

**Services for disabled students in US
higher education:
Implementing a social model approach**

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Abstract

This study explores a select group of services for disabled students in higher educational institutions in the US that are choosing to intentionally move their service framework from one endorsing a medical model of disability to one that promotes a social model of disability. It also examines the concept of Universal Design and its relationship with the social model in this process because it emerged as the dominant characteristic of these services. A qualitative questionnaire was distributed to the institutions which explored the philosophical underpinnings to their service models and investigated the practical implications of those commitments. It focused on the tools that they used for implementation, particularly Universal Design and the changes they made to their services in order to be consistent with the social model. An analysis of their responses highlighted emerging themes and key characteristics of these services and identified problematic issues.

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Chapter 1 - Introduction

Background

‘Although modifications and accommodations are often a necessary and appropriate means to provide access, they are based on a philosophy of retrofitted changes designed to “level the playing field.”’ (McGuire et al., 2003:10).

Higher Education (HE) establishments around the world have different policies for providing accommodations to disabled students (Hurst, 1998). In countries like the UK and the USA there is a legal requirement to provide these services. Students must self-identify as disabled and provide medical documentation to be eligible for the support services. This approach to disabled students’ services assumes that environments will always have to be adapted and accommodations provided, rather than the automatic incorporation of these elements into all aspects of the design of campus life. This can lead to alienating practices for these students. For example, in a study done on the perceptions of the accommodation process of disabled students in postsecondary education in a few HE institutions in the US, researchers found that 27.3% of the students asked did not find their exam accommodations to be effective (Kurth and Mellard, 2006). One student explained that his sense of belonging in the classroom was disrupted because the accommodated exams were organised in a separate location from his classmates.

Although the accommodations provided to students may meet the requirements of the law and level the playing field they do not always provide an inclusive environment.

Inclusive education is a subject of great debate amongst disability studies scholars who espouse a social model of disability. The social model sees the disabling practices of society as the cause of disability rather than the individual with the impairment (Oliver, 1998; Barnes and Mercer, 1996). Where society puts up barriers, like stairs for wheelchair users or exam time constraints for people with learning difficulties, it produces disability. When educational institutions design spaces, lectures or activities to incorporate people with impairments, then these people will not be disabled but included. As Oliver says,

If disability is socially caused, then changes in social organisation (which occur all the time) may increase or decrease the numbers of disabled people in society... (Oliver, 1998:64)

A social model of service provision would determine ways to make all aspects of university life accessible from the outset. In order for HE institutions to embrace this model the physical, learning and assessment environments would have to be wholly accessible. In the current climate, if there is a service for disabled students there must, by implication, be a need for accommodations. The logical outcome of this argument is that social model services are an oxymoron (Gibbs, 2004:158). In an

ideal world there would be no need for this type of service because all aspects of university life would be accessible.

Despite this paradox, there are services for disabled students whose stated philosophy is the social model. One example is the University of Arkansas at Little Rock; on their website they acknowledge a growing awareness of this model:

While many people embrace this new view of disability, a closer look at our language and practices reveals that the older paradigm is still quite pervasive...Many disability resource providers working in higher education settings are recognizing the need to begin an intentional process of reviewing current policies and practices. (University of Arkansas at Little Rock, no date-a)

A key tool for implementing social model approaches to disability service provision is the concept of Universal Design (UD). UD is an architectural paradigm that provides seven principles of design. The purpose of these design principles is:

The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. (The Center for Universal Design, 1997)

This concept has become very popular in professional development conferences for disability service providers in recent years (AHEAD, 2004) because it gives people very

practical solutions that deliver outcomes which match the goals of the social model. It has broadened its reach from the confines of architectural and product design to instructional and software design. It is being promoted as an approach to access on campus in opposition to the accommodation approach:

The accommodation model of disability services is currently the most prevalent model in the postsecondary setting. Many disability service professionals would defend this model as a social model approach. When we explore it closely and compare it to the universal design approach, it is clear that it is more aligned with medical model thinking. (University of Arkansas at Little Rock, no date-b)

UD and its use in HE will be further explored in chapter 3, but the following table shows a useful comparison of the two approaches:

Figure 1.1

Accommodation Approach	Universal Design Approach
Access is a problem for the individual and should be addressed by that person and the disability service program	Access issues stem from an inaccessible, poorly designed environments and should be addressed by the designer
Access is achieved through	The system/environment is

accommodations and/or retrofitting existing requirements	designed, to the greatest extent possible, to be usable by all
Access is retroactive	Access is proactive
Access is often provided in a separate location or through special treatment	Access is inclusive
Access must be reconsidered each time a new individual uses the system, i.e. is consumable	Access, as part of the environmental design, is sustainable
Source: AHEAD Universal Design Initiative Team (2004)	

This revolutionary shift on US campuses could have a significant impact on the lives of disabled people. Currently there is no research on the process that HE institutions undergo as they develop their services to promote the social model. This study will explore a select group of institutions that are choosing to intentionally move their service from one endorsing a medical model to one that promotes a social model. It will also examine the concept of UD and its relationship with the social model in this process.

My interest

I am an Access Services Advisor in the Office for Students with Disabilities at McGill University in Canada. Providing service to disabled students from the standpoint of the social model is a

priority for me. An analysis of institutions who are claiming to work within this model is one method of identifying the characteristics of those services to inform my own practice. The concept of UD is in the collective conscious of service providers in Canada. There is some excitement around the potential for this new approach to be a catalyst in the revolutionising of campuses, however there is little critical debate about the similarities and divergences between the social model and UD. It is crucial to begin this debate early on in the implementation of the UD approach on campus so that greater inclusion for disabled students can be achieved.

Data Collection

This study identified 5 HE institutions in the US who stated that they used a social model as the philosophical framework for their service. A qualitative questionnaire was distributed to them which explored those frameworks in further depth and investigated the practical implications of those commitments. It focused on the tools that they used for implementation and the changes they made to their services in order to be consistent with the social model. An analysis of their responses highlighted emerging themes and key characteristics of these services and identified problematic issues. The data gathering also included a literature review of UD in order to set the scene for this study because UD was the common factor in all of the participating institutions.

Overview of the project

Chapter 2 will survey the literature surrounding the social model in both the UK and the US. In the interests of consistency, this thesis will follow the commonly accepted British terminology in disability studies by referring to “disabled people” (rather than “people with disabilities”) in the body of the text. However, where quotes from North American literature appear the terminology will change. These differences will be examined further in Chapter 2. The chapter will then go on to describe the HE context for disabled students and a brief history of service provision in the US.

Chapter 3 will cover the concept of UD and its relationship with the social model. This has not been done in any depth before, despite the radical move to incorporate UD within a social model framework. I will therefore look at a critique of UD by a disability studies scholar and further investigate the advantages and disadvantages in combining these two ideas for the furtherance of inclusion.

Chapter 4 will describe the methodology of the data gathering and Chapter 5 will give a summary of the results following the topics covered in the questionnaire. In Chapter 6 I will draw out the themes that presented themselves in the analysis of the data and describe the characteristics of the services. The limitations of the study will also be detailed.

In the final chapter I will focus on the future of service provision to disabled students in the US and make

recommendations for implementing a social model approach to services.

