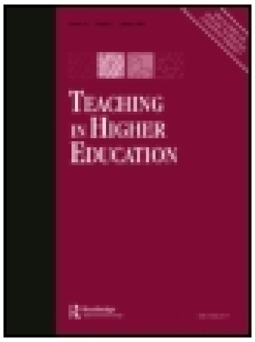

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Teaching the 'invisible' disabled students in the classroom: disclosure, inclusion and the social model of disability

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Drawing on the insights of critical disability studies, this article addresses anxieties frequently articulated by academic staff around the implementation of the United Kingdom's Disability Discrimination Act: how to accommodate the needs of students with 'hidden' impairments. Following the social model of disability, it argues that universities should avoid the use of medical labels in identifying the learning needs of disabled students, and should make efforts to institute as part of everyday practice a diversity of inclusive teaching strategies. Finally it discusses an induction activity which sought to encourage students to disclose additional learning needs to university staff while opening up a discussion around difference, diversity with the student cohort as a whole.

Keywords: disability; disabled students; disclosure; induction; inclusion; Disability Discrimination Act

In 2002, Part 4 of the Disability Discrimination Act (DDA) 1995 became law in the UK, with further elements of the law coming into play in 2003 and 2005 (Stanley and Manthorpe 2002). According to this legislation, educational institutions now have a responsibility to make reasonable accommodations to enable disabled people to gain equal access to higher education. Much attention within higher education communities in the UK has been directed towards the physical and informational constraints preventing disabled peoples' access to higher education (e.g. *ACE Bulletin* 2003; Allan 2003; Lawrie, Sutherland, and Seale 2002; Parker 1998). It has been compellingly argued, however, that teaching and learning practice can present a key barrier to disabled students' learning once they arrive at university (Fuller, Bradley, and Healey 2004, 306; Powell, 2003a; Tinklin, Riddell and Wilson 2004, 652). Rizvi and Lingard have commented, along these lines, that 'while access and equity policies enable individuals to gain entry into mainstream institutions, they often leave the institutions themselves unaltered' (Rizvi and Lingard 1996, 21).

This article will address one of the anxieties frequently articulated by academic staff around the implementation of Part 4 of the DDA: how to accommodate the needs in the classroom of students with 'hidden' impairments. It has been often noted that lecturers and tutors may not be aware of the presence of disabled students in their classrooms when teaching and assessment take place (e.g. Cottrell 2003, 126; Jones and Hopkins 2003, 126; Ling et al. 2007; Olney and Brockelman 2003; Palfreyman-Kay

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In memory of Surya Shaffi.

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1998; Roy 2003, 79). A few examples from my own teaching experiences over the last decade suggest the challenges presented by teachers' unawareness of such disabled students. One politically active student with no visible impairments, for example, discussed with me the difficulties she had negotiating the spiral staircase to my office. Another student, then in her third year, disclosed that she had had a hearing impairment throughout her degree programme, though none of her teachers had been aware of it at the time. Yet another came to discuss getting an educational psychologists' report for his dyslexia halfway through his first year, citing the fact that his mother, whose support had enabled him to succeed academically without additional assistance from the university, was moving away. Such students whose 'hidden' needs are ultimately declared to staff may be only a fraction of the number of students whose impairments might never be formally disclosed or accommodated.

I will begin by considering one obvious approach to the 'problem' of adequately supporting students whose particular needs are invisible to teaching staff: how to encourage disabled students to disclose their impairments. It appears to be common sense that university teachers would be better equipped to support disabled students if they were cognisant of each student's particular needs. Following this approach, a key question might be how information about disabled students' impairments might be effectively solicited. A further question with which many institutions have grappled is how information about individual students' particular learning needs can be effectively shared in a way which respects both students' right to privacy and their right to access education equally.

