diagnostic information.
- Creating a student clinic shared across universities to allow low cost diagnoses for those university students that have not received a formal diagnosis.
- Streamlining the system for sharing information via access plans, so that academic teaching staff receive timely, relevant student information before the unit of study begins and the student doesn't have to approach each member of staff individually as this can sometimes be retraumatising.

University investment in teaching academics

There needs to be a further commitment from the institution to invest in inclusive classrooms. This means recognising and valuing the time that academics spend when utilising person-centred practices and supporting students outside of allocated classroom teaching hours. Academic teaching staff that were able to teach students across multiple units and several years built strong relationships with students. When there is academic staff consistency within the College, not eroded by increased numbers of sessional staff, relationships between academic staff and students are fostered and nurtured. Students are more likely to disclose an impairment to a staff member when they have built a relationship of trust.

Universal design for learning

Universal design principles need to be applied to all curriculum areas across the university. When universal design principles are implemented with multi-modal learning offered, then students with hidden disability may not have to disclose their impairment at all, as their learning needs are already being catered for in the classroom. All students in the classroom, with and without disability, benefit from universal design for learning principles, with an inclusive classroom as the ultimate result.

Steering committee that works across universities and tertiary institutions

In order for the University framework for inclusive practice to have a sustained and significant impact across the university and throughout the tertiary education sector more broadly, there needs to be a process of disseminating the findings of this PhD thesis. The framework offers a set of objectives that act as a blueprint for tertiary institutions to actively remove institutional barriers to study. A cross sector steering committee with members from universities and tertiary institutions nationwide should be created to support individual institutions to enact change. These members of the steering committee will champion the cause for structural change necessary in each institution in a consistent and systematic way. The focus of the steering committee should always remain in elevating the voices and experiences of university students with disability as the catalyst for advocating change and promoting inclusive teaching and learning environments.

Universities and tertiary institutions have an ethical and legal obligation to meet the learning needs of all university students, including university students with hidden disability. This can only be achieved when all departments, staff and students have a collective and collaborative approach in co creating safe and inclusive teaching and learning environments.

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APPENDICES

APPENDIX ONE: Participant consent form

CONSENT FORM FOR PARTICIPANTS INVOLVED IN RESEARCH
INFORMATION TO PARTICIPANTS:

We would like to invite you to be a part of a study into…

Inclusive Classrooms - understanding the needs of university students with 'hidden disabilities'. This project aims to explore and examine the experiences of students with hidden disabilities and their lecturers within a Victorian University institution. The students who will be asked to participate in this research will have a self identified 'hidden disability' and be currently studying in a post compulsory education course at a Victorian university. For the purposes of this research, a hidden disability is being defined as a disability that is not generally seen, recognized and understood by looking at a person's physical characteristics and appearance (Couzen et al. 2015). Students will be asked whether the term 'hidden disability' is one that reflects their lived experience.

This research project aims to identify the current teaching and learning strategies that are being implemented inside and outside of the classroom. The research will identify potential gaps and areas to improve in terms of inclusive teaching and learning strategies.

CERTIFICATION BY PARTICIPANT

I, "[Click here & type participant's name]"
of "[Click here & type participant's suburb]"

certify that I am at least 18 years old and that I am voluntarily giving my consent to participate in the study: ***Inclusive Classrooms - understanding the needs of university students with hidden disabilities*** being conducted at Victoria University by: Professor Robyn Broadbent, Associate Professor Marcelle Cacciattolo, and Jane Hickey.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by:

Mrs. Jane Hickey

and that I freely consent to participation involving the below mentioned procedures:

- 45 minute one on one semi structured interview (YES/NO)
- Have the interview tape recorded (YES/NO)

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:
Date:

Any queries about your participation in this project may be directed to the researcher:
Professor Robyn Broadbent
Ph: 9919 4861

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email Researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.

APPENDIX TWO: Participant information sheet

INFORMATION TO PARTICIPANTS INVOLVED IN RESEARCH

You are invited to participate

You are invited to participate in a research project entitled ***Inclusive Classroom strategies - understanding the needs of university students with "hidden disabilities".***

This project is being conducted by a student researcher Jane Hickey as part of UPDA-Integrated PhD at Victoria University under the supervision of Professor Robyn Broadbent and Associate Professor Marcelle Cacciattolo from College of Arts and Education.