Chapter 2 - Perspectives on accommodating disabled students in higher education in the UK and the US

The social model of disability in Britain

The social model of disability has its roots in Britain in the early 1970s and specifically with the Union of the Physically Impaired Against Segregation (UPIAS) who developed their own definition of disability. The UPIAS policy statement asserts,

What we are interested in, are ways of changing our conditions of life, and thus overcoming the disabilities which are imposed on top of our physical impairments by the way this society is organised to exclude us. (UPIAS, 1974/1976: point 10)

This, though originally inclusive only of people with physical impairments, extended to include all forms of impairment, both sensory and intellectual, in later years (Barnes, 2000; Barnes, 1999). This interpretation of disability and impairment was developed further in the writings of Mike Oliver. The model “locates” disability in society not in the individual; it identifies social prejudices, inaccessible environments, discriminatory work arrangements and segregated education as disabling societal elements (Oliver, 1996b: 32, 33). By breaking the causal link between impairment and disability, the UPIAS and Oliver offer disabled people an effective tool for political campaigning in which environmental, attitudinal, institutional

and economic barriers can be identified and addressed. Discriminatory societal practices become the focus for change rather than medical interventions, welfare solutions and charitable acts. The model provides an empowering, proactive approach against disabling aspects of society.

The social model is, however, not unproblematic. In its desire to be an effective political tool it ignores what Carol Thomas refers to as “impairment effects” (Thomas, 1999). Impairment effects are those limiting aspects of living with impairment that are not created by the society we live in; they are a direct result of being impaired. There is a well-documented debate within Disability Studies literature that argues the advantages and disadvantages of this deliberate omission by social modellists (Thomas, 1999; Morris, 1991; Oliver, 1996a).

This research is aligned to the social model of disability and accepts that impairment effects impact on the lives of disabled people. It is understood that services for disabled people will often provide accommodations to counteract societal barriers but also at times to counteract the effects that impairments have on individuals. The focus of this research is on those aspects of service delivery that can influence and have a positive impact on the removal of environmental, attitudinal, economic and institutional barriers.

Inclusive Education in HE in the UK

The social model has informed a theoretical approach to education which has come to be known as ‘inclusive education’,

a term introduced in the 1990s (Barton and Armstrong, 2007). Oliver (1996) criticizes the current educational policy for imposing segregation. The social model approach fights for disabled children's rights to education with their peers,

Thus, the question of inclusion is fundamentally about issues of human rights, equity, social justice and the struggle for a non-discriminatory society. These principles are at the heart of inclusive educational policy and practice. (Barton and Armstrong, 2007:6)

Inclusive education is not the integration of disabled students into 'normal' schools with individual accommodations to access learning. It is the school that makes cultural, organisational and curriculum changes to include all of its students (Barton and Armstrong, 2007). The school is transformed so that every child is included, extending beyond disabled children (Barton and Armstrong, 2007). Inclusive education requires a radical re-evaluation of the purpose and process of education. As Slee points out,

Inclusive Education characterized itself as a cultural project intent on exposing the politics of identity and difference and establishing representation for those marginalized and excluded by the power relations exerted through the dominant culture and constitutive power relations of schooling. (Slee, 2007:179,180)

Although segregated institutions have not been a part of further and higher education, the debate around inclusive education centres around disabling teaching methods and exam formats as well as access to buildings, residences and social life (Hurst, 1996:125, 126). The Tomlinson Report (FEFC, 1996) in the UK made recommendations on post-school provision - using 'inclusive' in its terminology - suggesting,

...redesigning the very processes of learning, assessment and organization so as to fit the objectives and learning styles of the students...only [this] philosophy can claim to be inclusive, to have as its central purpose the opening of opportunity to those whose disability means they learn differently from others. (Further Education Funding Council, 1996:4)

Although it was reported in 2004 that HE institutions were writing disability provision into their policies and making progress in the areas of examinations, assessments, admissions and student support the main emphasis was on providing individualised supports through student support services rather than making critical changes in the institution in order to 'mainstream disability' (Tinklin et al., 2004). In 2001, a piece of legislation called the Special Educational Needs and Disability Act (SENDA) extended the Disability Discrimination Act 1995 to HE institutions; HE institutions cannot discriminate against disabled students and must make reasonable adjustments. Since the amendment a further piece of legislation

has come into effect, the Disability Equality Duty (DED) of 2006 which places the emphasis on the institutions to make the changes and write statements of intent that will be evaluated by an external agency to ensure that they are following up on their pledges (Disability Rights Commission, 2007; Madriaga, 2007). At this juncture it is still, however, difficult to obtain full equality of opportunity and students still face disabling attitudes from professors and staff (Madriaga, 2007) and disabling obstacles remain in the area of teaching and learning (Tinklin et al., 2004). An inclusive educational environment in HE in the UK has not yet been attained. Provision for students in HE still tends toward accommodation rather than inclusion.

The Social Model of Disability in the USA

Activists and scholars in the USA in the 1970s were reframing their approach to disability in similar ways to those in Britain (Gill et al., 2003). Harlan Hahn writes about the socio-political model of disability, which points to the interaction between society and the person as the disabling factor,

In viewing disability as a product of a dynamic interaction between humans and their surroundings, emphasis is shifted from the individual to the broader social, cultural, economic, and political environment. In fact, from this perspective, disability may even be regarded primarily as the consequence of a "disabling environment." (Hahn, no date)

Although the underpinnings are the same, the approach in the US is slightly different to the British model because of its simultaneous focus on the 'minority-group model'. Williams' (Williams, 2001) analysis of the differences between the models reveals different motivational catalysts: in Britain, the provocation for the UPIAS (1976) statement was a reaction to the welfare state and idealistic liberal-functionalist sociology whereas in the USA the motivation was based on civil and constitutional rights (Williams, 2001:134, 135). Shakespeare and Watson (2001) reiterate the differences noting that the minority group focus of the US model leads to a stronger focus on civil rights including the right to be recognised as a minority and to access all aspects of society. In the British model the focus is more on eradicating societal barriers than on recognition. Despite these differences,

This philosophical distinction is glossed over in practical disability politics because the minority group and social model perspective are so closely entwined in radical consciousness. (Shakespeare and Watson, 2001: 556)

On both sides of the Atlantic activists and academics alike employ the social model in pursuit of a revolutionary campaign to eliminate barriers (Williams, 2001). The subtle differences between the American and British models will manifest themselves in the language and terminology used by the universities included in the study. It is worth noting that in Britain

supporters of the social model of disability refer to people who have impairments as 'disabled people' (i.e. people disabled by society). In the US both 'disabled people', focusing on minority group politics, and 'people with disabilities', following people-first language, are used (Albrecht et al., 2001: 3). The two terms are sometimes used interchangeably, confusing the biological state (impairment) and the social construct (Barnes, 1999). As was mentioned in Chapter 1, this thesis will consistently use the British terminology, however when quoting American references the terminology may change. It is also important to note that in the UK 'learning difficulties' is used to denote conditions like dyslexia. In North America 'learning disabilities' is used instead.

Although Harlan Hahn is the main proponent of the US social model there are other scholars of interest, particularly Carol Gill, who is often quoted in literature for practitioners in HE settings. Gill created a table that juxtaposes the medical model of disability with the socio-political model. This table (fig1.2) is utilized prolifically in literature about HE service provision to disabled students and is therefore one of the pivotal influences on service providers, for example in Scott, Loewen and Funckes (2003).

Figure 1.2

Conceptual Models of Disability

Medical Model

Disability is a deficiency or abnormality.

Being disabled is negative.

Disability resides in the individual.

The remedy for disability-related problems is cure or normalization of the individual.

The agent of remedy is the professional.

Interactional/Socio-Political Model

Disability is a difference.

Being disabled, in itself, is neutral.

Disability derives from the interaction between the individual and society.

The remedy for disability-related problems is a change in the interaction between the individual and society.