Soliciting information about disabled students: confidentiality versus accommodations

A variety of strategies is employed by departments, schools and institutions across the UK to identify disabled students' learning needs. These strategies have often been developed locally and on an ad hoc basis (Ling et al. 2007), with little sharing of practice through the published literature. One common means by which prospective students are invited to disclose their impairments is via the university and college admission service (UCAS) form. This form includes nine medically defined categories of disability, posing questions such as 'Are you blind?'. Prospective students are invited to identify themselves according to these categories. The information on this UCAS form may be shared within individual institutions in a range of ways. It may be passed on directly to course or module leaders as well as disability welfare services. Targeting such information at particular teaching staff may be viewed by some administrators as an inadequate strategy for information sharing where flexible modular arrangements mean that students are taught by a large number of staff across the university. Here information drawn from UCAS forms may be used as the starting point of lists of disabled students held by academics or administrative staff, and shared with teaching staff across departments or schools in a range of ways.

Such lists or files may be supplemented by subsequent information declared by students to individual teachers or support staff, and include information such as educational psychologists' assessments on students diagnosed with dyslexia. New students are often encouraged to disclose their impairments or learning needs on enrolment forms, which are frequently modelled in the language they use to elicit information about students' impairments on the UCAS form. Induction, both for new and continuing students, is often used as a further opportunity to explain to the whole student cohort the support available to disabled students and encourage disabled students to approach academic staff directly.

Some of the procedures used within universities to identify disabled students to members of staff are controversial with equal opportunities practitioners and some disabled people. The first area of contention concerns the tensions between confidentiality and effective sharing of information about 'special needs' (e.g. interview 2004; Stanley and Manthorpe 2002, 29). Sharing information beyond the teaching staff immediately working with individual disabled students, or sharing information without explicit permission from the student concerned would be regarded by many disabled people and workers in the area as breaching confidentiality.

Others in the sector would have a more sympathetic view of these procedures. Stanley and Manthorpe acknowledge the need to share information where relevant within academic team and departments. Farish and her colleagues, too, have underlined the importance of taking responsibility for instituting equal opportunities policies rather than remaining bogged down in an endless consultation process, despite the 'enormous difficulty' of institutions getting this balance right (1995, 183–4). Farish et al.'s comments suggest that action, however flawed, may be preferable to inaction. While the 'problem' of appropriate sharing of information about disabled students within higher education has been approached by some as a technical or legal one, I would like to suggest here that formulating institutional policy and practice in this way has significant limitations. Part of the solution to the intractable difficulties of appropriate sharing of such information may lie, however, in the outcomes of a second critical debate in the literature, between those drawing on a medical and those drawing on a social model of disability.

Medical labelling versus the social model of disability

The current UCAS form with its diagnosis-focussed 'tick box' questions, asking students to identify themselves with a particular impairment, clearly draws upon a medical model of disability. This focus on particular impairments frequently sets the tone for other institutional documents, such as enrolment forms. This kind of medical model sees disability as an 'individualised problem' (Armstrong and Barton 1999, 212), the solution to which may involve therapies or 'special' help. In contrast, the social model, proposed by disability activists, views 'disability … not a personal tragedy, an abnormality or a disease needing cure. It is a form of discrimination and oppression' (Barton 1998, 79). From this perspective, an alternative to focussing on individual impairments is an effort to restructure educational environments such that all kinds of students can flourish within them, rather than being disabled by them.

The medical model with its focus on diagnostic labels presents a number of educational and political problems. From a practical point of view, it falsely implies that students with the same impairment have the same learning needs (Nes and Stromstad 2003; Roy 2003; interview with Shaffi 2004). Some disabled people suggest that highlighting impairments pathologises them (Olney and Brockelman 2003, 45). Disability activists have also pointed out that a focus on individual impairments diverts attention from the need for collective political solutions that change disabling social and physical environments (e.g. Armstrong and Barton 1999, 223; Oliver 1990).