Project explanation

This project aims to explore and examine the experiences of students with hidden disabilities within a Victorian University institution. The students who will be asked to participate in this research will have a self identified 'hidden disability' and be currently studying in a post compulsory education course at a Victorian university. For the purposes of this research, a hidden disability is being defined as a disability that is not generally seen, recognized and understood by looking at a person's physical characteristics and appearance (Couzen et al. 2015). At Victoria University, within the Youth Work program of the College of Education; the most common hidden disabilities include learning diagnoses such as dyslexia, dyspraxia, Auditory processing disorders, Autism Spectrum Disorder (ASD), Asperger's Syndrome, Attention Deficit Disorder (ADD), and Attention Deficit Hyperactivity Disorder (ADHD). Students with other diagnoses may emerge throughout the process of this research. Students will be asked whether the term 'hidden disability' is one that reflects their lived experience.

Disability is often understood as a phenomenon, which affects only a minority of nation's population. (Cameron et. al 2001) When a 'hidden disability' is not recognized and acknowledged by others, a student may face attitudinal, social and physical barriers while studying at university (Argawal et.al 2015).

This research project aims to identify the current teaching and learning strategies that are being implemented inside and outside of the classroom. In addition to gaining an insight into the experiences of students, lecturers will be asked to consider and analyse their own personal values and professional experience of teaching students with hidden disabilities in the university classroom. The researchers also wish understand the challenges that academic staff are currently facing in their teaching, in regards to teaching the diverse range of students. The research will identify potential gaps and areas to improve in terms of inclusive teaching and learning strategies.

What will I be asked to do?

Participants will be asked to attend a one on one interview lasting approx. 45 minutes and answer a series of 9 questions based on their personal experience. (see questions attached)

What will I gain from participating?

There will be an opportunity to reflect on individual learning which may have a positive impact on future learning and development.

How will the information I give be used?

The information gathered from the interviews will be kept confidentially and analysed to discovers themes of similar teaching and learning experiences. Jane Hickey will then use this data to write a minor thesis.

What are the potential risks of participating in this project?

There are minimal risks associated with your participation in this project. If the interview questions raise any negative emotions or memories from previous learning experiences, then Dr Romana Morda- would be available to assist and provide support: 9919-5223, romana.morda@vu.edu.au

You have the right to withdraw from this project at any time.

How will this project be conducted?

This research project will involve qualitative methods in order to honour and bring to life the experiences of students with hidden disabilities and their lecturers. Both students and lecturers will be invited to participate, using semi structured interviews to establish individual experiences of current teaching and learning strategies. It is anticipated that these interviews will include nine open ended questions. These interviews will be recorded.

Who is conducting the study?

Victoria University
PO Box 14428
Australia Melbourne,
Victoria 8001
9919 6100

Chief Investigator: Robyn Broadbent Ph. 9919 4861
E: robyn.broadbent@vu.edu.au
Secondary Investigator: Marcelle Cacciattolo Ph. 9919 5903
E: marcelle.cacciattolo@vu.edu.au

Student Researcher: Jane Hickey Ph. 9919 8944
E: jane.hickey@live.vu.edu.au

Any queries about your participation in this project may be directed to the Chief Investigator listed above.

If you have any queries or complaints about the way you have been treated, you may contact the Ethics Secretary, Victoria University Human Research Ethics Committee, Office for Research, Victoria University, PO Box 14428, Melbourne, VIC, 8001, email researchethics@vu.edu.au or phone (03) 9919 4781 or 4461.

REFERENCE LIST:

Agarwal, N, Moya, EM, Yasui, NY, Seymour, C 2015 'Participatory Action Research with College Students with Disabilities: Photovoice for an Inclusive Campus'**,** *Journal of Postsecondary Education and Disability*, vol.28 no.2, p243-250.

Cameron, C 2008 Further towards an affirmation model. In: *Disability studies : emerging insights and perspectives*. The Disability Press.

Couzens, D., Poed, S., Kataoka, M., Brandon, A., Hartley, J., & Keen, D 2015. Support for students with hidden disabilities in universities: A case study. *International Journal of Disability, Development & Education*, *62*(1), 24.

APPENDIX THREE: Student interview questions

RESEARCH QUESTION:
What inclusive teaching and learning strategies can assist in meeting the needs of university students with hidden disabilities?

Questions for qualitative interviews:

Student Participants:

- How do you understand disability?
- Please tell me about a bit about your disability and the impact that it has on your life.
- What was your school experience like prior to university?
- What did you disclose to the university about your disability upon enrolment? Why or why not?
- How long have you been studying at university?
- In what ways have the university systems and formal services supported or impeded your learning?
- What informal supports have you accessed to support your learning?
- What strategies in the classroom are beneficial for your learning? What strategies are unhelpful?
- What strategies outside of the classroom are beneficial for your learning? What strategies are unhelpful?
- In what ways can a lecturer best support your individual needs as a student?

APPENDIX FOUR: Academic staff interview questions

RESEARCH QUESTION:
What inclusive teaching and learning strategies can assist in meeting the needs of university students with hidden disabilities?