The agent of remedy is the individual, an advocate, or anyone who affects the arrangements between the individual and society.

As published in Scott et al., (2003).

A History of HE Disability Service Provision in the USA

When it comes to provision for people with disabilities in the US, HE institutions must obey two important laws; Section 504, subpart E of the Rehabilitation Act of 1973 and the Americans

with Disabilities Act (ADA) of 1990 (Aune, 1998). If an educational opportunity is available to any student then Section 504 states that it must be available to a disabled student as well (Jarrow, 1993). The ADA later ensured that not only public institutions were beholden to the law but private ones were too, simultaneously raising further awareness about disability rights (Aune, 1998). Section 504 requires that an institution have an officer who ensures that the law is implemented and in some institutions it is an office for assessment and provision of accommodations. Typical accommodations in the US include the following, though some institutions provide more:

- Alternative test arrangements, such as extended time, taking the test in a separate room, having the test read out loud, having a scribe for the test.
- Re-assignment of a class to an accessible location (e.g. moving the class to another building if the building is not physically accessible).
- Alternative assignments (e.g. preparing an oral report instead of a paper).
- Sign language interpreter.
- Assistive listening devices, such as FM transmitters/receivers.
- Laboratory assistant for laboratory classes.
- Course substitution, if the course is not integral to the student's course of study (e.g., taking French history instead of French language).

- Materials provided in alternative print (e.g. Braille, large print, tape disk).
- Early registration (e.g. being allowed to register before other students to address disability-related issues).
- Extended time to complete class assignments.
- Permission to tape record lectures.

(Aune, 1998: 189)

Some aspects included in the list are retrospective accommodations, for example, where a building is inaccessible the program must be moved rather than the building made accessible.

In a special issue of a student services journal (Kroeger and Schuck, 1993), published 15 years ago, on disability service provision, the editors made explicit mention of the social model. Sue Kroeger and Judy Schuck (1993) injected the socio-political model (citing Hahn, 1985) into their analysis of provision; in their recommendations they say:

Disability cannot be defined simply by functional capabilities or occupational skills. A comprehensive understanding of disability requires us to examine the architectural, institutional, informational, and attitudinal environments that disabled people encounter. Higher education must examine its disability-related services, policies, practices and activities to ensure that it incorporates this new definition into the institutional culture. (Kroeger and Schuck, 1993:104)

Not only do they strongly assert that the social model is the way forward but they also begin to promote the idea of Universal Design (UD) (covered in chapter 4),

We must make facilities and sites work for everyone, not just for a generic physical standard that really does not exist. We must go beyond minima to optima and institutionalize the concept of universal design by designing buildings, systems, procedures, and activities that everyone can use... We must stop thinking “special”, because the consequence of “special” is “separate”.(Kroeger and Schuck, 1993:105, 106)

Schuck and Kroeger (1993) entwine the ideas of inclusion and equality of access within the social model and see the principles of UD as a tool for achieving the ideals of the social model. This model has gradually gained influence on HE in the US (Aune, 1998). This theme continues to the present day in articles published in the Association on Higher Education and Disability's (AHEAD) *Journal of Postsecondary Education and Disability*, a main source of professional information and research for practitioners in this field.

AHEAD was founded in 1977 with the name ‘Association on Handicapped Student Service Programs in Postsecondary Education’ (AHSSPPE) and was the national professional association for people working in offices for students with disabilities (Madaus, 1997). It was established by 32 service

providers but 7 years later represented 400 institutions and had over 600 members. In 1992 it changed its name to AHEAD and in 2008 it has over 2500 members with international membership as well (AHEAD, 2004). AHEAD holds an annual conference and papers given there have in recent years included subjects like Universal Design (UD) and the social model of disability (AHEAD, 2004) making reference to Gill's table 'Conceptual Models of Disability' (above).

Most disability services have stemmed from a legislative necessity prompted by Section 504 and the ADA. Where programs and facilities fall short the law requires that the institutions accommodate. However, there is now a move to provide more inclusive HE experiences for students with disabilities.

Conclusion

My research interest lies in the approach that these American services have taken in moving from the legislative obligations and medical model paradigm to that of the social model and UD paradigm. My research includes an exploration of how closely the social model and UD are linked in the minds of the service providers. To that end, the following chapter will explore the concept of UD and its application in HE. It will also analyse the relationship of UD with the social model to see whether this combination is complementary or conflicting.

Chapter 3 - Universal Design and the Social Model of Disability

Introduction

This chapter will explore the history and evolution of Universal Design (UD) and will then track its progress and promotion within the context of disability service provision in HE in the US in recent years. It will look at criticisms of UD, the theoretical advantages of UD and its limitations.

Universal Design

The principal theme that emerged in this research was the prominence of UD as a vital tool in the promotion of the social model of disability in HE service provision. Given its prominence for the universities taking part in my research it is necessary to describe UD and trace its development. UD was born out of a combination of several factors, “legislation fuelled by the disability rights movement, the barrier-free design to universal design movement, and advances in rehabilitation engineering and assistive technology” (The Center for Universal Design, 1997). UD can be traced back to 1985 when a disabled architect called Ronald Mace wrote,

Universal Design is simply a way of designing a building or facility, at little or no extra cost, so that it is both

attractive and functional for all people, disabled or not.
(Bowe, 2000:iii)

Focusing chiefly on architectural and product design, UD allows for the widest use possible by the widest number of people at a marketable cost. Mace founded the Center for Universal Design at the North Carolina State University and developed seven principles of UD (appendix 1).

Frank Bowe (2000), known in America as the father of Act 504, takes the principles of UD and applies them to the educational setting. He focuses not only on the physical environment but on instructional practices as well. He believes that UD can incorporate the majority of students from diverse backgrounds, including disabled students, leaving only a minority who will require special accommodations, reducing the need for assistive technologies or at the very least making resources compatible with assistive technologies (Bowe, 2000).

The UD approach has inspired further developments called Universal Design for Learning (UDL) and Universal Design for Instruction (UDI©). UDL was evolved by the Center for Applied Special Technology (CAST). They developed 3 guiding principles for optimal learning opportunities. These guidelines target instructors in all levels of education (Center for Applied Special Technology, 1999-2007). Universal instructional design was broached by Silver, Bourke & Strehorn (Silver et al., 1998) in a study that they undertook on faculty members in one US institution. Subsequently, the University of Connecticut's Center on Postsecondary Education and Disability created the

Principles of Universal Design for Instruction (McGuire et al., 2003). They research inclusive instructional practices and assessment of learning and provide support to faculty on integrating these practices into their teaching. They use as their basis the 7 principles of UD and add 2 more (UDI©), which are relevant to postsecondary education. Universal instructional design, developed at a Canadian university, has similar aims to UDI and promotes the 7 UD principles (University of Guelph, 2008).

Within the HE context, UD was first mentioned in 1993 in a special issue of *New Directions for Student Services* by Sue Kroeger and Judy Schuck (Kroeger and Schuck, 1993). Sue Kroeger was involved in the setting up of the AHEAD Think Tank on Universal Design in July of 2002. The group were mandated to explore the concept of UD as it pertains to HE and students with disabilities. A report of the first meeting is published in the *AHEAD Journal of Postsecondary Education and Disability* (Scott et al., 2003). From the outset the group determined the model of disability that they would work from as “[a] socio-political model of disability” (Scott et al., 2003:79). They referenced Carol Gill’s table as their source (chapter 2, table 1). The group then chose to use the Principles of UD (The Center for Universal Design, 1997) (see appendix 1). The Think Tank recognised that the application of UD has spread to areas such as information dissemination, web design and instructional design (Scott et al., 2003).