Again, this critique of the use of diagnostic labels is not without controversy. Powell, for example, forcefully maps out the advantages of developing impairment-focussed 'special' pedagogical techniques, for example, for hearing impaired students (2003a). Along similar lines, many Deaf people reject the social model of disability, preferring to view themselves as a linguistic minority with shared cultural concerns (Corker 1998, 6; Ladd 2003, 14). As such, identifying the particular needs of Deaf people in education would be viewed positively by such researchers and activists. Other writers, such as Colin Low (1996), James Palfreyman-Kay (1998) and Julie Allan (2003) view some diagnostic labels as educationally helpful, while even some who are critical of a categorisation system which 'presupposes pathology' acknowledge that such diagnostic labels are widely used because of the resources they release (Nes and Stromstad 2003, 118).

Many teachers and writers use the language of 'needs' – in some sense a halfway house, borrowing the emphasis on the 'special' individual from the medical model (Barton 1998) while highlighting the fact that disability is created by particular ways of structuring environments. Those adopting this language of 'needs' as well as those preferring the more radical language of rights, would propose diminishing the emphasis on diagnostic labels in the enrolment forms and disability registers. For example, individual learning plans may be seen as a way of focussing attention on the environment which can promote students' learning, rather than the diagnostic label attached to that student (interview with Shaffi 2004).

Why don't students disclose?

Such an emphasis on particular students' needs still requires students to disclose those needs to their teachers. As I have argued, despite existing procedures encouraging students to make clear their particular learning needs, many choose not to do so. Stella Cottrell provides a vignette of Selima, a student who decided not to declare her diagnosis of dyslexia on enrolment at university, doing so only when prompted by failure in her first round of university exams:

> At that point she mentioned that she had been diagnosed as a dyslexic; her lecturers were extremely exasperated. They felt that she had deceived them unnecessarily as they had spoken positively about the dyslexic assistance at induction; they could have offered her help. (Cottrell 2003, 126)

Selima's teachers in this vignette have a view of student non-disclosure as an irrational barrier to effective learning – a view that many well-meaning academic staff may share. However, the perspectives of Olney and Brockelman suggest reasons for distancing ourselves from such views. These writers emphasise that people surviving in a disabling society make strategic decisions about disclosure based on their previous experiences (Jones and Hopkins 2003, 102–3; Olney and Brockelman 2003). Given prevailing attitudes towards people with impairments that often present them as pitiable or unable to help themselves, refusing to identify one's self as disabled can be a rational choice:

> People with disabilities and other socially stigmatised roles such as homosexuality employ a range of strategies to manage information about themselves such as sharing information on a 'need to know' basis, demonstrating their competence, or waiting until it feels safe to tell others about their difference. (Olney and Brockelman 2003, 36)

Writings on disability and pedagogy suggest that even academic staff, structurally empowered by their position as teachers, may find it difficult to disclose a disability in the classroom (Brueggemann, Garland-Thompson, and Kleege 2005, 18). Terri Hibbs and Dianne Pothier note that the processes of ranking and measurement that are a key part of higher education make disclosure more problematic for students:

> it is understandable that some students are reluctant to self-identify as disabled, especially given the paradox that the bio-medical or psychological evidence required for accommodation points to and emphasises the individual's particular physical, emotional, sensory or cognitive limitations or deficits – in other words, what one cannot do – in an university environment that thrives on and rewards stamina, ability, independence and mental fitness – what one can do. (Hibbs and Pothier 2006, 217)

These explanations of why students might not choose to disclose suggest some of the radical implications of taking disabled peoples' experiences seriously. Hibbs and Pothier's account underlines a point made by many critical disability scholars – those conceptions of disability are fundamental to everyday practices that help to construct notions of 'the normal' and 'ability' (e.g. Davis 1995; Tremain 2006). These considerations of non-disclosure also point to the instability of disability as a category (Davis 2006). What counts as 'disabled' is not only variably defined by social, architectural and economic practices. A number of researchers have pointed out that individuals understand and position themselves variably in relation to the label 'disabled' across their lifetimes and across a variety of social spaces (e.g. Davis and Watson 2002; Dyck 1999; Priestley 2001). In fact, it has been suggested that the mutability of disability as a category, makes the disabled people a more appropriate paradigm of contemporary experience than existing fantasies of autonomous, perfect 'able bodies' (Davis 2006; Mitchell and Snyder 2001).