Questions for qualitative interviews:

Academic Staff:

- Please tell me about a bit about your understanding of hidden disability and the impact that it can have on student learning.
- How many years have you been teaching at Victoria University and what previous teaching experience do you have?
- How do you find out if a student in one of your classes has a hidden disability?
- In what ways do you think the university systems and formal services support or impede students with hidden disabilities learning? How do you use these in your teaching?
- What teaching and learning strategies are you implementing in the classroom to meet the needs of students with hidden disabilities? How do you know if these strategies are successful?
- What strategies outside of the classroom are benefitting students with hidden disabilities?
- In what ways are you supported by the university to implement inclusive teaching and learning strategies? What additional support would you like?
- How does this then support your work with students with a hidden disability?

APPENDIX FIVE: Lesson plan examples

SESSION TITLE: Access vs inclusion Session 5:

Learning outcome for the session:

Analyse how different models of disability have impacted the lives of young people with disability

Identifying common accessibility features in the community

Understand the difference between access and inclusion

Identify community barriers to participation

Session time: 3 hours with short breaks to stretch and activate different parts of the brain.

Before Class:

Place the learning outcomes and an overview of the session on the whiteboard and on the student learning platform so that students are able to anticipate each topic and sequence of learning activities.

Acknowledgment of Country:

An acknowledgement of Country is given to recognise the First Nations People of Australia as the traditional custodians of the land, pay respects and make particular mention of the important work of the First Peoples Disability Network.

Introduction:

Recap: Ask the students to share one highlight/learning from the previous session. This reminds students of the scaffolding nature of the learning environment and then link today's topic to the previous learning. The key concepts from the previous session include Maslow's hierarchy of need, quality of life, and adolescent milestones.

Icebreaker activity: (LO2) Using a set of international accessibility icons, ask students to identify what the icon is called and what the icon represents:

(LO1) Accessing student's prior knowledge, students are to identify where in the community these icons are located, and who benefits from accessibility.

(LO1&2) Using a YouTube clip featuring Audio description, play one scene of an easily identified movie - example here is The Hunger Games (https://www.youtube.com/watch?v=B8BD9txkGL4). Ask the students to close their eyes and listen to the audio description of the scene. Ask students to reflect on the experience, activating the sensory experience of removing stimulation from one sense. Then replay the scene, asking the student to watch and listen. Reflection #2, students discuss the differences, in order to understand the purpose and benefits of audio description as an accessibility feature.

(LO1) In small groups, students then consider a young person with no vision, and create an inclusive sensory activity.

Brainstorming activity:

(LO1)In small groups, using large poster paper, or a collaborative document online, students consider different contexts within the community (education, employment, justice, recreation, events, housing) and consider potential barriers facing young people with disability. This activity highlights the social model of disability. These are then shared with the rest of the class.

(LO3&4) Using a video advertising a local recreation activity of surf lifesaving designed for young people with disability, student debate, using the social model/medical models of disability, if this is an example of access or inclusion.

(LO3&4) In small groups, each group is given a different case study from the Australian Human Rights Commission, and asked to unpack the case, highlighting the access issues and then deciding what might be some solutions to eliminate the discrimination. Then each group shares their learning with the larger class.

(LO 1&4) Individual task- students are asked to find the Disability Action Plan relevant to their own learning context (ie education, youth work, criminal justice etc) and examine the accessibility features of the document and website. The students are asked to write small summary paragraphs, using these questions as a prompt:
Is the DAP current and easy to find on the website? Does the website have text to speech software embedded?
Are there alternative formats of the DAP? (audio, braille, Easy English, AUSLAN video, translated into other languages etc)
Is there lots of jargon in the DAP? Is the language strengths based?
Does the DAP refer to young people?
These paragraphs will be used in an assessment.

Post class activity
(LO 4) Ask students to think about their practice context in terms of access and inclusion- are the systems and facilities set up to include or exclude? Write a paragraph on how universal design principles could be used to benefit young people with disability.

Equipment needed for class:

Large poster paper, textas, Collaborative word documents set up on the Student learning management system, Powerpoint presentation- Session 5

Session readings:

https://providers.dffh.vic.gov.au/accessible-information-goods-services-facilities-and-events

Chapter One:

Family and Community Development Committee 2014, *Inquiry into social Inclusion and Victorians with disability*, Parliament of Victoria, accessed from https://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/57th/Disability/Report__Response/Social_Inclusion_FINAL_REPORT.pdf.

VALID 2014, 'Submission from VALID Inc - Inquiry into social inclusion and Victorians with a disability', *VALID*, Victorian Advocacy League for Individuals with Disability, viewed 15 October 2018, <https://www.valid.org.au/documents/social_inclusion_submission.pdf>.