In the process of finding a vision statement for the Think Tank, the group came up with a list of consequences of

initiating UD on campus which would have a revolutionary impact on the lives of disabled people. As an example, 2 of the 8 are included here;

- 1 People with disabilities do not need to constantly advocate for access.
 - 2 The criterion of a “reasonable” accommodation becomes moot.
- (Scott et al., 2003: 80,81)

The Think Tank were also careful to state that the ‘universal’ in UD is an ideal to aim for but accepts that in reality no environment can be fully accessible to all people. They recognized that the need for a service for disabled students would still be required on campus because not all needs can be met by UD (Scott et al., 2003). One year after the Think Tank was established there was an explosion of UD-related sessions at the AHEAD conference 2003.

AHEAD conference archives, in the last five years, list numerous workshops on the overarching concept of UD and each of the educational UD approaches. From a review of the content of these sessions the social model is sometimes specifically linked to UD but not consistently. AHEAD has continued to see this approach as important: its website has resource pages devoted to UD and statements that reveal a clear commitment to a continued promotion of UD and simultaneously to “new conceptualizations of disability” (AHEAD, 2004).

Criticisms and Limitations of UD

Criticisms of the UD approach coming from social modellists are few. However, Rob Imrie (2004) is critical of the approach for the following reasons: he considers UD to be apolitical in its philosophy and feels it should take a stand on the social, technical, political and economic processes which impact design (Imrie, 2004). It is evident from The Center for Universal Design's website that they are politically active; having an impact on disability-related issues, for example government housing strategies for the aging. They perform research on 'human factors and user needs' (The Center for Universal Design, 1997) and promote UD around the world. They offer various educational opportunities to varying audiences and aim to educate people about the variety of human abilities at all stages of life. Their approach is not solely 'technical and procedural' (Imrie, 2004:282). Imrie (2004) also criticizes the UD approach because it considers impairment as,

...something to be overcome or to be eradicated, rather than to be accepted as an intrinsic feature or part of a person and their identity. (Imrie, 2004:282)

Imrie is mistaken, however, in thinking that UD only intends to integrate people into the mainstream because it simultaneously aims to change that mainstream into something that routinely

accounts for, and therefore values, differences (The Center for Universal Design, 2008).

Nevertheless, difficulties could arise if this is not made clear. In one study, UDI is perceived by a service provider as lessening the stigmatization of disabled people. However, it is described as a “normalizing effect” by the researcher (Embry et al., 2005:38). Reflecting Imrie’s fears, Gill makes this argument against normalisation or assimilation,

If we’ve learned anything from other oppressed minorities it’s that you gain nothing from efforts to assimilate into the culture that devalues you. We will never be equal if we accept token acceptance as slightly damaged [able-bodied people]. Politically and psychologically our power will come from celebrating who we are as a distinct people. (Gill, 1994:48)

Crucially, UD must be implemented carefully so that the intrinsic value of disabled people is understood, otherwise it may only serve to legitimate tokenistic integration and mainstreaming. UD is limited in its scope because it does not address attitudes, whether of faculty, staff or students. If faculty were trained in UD principles it could successfully tackle many access issues in the classroom. However, UD does not stem from any explicit disability model and therefore training in these approaches does not address attitudinal, human rights or social justice issues.

On a more optimistic note, UD appeals to the fair-minded; it promotes disability as difference, which is a positive reframing

of disability; it also encourages the institution to take responsibility for wider access and inclusion (Burgstahler and Cory, 2008a). However, the omission of disability as a construct of oppressive societal forces and disabling attitudes could allow faculty to adopt these practices without changing their views. Furthermore, UD alone does not demand a change in curriculum content. Without curriculum changes a disabled student may be able to access the classroom, the material and the assessments but the content of the course could still exclude him or her.

Additionally, UD has a self-declared limitation: it is impossible to achieve. This in itself could be an obstacle to promoting it. There is an understanding among practitioners that it is an ideal to aim towards:

The *universal* in UD represents an ideal with respect to the audience for a specific product or environment. No application will be fully usable by every human being; in many cases this is not even desirable. (Burgstahler, 2008a:7)

Despite this admission, there is little discussion in the rest of the literature around the fact that individual accommodations will always be necessary. This may be due to promoters of UD trying to sell its strengths to faculty members who are already expressing concerns about needing more time for their research and less time dealing with individual student problems (Embry et al., 2005).

UD is not only about inclusion of disabled people, but of everyone. As disability service providers make the case for UD the promise to deliver to the widest possible range of students (ethnic minorities, second language learners, mature students, students with family responsibilities etc) will be attractive to university administrations. Though this is an inclusive and socially just ideal there is a slight danger that disabled people's needs for access could be subsumed into a larger, less-focused agenda influenced by the diversity profile of the specific university. One could imagine a situation in which a university that caters for a large percentage of international students who study in their second language could utilise UD to their advantage without considering disabled students, although it is possible that some students with learning difficulties would still benefit.

Another limitation of UD is that it is very difficult to measure its effectiveness and there is a lack of research showing that using UD concepts in HE has a direct impact on student success rates, retention rates, or a decreasing demand on disability services or professors. There is a need for more research and integrity when promoting these concepts in university settings:

Research initiatives to examine the results of inclusive instructional strategies grounded in the paradigm of UD must be undertaken to avoid the danger of false claims regarding the efficacy of UD and its applications. (Scott and McGuire, 2008:142)

Finally, UD is not yet widespread; it is still in its infancy and faculty awareness is low and US legislation does not oblige universities to adhere to UD principles throughout campus (Burgstahler, 2008c).

Data collection on UD

One university (the respondent will be called C) who participated in this research was invited by the researcher to discuss, by telephone, the issues in implementing the social model of disability approach and UD, because this theme became central to the research. C has a broad understanding of the national situation regarding UD and the social model because of an involvement with AHEAD. The connection between the two was described as a 'chicken and egg' dilemma. C saw the social model as the attitude and UD as the behaviour and thought both were crucial. This prompted a discussion about universities who are trying to implement a UD approach without reference to the social model and the misconceptions that this produces. C felt that UD is not grounded in social model thinking and without a philosophical framework to guide the use of UD it could be utilized for different purposes.

C was able to tell me that AHEAD are currently working on a toolkit for universities wishing to implement UD and stressed the importance for the social model to be the toolkit's foundational framework. It is clear to C that many offices that

serve disabled students need to look at their own services before trying to implement UD on campus. It appears that the social model framework is not commonly held on campuses in the US and, although UD is a popular concept, in most disability services the medical model remains prominent.

Another theme that came out of our discussion was C's desire to see Disability Studies as an academic discipline on campuses. C felt that curriculum must also change along with environments and course design.

Advantages of UD

If UD is applied within a framework of the social model it can be a tool for more inclusion on campus. It can influence the physical environment when applied to new construction and renovations, it can have an impact on instructional design and the accessibility of supportive instructional documentation, and it can broaden the array of assessments utilized. UD should also lessen the need for disabled students to identify themselves and provide medical documentation, because fewer accommodations would be necessary.

UD is a very attractive, marketable tool because it corresponds to a growing understanding that classrooms are becoming increasingly diverse (Burgstahler and Cory, 2008a). Its application impacts on a wider population than disabled students, especially students whose first language is not English (Embry et al., 2005). It also promises to reduce costs because it anticipates the high cost of retrofitting or providing

individualized support after an inaccessible, though perhaps inexpensive, design has been installed (Burgstahler and Cory, 2008a). There is some initial evidence which suggests that course completion rates of disabled students could dramatically improve when UD is introduced into the classroom (Jenner, 2008).