What, then, are the implications of these arguments in the classroom? Firstly, in a disabling society it is unlikely that it will ever be possible to encourage all students with additional learning needs to disclose. Consequently it is important that, as much as possible, a diversity of flexible and supportive teaching strategies is made routine and that students are routinely made aware of their availability. For example, Anne Simpson suggests that departments might decide that any lecture may be recorded by students and publicise this decision such that it is no longer necessary for individual students to ask for permission (2002, 2). Specialist welfare and learner support services are increasingly available to support students with a range of needs. However, it has been argued that learning environments which are available to all students, including those that have undeclared learning needs – routine personal tuition or teaching, for instance – are crucial (Grant 2002, 84–5; Stanley and Manthorpe 2002, 23; Tinklin, Riddell and Wilson 2004, 649). This is particularly the case for students who may fear or experience stigmatisation as a consequence of, for example, mental health difficulties.

This starting point for supporting the learning needs of disabled students chimes well with the anticipatory duty of the UK's DDA. The Act requires educational institutions not just to respond to the needs of their existing students but also to anticipate the needs of prospective students. In the words of Willder, the anticipatory duty of the DDA Part 4 'places the onus on an institution to anticipate and pre-empt the needs of the potential student even though the institutions may consider that it has no disabled students at present' (Willder 2002). A focus on anticipatory shifts in teaching practice may, in fact, as Tinklin and colleagues point out, 'eradicate some disabled students' "special" needs altogether' (Tinklin, Riddell and Wilson 2004, 649). For example, if Powerpoint slides and lecture handouts are made available via web supported learning environments, students who might otherwise require 'special' provision because of difficulties with attending to a number of visual cues at once during a lecture, may no longer have additional learning needs in that setting. This emphasis on teaching practices which help all students is the starting point for recent good practice guides, such as Carol Doyle and Karen Robson's (2002) *Accessible curricula: Good practice for all.*

Attention to the social model pushes us in the direction of modifying teaching environments to be as inclusive as possible. However, this approach is no universal panacea. In a discussion around disability and pedagogy, Brenda Jo Brueggemann, Rosemarie Garland-Thomson and Georgina Kleege, three disabled higher education teachers, note wryly that the teaching and learning methods that work best for each of them are, in fact, inaccessible to some of the others. The Powerpoint slides that enhance a hearing-impaired person's comprehension of a group discussion may be useless for someone with visual impairments (for example, Bruggemann, Garland-Thomson, and Kleege 2005). This is not a counsel of despair. It does, however, point out the continuing importance of creating a learning environment in which students with specific needs feel comfortable enough to disclose to their teachers which measures they need to learn effectively. Once again, the social model of disability helps us understand how this might be done in a way that minimises the stigma historically associated with disability.

Olney and Brockelman point out that the social environment of the university, and peer support or lack of it by fellow students, is critical in making educational establishments either enabling or disabling. According to the US Council for the Advancement of Standards in Higher Education, for disabled students 'a supportive psychological environment is as important as an accessible physical environment' (see also Mittler 2000, 123; Parker 1998). Students choosing not to declare their additional needs report concerns that fellow students, as well as staff, will perceive them as whining, lazy or not trying, and for those with hidden impairments, even lying (Kleege 2002; Olney and Brockelman 2003, 44–5; Treby, Hewitt, and Shah 2006, 415). Thus, encouraging students to disclose their particular needs requires a broader effort to promote a positive attitude towards diversity among the whole student body, as well as raising awareness of the kinds of support available to students with particular learning needs. These needs might include not only those of disabled students, but also others including second language users or young people who need further development of their 'life skills' to succeed at university (Gutteridge 2001, 12).