TITLE: Augmentative and Alternative Communication Session 8

The unit of study uses the multi model learning model of Watch, Read, Reflect and Act. Each learning activity is linked back to one or more of the learning outcomes for the session. The session plan allows for multiple academic staff to deliver a consistent learning experience for all students across the academic year.

Learning outcome for the session:

Understand the many methods for communication

Understand the difference between verbal speech and Augmentative and Alternative Communication

Explore the different communication tools that can be used to communicate with a young person's preferred means

Before Class:

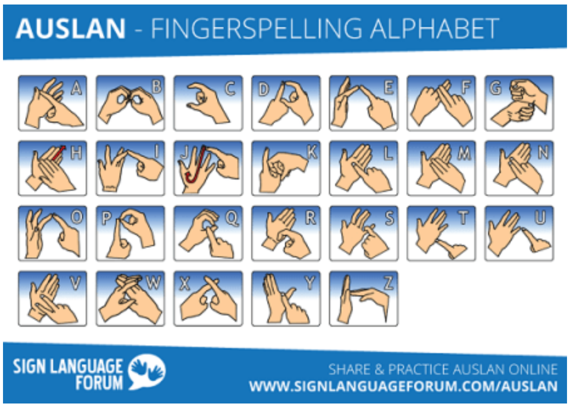
Place the learning outcomes and an overview of the session on the whiteboard and on the student learning platform so that students are able to anticipate each topic and sequence of learning activities.

Acknowledgment of Country:

An acknowledgement of Country is given to recognise the First Nations People of Australia as the traditional custodians of the land, pay respects and make particular mention of the important work of the First Peoples Disability Network. For this class an acknowledgement of country is written on the board, or in the chat box if the class is being delivered remotely.

Introduction Icebreaker:

(LO1) Place a notice on the board of the classroom- asking students to sit in silence and not to use verbal speech. The first activity is used to introduce AUSLAN, the official Australian sign language system. Students are asked to sit in pairs and practise communicating using finger spelling and answering a set of simple questions provided.



Students then undertake a larger group discussion at the end of the activity to reflect on the experience of communicating without verbal speech.

Recap: Ask the students to share one highlight/learning from the previous session. This reminds students of the scaffolding nature of the learning environment and then link today’s topic to the previous learning. The key concepts from the previous session include active support in different settings, justice support services, Education Program for students with disability and different approaches to teaching an independent living skill.

(LO1) Whole class discussion about the fundamentals of communication including the sender, receiver and the message. Discuss the different types of verbal and non-verbal communication that occurs on a daily basis and the different possibilities for miscommunication and communication breakdown.

(LO2) Using a story from professional practice, explain the process of acquiring receptive and expressive language skills and the impact to the individual with an expressive and/or receptive language disorder if other people are only focused on verbal speech as the desired means for communication.

(LO1&2) https://www.youtube.com/watch?v=iyk0CxjNYyw Watch a short video clip of a ‘hidden camera’ scenario with a deaf man, where members of this local community learn sign language and surprise him by communicating using sign language as he goes about completing everyday tasks. Reflection#1- Gauge the class reactions to the clip and the themes of exclusion and isolation experienced by members of the community when others don’t understand their preferred means for communication. Watch the second clip https://www.youtube.com/watch?v=_IjDauoWZ1c American’s response to the first video clip. Reflection #2 Have the students changed their perspective by watching the 2nd clip which provides a social model of disability viewpoint on access and inclusion. Ensure that both clips have subtitles.

(LO3) With a list of AAC tools, students form small groups and each group researches one tool. What are the features of the tool, how it is used, and who might benefit? Return and report back to the larger group the research outcomes. Practice communicating with the different AAC tools.

Post class activity: Students are to continue working on their analysis of a Disability Action Plan for assessment 2, incorporating what they have learnt in the classroom activities.

Equipment needed for class:

Large poster paper, textas, Collaborative word documents set up on the Student learning management system, Powerpoint presentation- Session 8

Session readings:

Midtlin, HS, Næss, K, Taxt, T & Karlsen, A 2015, 'What communication strategies do AAC users want their communication partners to use? A preliminary study', *Disability and Rehabilitation*, vol. 37, no. 14, pp. 1260–1267, viewed <https://go.openathens.net/redirector/vu.edu.au?url=https%3A%2F%2Fwww.tandfonline.com%2Fdoi%2Ffull%2F10.3109%2F09638288.2014.961659>.

Scope n.d., 'Accessible information', *Scope*, Scope, viewed 16 October 2018, <https://www.scopeaust.org.au/service/accessible-information/>.