When the social model of disability is being promoted in any environment it can be difficult to know how to operationalise the theory. UD gives people very practical solutions that deliver outcomes which match the goals of the social model. For disability services UD can be a hook to catch senior level administrators as they plan the future of their institution to address the needs of all of their students.

Conclusion

This chapter has sought to describe the history and development of UD and its relationship with the social model. It has also described the promotion of this concept by AHEAD who have a strong influence on HE service providers in the US and internationally. Still in its infancy in HE, UD has the potential to positively impact physical environments, learning environments and technological environments in universities around the world. It is important to recognise the potential pitfalls and weaknesses in UD early on in this process and ensure that its promotion includes the social model as the grounding framework. Chapter 4 will describe the research design, which will allow for further insight into how the social

model and UD are being implemented in HE disability service provision.

Chapter 4 - Research rationale and design

Introduction

In this chapter I will describe my research rationale and design; I will be explicit about my position in relation to the research and the consequent decisions that I made in determining the subject of the research. I will then go on to explain the methodology for this study including the sampling and data collection methods.

My research stance

As a researcher, I take an interpretivist standpoint, seeing the social world as the construction of individuals. I take the view that western societies have consistently oppressed disabled people and excluded them from opportunities to take a dynamic part in social activities. As has already been seen in the previous chapter, I am strongly influenced by the social model of disability and have taken this model as the foundation and focus of my research. I see it not only as a valid critique of society but also as the basis for a political stance which promotes the inclusion and empowerment of disabled people in all aspects of society. This research will not only investigate an aspect of society that has the potential to oppress or empower disabled people but will make recommendations of practical applications that produce inclusive outcomes wherever possible. In the interests of establishing my standpoint it is significant to note that I am non-disabled and work in the area

of service-provision to disabled students in a postsecondary educational environment. Both of these facts impact on the research questions because they relate specifically to and inform my approach to service provision. As a non-disabled researcher I specifically chose not to research disabled people themselves but to investigate an institutional phenomenon that has the potential to oppress or empower instead.

From the social model comes a model of research named by Oliver (1992) as the 'emancipatory paradigm'. This paradigm stems from critical social theory which, in opposition to a positivist position, values the personal accounts of individuals. It does not interpret them as biased, subjective narratives but indicators or symptoms of larger social problems. Furthermore it considers the bias of the researchers and their relationship with their research partners to be valuable because of its ability to create better theories and inform social policy (Mercer, 2002). Taking an emancipatory approach to research requires experience, funding, consultation and advisement from disabled people who direct the research. Despite a desire to incorporate this paradigm into my research, the reality of Masters level research is that there is little funding and the researcher is inexperienced and has very little to offer disabled people in terms of expertise or skills. This makes the possibility of gathering an advisory group to direct the research impractical. Thus, I conceded that if I could not conduct my research from an emancipatory paradigm I would focus on potential agents of oppression rather than disabled people because the power imbalance would be lessened. This decision is based on a

desire to do worthwhile research that does have a positive impact on the lives of disabled people but does not exploit disabled people as a means to further academic goals.

The Research Project

As was stated in the previous chapter, this research aims to assess key characteristics and trends of services for disabled students, which are in the process of implementing a social model of disability approach, in 5 universities in the USA. This study will analyse some key questions arising out of the literature:

- Have attempts to change from a traditional service provision model to a social model approach been feasible and consequently successful?
- Has the whole institution been involved in these attempts and has it been supportive of the process?
- Are the service providers seeing their role change?
- Has Universal Design (UD) been a part of the philosophy of the change and if it has does the provider understand its link to the social model of disability?

The intention of this research is to identify successful attempts at creating inclusive learning environments in order to make recommendations to other institutions and for further research. It will also identify the challenges facing those trying

to implement this approach and explore the evolving role of these services. The main research questions will be:

- 1 How does the social model of disability approach to service provision manifest itself in each of the sample Higher Education contexts?
- 2 What are the main issues and considerations arising from the adoption of a social model approach to support for disabled students within the sample?
- 3 What challenges and successes have been experienced in the implementation of the social model approach in these institutions?
- 4 How is Universal Design situated within these changes?

In order to answer the research questions outlined above this research began by gathering existing literature and information from the web on the institutions in order to select universities and colleges who fit the criteria for the research. Once the 3 to 5 universities had been chosen a questionnaire on their adoption of the social model of disability and/or UD was administered. The results were analysed and the findings used to generate policy recommendations and implications to inform further research.

Methods

Preliminary research

The preparation of the questionnaire and sampling research required an in depth analysis of the literature. This included extensive web searches on the universities in the US with services for disabled students. Mission statements were scrutinized and similar documents were read to determine the approach of the universities. Similarly, literature on the approach of these services to their service provision model was read in order to determine the content of the questionnaire. During this process, it became evident to the researcher that a further literature review on the concept of Universal Design would be necessary for a full understanding of how this concept has developed and influenced service provision.

Sampling

In order to identify the sample key informants were asked to identify institutions whose stated aim is to work towards a social model of disability framework. This non-probability criterion-based selection utilised network sampling (Mason, 2002; Punch, 1998). The key informant is experienced in the field and has visibility among professionals who work in the service provision sector giving them critical knowledge about which institutions are working towards the goals of the social model of disability. The informant is a proponent of the approach and is

published in the Association of Higher Education and Disability's (AHEAD) *Journal on Postsecondary Education and Disability*. An initial consultation with the key informant revealed a list of 6 institutions that could have been eligible. The researcher identified another 4 institutions that were not in the informant's list, but were leads originating in the literature. An initial web search was conducted on each institution to explore inclusive language, find mission statements, aims and objectives and strategic plans. This confirmed the list of potential participants, bringing the number down from a total of 10 to 9 as one institution did not fit the criteria. The contact details of the directors of each office for students with disabilities (or similarly named departments) were collected.

There are weaknesses to this approach because using only one key informant will potentially bias the results as institutions outside of the network will not be considered (Bloch, 2004). The sample may be homogeneous and exclude other approaches to implementing a new service delivery because the key informant may have consulted on the social model approach with each institution, influencing the results. However, the choice to implement purposive sampling based on the reputation of institutions in this targeted study ensures quick selection of institutions that match the criteria. Additionally, as 4 further institutions were added to the sample by the researcher the potential for bias was lessened. A sample size of 9 institutions accounts for the possibility of non-participation with the aim of collecting data from 4-6 institutions. Ultimately, the

participating institutions numbered 5, 4 were recommended by the informant and 1 was from further research.

Data collection

The researcher would have preferred to collect the data by conducting qualitative interviews; however time and finances did not permit this approach. The respondents were spread out across the US. Therefore using a questionnaire was the practical data gathering solution. Collecting data through a questionnaire ensures that the same questions are asked of each institution uniformly. The respondents could take their time in gathering information (be it statistics or mission statements etc.) The respondents could answer at a time that was convenient to them. The interviewer-effects and biasing errors are eliminated (Bloch, 2004) and only the wording of the questions could have an influence on the respondents' answers. There are limitations in using this approach because the respondent cannot easily clarify the question with the researcher if there is misunderstanding (Bloch, 2004). The researcher cannot probe for further information directly; however the contact information for the researcher was available to the respondents. There was also no opportunity to build a relationship with the respondents because there was no interview.