A number of writers have pointed to a difficult-to-define ethos of openness and celebration of diversity within institutions and classrooms as critical to inclusive education (Farish et al. 1995, 185; Jarvis and Knight 2003, 74; Vogt 1997, 181). As a consequence, Cottrell has argued that one thing lecturers can do to promote inclusive and effective learning is to 'set up an atmosphere where it feels safe for students to disclose difficulties, discuss different approaches and share strategies' (2003, 125–6). Others have suggested that this might be done, in part, by encouraging all students to reflect on their own learning styles, strengths and motivations (Ware 2003, 157). Another strategy is to incorporate discussion of disability as a dimension of difference and power into the higher education curriculum. Disability studies is a vibrant area of intellectual inquiry and its core arguments are very compatible with the existing curricular concerns with equality, marginalisation and representation within a wide range of humanities and social science disciplines (e.g. Davis 1995; Linton 1998; Mitchell and Snyder 2001; Tremain 2006; Wilson and Lewiecki-Wilson 2002, 300–1). However, at present, in the UK at least, the perspectives of critical disability studies are less likely to be found on such curricula than post-colonial, anti-racist, feminist, queer or Marxist perspectives on identity and power (e.g. French Gilson and DePoy 2002; Gabel and Danforth 2002; Goggin 2003; Scullion 2000; Treby, Hewitt, and Shah 2006; Ware 2001, 2003).

Promoting inclusion, not just disclosure: a case study of curricular intervention

I would like exemplify my arguments above through a small-scale curriculum initiative undertaken in one humanities department in a university in the North West of England. This exercise served the function of an induction activity for first-year students and sought to introduce a perspective on differences between students informed by the social model of disability alongside other frameworks for understanding diversity. The classroom exercise aimed to move from a discussion of the issues and concerns facing many new students to a consideration of additional difficulties which may face non-traditional students, including disabled students, and encourage students to consider how they might seek appropriate support for themselves or support their peers. The teaching session included discussion in small groups of a number of invented case studies of students facing challenges to their learning, including the time constraints from paid work and caring for family, anxieties about particular forms of assessment, difficulties with reading and with hearing group discussions. As well as highlighting the support available for students facing particular crises or obstacles, the aim of the session was, in the words of its author, then Disability Welfare Adviser for the University, Surya Shaffi, ‘to open up a discussion around difference, diversity’ (interview with Shaffi 2004).

It has been argued that in order to improve the experience of disabled students it is necessary to approach questions of inclusion and difference not as an individual teacher but on a more systematic level (Nes and Stromstad 2003, 123; Parker 1998; Seale 2002, 83; Simpson 2002, 2). Consequently, the session was undertaken with the whole cohort of first-year students (around 150 in number), with groups of around 25 students each facilitated by one of six tutors. A follow-up exercise was devised, asking students to visit and review a cultural site in Liverpool, the city in which the department was situated, in terms of how well it bore out the inclusive slogan of Liverpool’s Capital of Culture bid: ‘The World in One City’.

The way in which the induction exercise unfolded varied with the views and approach of the tutor coordinating the activity. In some classrooms, a good deal of time was spent discussing student responses to the case studies, and the strategies proposed included enabling suggestions from students. For instance, one group proposed routinely discussing and accommodating particular learning needs when commencing small group assessed tasks. In contrast, other staff chose to avoid a classroom discussion of the case studies because of feeling under-prepared to undertake such ‘counselling’. This response may perhaps have indicated a mismatch between particular teachers’ ‘banking’ models of teaching (Friere 1972) and the emphasis on discussion in the induction activity. Such concerns may also signal academic fears about the simultaneous increasing need and increasing difficulty of fulfilling the need for pastoral care of students in a massified higher education system (Davey and Hitchcock 1998, 30–1).

However, these anxieties about tackling the ‘problem’ of disability in the classroom have been noted elsewhere (Ling et al. 2007; Marshall, Ralph, and Palmer 2002; Mittler 2000, 134; Troyna and Vincent 1996; Ware 2001). Many writers see such concerns as indicative of teachers’ under-estimation of their own skills in managing all kinds of learners and learning environments – a consequence of the medical model’s flagging of disabled students as ‘special’ and requiring ‘special treatment’ or ‘expert’ help (Marshall, Ralph, and Palmer 2002; Troyna and Vincent 1996; Ware 2001). This is not to suggest that discussing stigmatised and highly politicised identities does not entail a level of challenge and risk for teachers, with or without personal experiences of disablement. However, simply failing to discuss the way structural power differences impact on learning does not make those differences go away. Rather this approach may perpetuate individualist notions of disability as ‘the problem’ of stigmatised individuals rather than being, at least in part, the consequence of everyday social practices which all students and teachers need to consider and work to change (Brueggemann, Garland-Thomson, and Kleege 2005; Kleege 2002; Wilson and Lewiecki-Wilson 2002).

Student responses to the induction activity under consideration here were gauged by the reviews of cultural sites they subsequently submitted. While this follow-up exercise, with its emphasis on cultural and individual diversity, prompted a range of responses, 23 of the sample of 68 reviews examined explicitly referred to the inclusiveness and accessibility or otherwise of cultural sites in Liverpool. While many of these were merely brief references to the wheelchair accessibility of a particular building, a number of students also mentioned the availability of information in a range of formats such as Braille or British Sign Language. Encouragingly, many of the reviews discussed the accessibility of cultural sites to disabled people alongside such sites’ accessibility to non-native speakers of English or younger visitors. This discussion of disability in the context of wider questions of diversity and marginalisation, and the focus in the reviews on the responsibility of cultural sites to accommodate a range of needs suggests that understanding of the social model of disability may have been promoted by the workshop activity. Naturally, consolidating students’ understanding of such theoretical frameworks would require further discussion, alongside more mainstream considerations of ‘race’, gender and sexuality, throughout their degree programme.

Conclusions

Policy and practices to promote inclusiveness in higher education in the UK are currently in a state of flux. Farish and her colleagues conclude that in the area of equal opportunities and education ‘the policy process can never be perceived to be complete or finished’ (1995, 179). Moreover, as writers like Len Barton have proposed, the challenges of inclusive education are simply a starting point for the wider political push towards inclusion in society more broadly (Barton 1998). Some of the measures currently being undertaken in higher-education institutions, such as identifying particular academics with responsibility for department policy and procedures around disability (Tinklin, Riddell, and Wilson 2004), or the use of individual learning plans with disabled students, address many of the issues raised above. The adoption of learning plans, for example, indicate a key shift towards a strategy for supporting a variety of students in a way which minimises reliance of labels and assumptions that particular medical diagnoses tell teachers all they need to know about students' needs.

However, this changing policy scene, while indicating the impact of new laws and disability activism, presents difficulties for staff who are already struggling to maintain their understanding of the current legal framework, institutional policies and proliferating support systems in the context of the broader intensification of academic work (Barton 1998; Farish et al. 1995, 157). While academic staff may not need as much staff development as they think they do to accommodate demands for a more inclusive education system, there is a need for clear, accessible and comprehensive information about their responsibilities and the resources available for staff undertaking critical front line teaching, support and referral roles. The necessity to adapt higher-education institutions to more fully include disabled students has often been considered defensively as a set of strategies to protect institutions from litigation or as an issue primarily to do with physical access or technology. My argument here is that raising higher-education teachers' and their students' awareness of the key ideas of the disabled peoples' movement, such as the social model of disability, may present new routes towards more inclusive higher education.

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