A script for the initial contact telephone interview to introduce myself, the research and the methods was developed as a guide. A similar introductory email was created if

communication via the phone proved difficult. I had to contact most institutions by leaving a phone message and following up with an email. Email was the favoured means of communication by the directors. Response rates to self-completion surveys can be increased when the interest of the respondent is piqued (Bloch, 2004). The intention of the initial telephone contact was to allow for a discussion about the research which might motivate the respondents to complete the survey. However, in reality I was not able to speak directly with the directors and resorted to email very quickly, which produced an email response in 6 cases and only 2 directors did not respond at all. A further director was reached by phone.

After the initial contact the directors were sent a link to an online questionnaire, hosted by SurveyMonkey (www.surveymonkey.com). The questionnaire was designed to be both qualitative and quantitative and was semi-structured. As no similar research of this type has been done, the questionnaire was designed from scratch. I chose to use an online delivery of the questionnaire for various reasons: the tool was cheap and simple to use, it had the capacity to be delivered over a wide geographical range (Bloch, 2004), the questionnaire looked professional and allowed for recipients to come back to it several times saving data throughout, data collection and storage were secure, reminder emails could be sent to recipients individually. The format was easily manipulated by the researcher but ensured that the recipients could not alter the lay-out when responding. This is an issue

with email questionnaires with attached documents, which can be easily manipulated accidentally or purposefully (Odihi, 2004).

It was not deemed a disadvantage to use the web for this questionnaire as the majority of universities in the US use the web to advertise themselves and therefore their whole administrative body is effectively 'on-line'. It is also highly regular for all staff of a University to have their own email address linked to the university making it accessible to all the intended participants. SurveyMonkey has the facility to link a questionnaire to an email address making it impossible for any other person to know about or access the questionnaire independently. Therefore for a response to come from someone other than the intended target the respondent would have to give permission to another person knowledgeable about the service and then send them the link to the questionnaire. As most respondents emailed me separately after they had completed the questionnaire I am very confident that the intended recipients answered the questionnaire personally, and in one case the recipient answered it with another member of the service sitting next to her/him, because the person felt that doing it together would produce fuller answers. Unfortunately, SurveyMonkey is not an accessible web tool for screenreaders and therefore a separate word document was created and sent as an attachment for anyone requiring that format.

The questionnaire was piloted with one institution before distribution. That institution gave feedback and the questionnaire was changed slightly before being sent to the other institutions. This ensured that terminology was understood

and questions were clear. Self-report is also unreliable though some external validation will be possible from publicly available resources and information from University websites already researched in an earlier stage of the study.

Qualitative follow-up telephone interviews

This was an opportunity to gather more qualitative data. Recording the data involved the researcher making extensive notes whilst on the phone. One respondent (named C) of from one of the five did not fully complete the questionnaire and consequently the researcher invited the respondent to discuss the issues in the questionnaire by telephone. As time was an issue and the respondent was in a unique position of understanding the situation both on the ground and from involvement with the professional association it was deemed more important to discuss her impressions of the issues in implementing the social model approach and UD than to complete the rest of the questionnaire.

Ethical Considerations

Participants in this study were asked to give their consent to take part and could withdraw at any point during the study if they chose to. An explanation of the nature of the research and the motivation of the researcher was given at the initial stage. The participants were also informed that they would receive a summary of the findings in the final stages of the research. The

participants were asked at the end of the questionnaire whether they wanted their institution to remain anonymous in the Masters thesis or any reports. Three of the five wished to remain anonymous. The only risk for respondents is that if they choose to be critical of the institution they work for they might feel vulnerable. However, anonymity of respondents and institutions will be ensured so that they can feel free to critique their employing institution if they so choose. The study concentrates mainly on what the service's mission is and less so on the response of the HE institution.

Size of study

This research design only investigated 5 institutions. There are limitations therefore on how much comparison can be made between the institutions and whether there will be any identifiable trends. Time does not permit this study to include a larger number of institutions. The research objective is not to discover one 'truth' about the situation in US postsecondary educational institutions; it aims to describe what people believe they are enacting and what motivations and principles underpin the actions they have taken.

Conclusion

In this chapter I have described the research questions that I am asking and the standpoint from which I am asking them. I then go on to explain the research methodology for this study

and the rationale for the choices that I have made in designing this study. The following chapter will document, in a summarised format, the results of the questionnaires, drawing out the main conclusions.

Chapter 5 - A summary of the results

Introduction

In this chapter the results of the questionnaire responses will be given. In order to respect the wishes of the informants to remain anonymous the universities who cooperated will not be named. However a brief profile of each university will be given. Three of the offices that dealt with students with disabilities included 'Disability Resource/s' in their names and two used 'Disability Services'. Each university served a group of disabled students who had a diverse range of disabilities. This chapter presents summarized responses from all universities, the full questionnaire responses are tabulated in Appendix 4.

Participants

Respondent A was from a small, publicly funded, metropolitan southern university with a research intensive focus.

Respondent B was from a large, mid-western university considered to be a 'Public-Ivy'.

Respondent C was from a large, southern university considered to be a 'Public-Ivy'.

Respondent D was from a medium-sized, state funded, mid-western university. It should be noted however that this office only serves students with physical and health related disabilities

and not students with learning or psychological disabilities, who have a separate service.

Respondent E was from a medium-sized, private, Ivy league, East Coast University.

Results summary

Social Model of Disability

Each of the participants understood the social model of disability and gave a brief description that correlated with the main tenets of the model placing the problem of disability in society and not in the individual. Examples of their descriptions include;

B "...an individual is only as disabled as the environment s/he finds himself in. Environment includes physical, technological, programmatic and attitudinal."

D "The social model is a new paradigm of disability. Disability is simply a difference. It reframes disability as a positive difference that one should be proud of. It reframes disability from an individual "problem" to a societal "issue". ... The social model enhances the development of self determination and disability pride."

The respondents were not asked to go into any great detail about the social model and therefore their understanding could be considered superficial, however every university was able to identify the model in terminology consistent with it. Moreover, they all stated that the model was reflected in their service philosophy. On the question of how it has informed their service philosophy each described different ways in which it manifests itself:

A “We have begun to promote our office as a collaborative office which works with students but also provides services to the campus at large and specifically to the designers of environments such as the IT environment, the online learning environment, the classroom or lab environment, etc. Viewing our services from this perspective has also resulted in our taking a hard look at the language that we use and work to eliminate words that reflect older, medical model thinking.”

B “We look for ways to imbed access and accommodation into the broader context of usability. Advocating for captioning at significant campus events even where this accommodation has not been requested by a Deaf/HH person is an example.”

C “It has informed our mission, goals, job descriptions, service delivery procedures, programs, and professional development”

D “We are striving to incorporate universal design in everything we do. I feel that this sets the tone that full access and participation for our campus community is everyone's responsibility; not just the [disability] office...”

E “advocacy and role on campus in barrier removal both physical and other barriers”

The wide variety of answers ranging from a very specific example by B and more generalized ideas like C show varied visualizations of the social model in practice and perhaps varying depths in the interpretation of the model. We can also see the connection between the social model of disability and UD has already been made (by university D). There appears to be a connection between theory and practical application. One university stated that an area where they are not implementing social model thinking is in the requirement for medical documentation in order to be able to provide accommodations.

Every service stated that their service philosophy has changed in recent years and universities A, D and E stated that the change was in line with the social model and UD principles. Another used social model terminology in describing the change,

C “We have tried to relocate ‘the problem’ from individual students to various campus environments (physical, program, policy, information, etc.), in our service delivery

process, information (brochures, website, etc)., job descriptions, mission statement, etc”

University B stated that the focus of the change was technology and the possibilities for broadening access for more users. University E saw the catalyst for change as an injection of money and a change in leadership. However, three institutions (A, C and D) related the change to their understanding of the social model and UD.

Despite the fact that all universities show an understanding of the social model university B has interpreted it more narrowly than the rest, focusing on technological solutions to the problems surrounding access. It is evident that the universities are seeing the social model in concert with UD and that both of these concepts have simultaneously impacted the service philosophy changes that have come about in recent years.

Universal Design

All respondents understood the concept of UD and all of them said UD was part of their mission or objectives, for example,

A “Universal design is a framework for thinking about environments that goes hand in hand with the social model of disability. The principles of universal design support the creation of products, services and environments that are usable by the widest range of users without modification or retrofitting.”

Again, the intertwining of the social model is evident in this description. Three institutions gave dates for implementation of UD, notably these dates coincide with the AHEAD surge in education in this area (AHEAD, 2004). Most respondents recognized that their role in promoting UD was as a resource to faculty, instructors and the university as a whole. A and C felt that it was also a framework for assessing their own offices. University A expressed a process in which they began to review their own service delivery using UD

A “Initially, our approach to promoting universal design was strictly focused on learning and IT environments. After doing a self-assessment of our office, we realized that while we were teaching about universal design, our service model was not in line with what we were promoting elsewhere. We began to ask different questions of students that focused on barriers in the environment rather than the impact of their disability. And we began to view the need for an accommodation as a signpost that a redesign of a course or process may be needed.”

A question regarding the connection between UD and the social model drew responses about the removal of environmental barriers, something both models aspire to. A notable response follows;

C “I think UD is a logical outcome of social model thinking, as long as you use it as a philosophical construct to guide your work and not as a strict "cookbook" - there must always be room for individualized accommodations/modifications, but if your goal is to alleviate that need, then I think you are being guided by Social Model/UD.”

Here we see the strong link made between UD and the social model and a clear recognition that UD cannot solve every access issue. The next example expresses the idea that UD is an outworking of social model thinking;

D “It promotes self determination and disability pride. I think it gives people with disabilities a sense of value. People/designers thought about them when designing programs, curricula, buildings, etc...”

Only one institution thought there was a divergence between the social model and UD but gave no explanation as to why. University C felt that if you were careful it wouldn't diverge, though they did not elaborate on what you would need to be careful about. The others thought there was no divergence. The subsequent question asked what the biggest impacts of introducing UD into the service had been;

A “Job satisfaction on the part of everyone in our office has improved thanks to introducing UD concepts in our

policies and practices... Others on campus are taking real ownership of the concepts and are applying them to their everyday tasks and in their planning.”

B “increasing awareness about the range of individuals who could benefit from UD principles.”

C “Fewer hoops for disabled students to jump through - faculty appreciating the impact of their course design - UD standards instead of ADAAG standards in our facilities manual - better designed websites”

(ADAAG is the ADA Accessibility Guidelines for Buildings and Facilities)

D “I have seen significant changes in our students with disabilities. They have been great self-advocates in educating others about UD. Our campus buildings currently being built, I believe will have features of UD which will impact people with disabilities and further educate others. I have educated our diversity experts on campus about UD and how UD benefits everyone. I believe that our diversity initiatives will impact disability and UD.”

E “more accessible instruction and technology”

Many of these answers point towards the increasing awareness of all stakeholders on campus.

Service Aspects

Respondents were asked to comment on changes made in their services in this part of the questionnaire. Every service aspect mentioned in the questionnaire was changed by a minimum of 2 of the 5 institutions, indicating that each of the aspects included in the questionnaire is relevant to the service philosophy change.

Language changes

Four of the five universities had reviewed the language used on their websites and publications. Of those four, three (A, C and D) made subsequent changes. University B felt that no change was necessary and though the language they use does not explicitly mention the social model or UD, it alludes to concepts consistent with them. University E made no changes and the language used on their website is focused on the ADA and accommodations. Universities A, C and D include explicit information about the social model and UD on their websites and overtly encourage their readers to change the way they think about disability.

Services - number and type

Two universities had increased their number of services to include consultation to faculty and staff on UD and more

services to faculty and non-registered students. One university felt they were not at the point where they would change their services yet and another wanted to see a reduction in their note-taking service in the future as courses become more accessible (because faculty would provide notes).

Disability documentation

Three of the universities had changed their documentation practices to include more reliance on self-report and a minimum of documentation.

Interactions with students

Again, four universities have changed their interaction with students by reframing the way they talk about disability using the social model, by relying more on student report or by having a more individualized interaction.

Interactions with faculty

All the universities take the approach of educating, consulting or coaching faculty on more accessible instructional design and the diversity of learners in the classroom.

Impact on built environment

Four universities expressed that they have had an impact by way of consultation with facilities staff and recommending UD principles. The remaining university held the belief that their facilities staff already implements the philosophy that they hold.

Influence on instructional materials

Two universities said that they did have influence and university C had already intimated earlier in the questionnaire that they assist faculty with their course design.

Influence on wider university policies

Three universities believed that they had an influence on wider university policy and practices and a fourth hoped to in the future.

Other

The only additional change, directly related to service aspects, implemented by one institution (A) was that of a restructuring of the office.

All of these changes in service happened piecemeal in four of the institutions, but in university A they were part of a phased plan.

Transition

At this point in the questionnaire university C stopped responding. The respondents were asked what the transition process looked like. Each university gave different descriptions of the process. These ranged from a single planned approach to long, gradual processes in the other universities. Here we see the planned approach,

A “We held a retreat for the entire staff where we introduced the concept of universal design and social model and encouraged the incorporation of those ideas in our five-year plan. We followed up with that by having an intense working retreat in which we reviewed every aspect of the office in terms of its alignment or dis-alignment with this philosophy.”

Universities B, D and E emphasized the lengthy process of changing attitudes throughout the campus, a process that has not finished.

Reactions on campus

When asked how students had responded to the changes, all of the remaining participants stated that it was positive, however no formal feedback had been sort by the institutions therefore the responses are purely anecdotal, examples include;

A “Students have responded positively. Communicating with students in ways that reframe disability from the social model perspective has been particularly powerful.”

D “They love it and feel valued. I believe they have grown both personally and professionally from it.”

Faculty responses were both positive and negative, again there has been no formal feedback sort. One theme in particular

emerges, that of the amount of time it will take to implement the changes;

B “Some [faculty] see advantages but most fear the amount of extra work, time and cost.”

D “The faculty really seem to like the ideas but again feel that this will take extra time and effort from them.”

Three respondents said that the senior administration had been supportive of the changes but institution B stated that they had expressed a desire to differentiate between what was required by law than what the service wanted to do. When asked about the response of their own office a similar theme emerged which was that the staff resisted the idea somewhat but were slowly accepting the new way of thinking.

Cost

The concerns over cost of the changes were minimal. Though further in the questionnaire when asked what the principle barriers were to further development of their services two universities state that funding is the barrier, despite the earlier answers.

Inclusion

Only university A said that a fully inclusive educational environment would be possible and that it was their goal and vision. The other three were less optimistic. This question can

be interpreted in different ways and it is possible that university A understood it to mean that given the provision of individual accommodations and the implementation of UD all disabled students can be included in the university environment eventually. University D interpreted it differently so that an individualized accommodation would not fit into the 'inclusive educational environment' and would always be necessary.

Conclusion

The data collection exercise for this research produced a resource which enabled the researcher to begin answering the research questions. It also resulted in the identification of some emerging themes which will be discussed in detail in the following chapter. One of the most significant findings was that the social model of disability appears to be being implemented through the use of Universal Design principles. Every university in the sample combined these two concepts and made automatic links between the two.

Chapter 6 – Emerging themes and issues and study limitations

Introduction

The data collection exercise lead to the emergence of some themes and issues. In the literature some of these themes are corroborated and where this occurs I have incorporated supporting research. This section is followed by a description of the limitations of this study.

Emerging Themes and Issues

Social Model of Disability and UD are compatible

It is evident from this research that the service providers are linking the social model of disability framework to the concept of Universal Design. For most the two are inseparable. Only one provider saw a potential problem with UD being implemented without the social model framework guiding its interpretation. It is already evident in the literature surrounding UD that the philosophical framework for thinking about disability from a social justice standpoint is lacking. In this study University B focuses much more on the technological solutions of UD than on the overarching concepts of the social model which is perhaps an indication of this deficiency.

In a book hot off the Harvard Education Press called *Universal Design in Higher Education: From Principles to*

Practice (2008) there is no mention of a framework for using and interpreting UD principles, the assumption is that UD is itself a framework because it “requires a change in thinking: from viewing disability as a problem of the individual to seeing inclusion as the responsibility of the institution” (Burgstahler and Cory, 2008b:252). UD is considered to be “consistent with an understanding of disability not simply as a deficit within the individual but as a social construct” (Burgstahler, 2008a:11) but other than these two allusions to the social model, by the same author, there is no prefacing or grounding of the material in this philosophy. It is not clear in the literature whether this requirement of UD to think differently is an integral part of the training on UD or a desired consequence. As was discussed in the chapter on UD this could be problematic if the interpretation of UD is partnered with a traditional view of disability because attitudes and institutional cultures will not necessarily change. In fact, a seminal writer on UD admits:

Such [discriminatory] attitudes perpetuate inequality and inhibit the acceptance of UDHE [Universal Design for Higher Education] as a way to support social integration. The attitude of some faculty and staff that students with disabilities are an extra burden may also inhibit the adoption of UDHE, as is a “survival of the fittest” attitude about students in general. (Burgstahler, 2008c:280)

This emphasizes the need for attitudes to change first before the adoption of the tools necessary to implement the inclusion.

One writer tenders that universal instructional design is “gaining notice as a tool for social justice” (Higbee, 2008:61), again emphasizing the instrumentality of UD rather than any philosophical agenda.

The professional association for disability service providers in the US (AHEAD) is trying to package the two ideas together in the work that they are doing and all 5 universities taking part in this study were aware of the social model of disability and articulated it well. However, in research currently underway to identify the concept of disability endorsed by providers affiliated with AHEAD, initial results indicate that 62.2% endorse the individual (or medical) model of disability, 5.2% endorse the social model and 31.1% endorse a universal design approach (1.5% did not respond) (Guzman, 12 July 2008, personal communication). Respondents were not able to choose a combination of models leaving us to question how many of those implementing the universal design approach are using a social model perspective simultaneously. A future research question would be to find out how many other universities are linking these concepts.

Changing language, changing concepts

Three of the participating institutions felt that they must review all of their literature and publications so that the language they use is consistent with the social model of disability and UD. This was a key starting point for all of them. For one institution, it was particularly important to involve the staff team in education

around these concepts as well. This has had a ‘powerful’ effect on the students using their services according to the service providers.

Becoming a collaborator

The next theme arising out of the data is the need for disability services to evolve their role in the university. This was described in various ways including collaborating with all university stakeholders; students, faculty and staff. This theme appears in the literature as well, describing a broadening of the role of disability service providers to not only provide accommodations where necessary but to consult on UD across campus (Burgstahler, 2008a; Embry et al., 2005). One particular campus office is the teaching support service that universities usually offer. Some of them include UD concepts in the courses that they offer to faculty in the US (Finn et al., 2008).

Becoming an expert

Alongside collaborating with people on campus comes a new role for some disability services in becoming an expert on how to implement inclusion in all areas of university life. Where previously the minimum amount of expertise that an office would need was knowledge about the law, and specific knowledge about disabilities and accommodations, disability services are now realizing that they need to be experts in UD.

Furthermore, they need to be strategic in the ways that they communicate their vision for an inclusive university because it impacts the whole campus and requires support from senior administrators. There are some issues arising out of this role shift because not all disability services will have the mandate, authority, training and resources to fill this role appropriately or knowledgeably. It is put forward by an expert on UD that,

The cause of UDHE can benefit from campus administrators who see the value of evolving the role of the disability services office to include a charge to consult with faculty and staff on UD and from faculty and staff willingness to embrace new roles in making campuses more inclusive. (Burgstahler, 2008c:281)

This type of endorsement from campus administrators would give disability services the support they need to become experts. They must evolve their expertise in anticipation of this potential role-change.

Decentralizing

Spreading the responsibility for access across the campus is another theme that occurs in the data. The decentralization of provision to disabled students from the disability service office to the campus at large is an enormous change in thinking. Where once Section 504 officers ensured compliance with the law we are now seeing a revolutionary move towards everyone

on campus being responsible for access and inclusion issues. This requires the disability service to engage fully with the university.

Documenting disability

The documentation of disabilities is clearly a requirement that sits uncomfortably with some of the universities taking part in this research. When promoting a social model that rejects over-medicalisation of the student it seems paradoxical to ask for medical documentation for proof of disability. This is clearly debated in the literature and disability studies scholars confront the power of professionals and medical diagnoses as the final word in matters relating to the provision of services.

The social model of disability questions the professional dominance over disability and supports experience over expertise, and self-help and collective action over professional intervention and personal adjustment.(Gillman, 2004:256)

As stakeholders in the assessment procedure the disabled student should be considered the best resource on their condition. There is a drive, coming from the professional organization AHEAD, to acquire minimal documentation and augment any information through interview with the student. They also recommend that the determination of accommodations should be done in collaboration with the

student (AHEAD, 2004). Though medical documentation cannot be eradicated as long as the service eligibility needs to be identified, UD practices should lessen the need for students to register with the disability service.

Faculty endorsement

Getting faculty endorsement for UD is a significant problem, because of the time commitment required to take the training and implement UD into their teaching and course design. This is not always a priority for faculty who have many responsibilities. There is some evidence that once UD training is offered the desire among faculty for more training increases (Finn et al., 2008). This concern about meeting resistance from faculty is corroborated in a study about service providers' perceptions of UDI, in which a larger number of service providers were consulted (Embry et al., 2005).

Funding

Two service providers identified funding as a barrier to their continued promotion of the social model and UD. This concern is corroborated in the literature (Burgstahler, 2008c) and though the assumption is that introducing UD principles into HE environments will ultimately lower overall costs, because fewer individual accommodations will be necessary and retrofitting accommodations is usually highly expensive, there are some

who suggest that there must be a injection of money to begin with but that it does not need to be unmanageable,

Until UD is routinely applied, extra time and resources may have to be expended to redesign inaccessible products and environments and to train and support staff in the practice of UD. However, setting incremental goals can minimize cost and thereby promote UDHE. (Burgstahler, 2008c: 281)

Student Consultation

A notable omission from the responses given in the questionnaires was consultation with disabled students. No service observed that the changes in their service philosophies had been prompted by disabled students, or consulted on with students, and the motivation for the changes were not linked to student input. This is a concern especially as the students are the main stakeholders in these services and will be directly affected by the changes. A major focus of research in the field of Disability Studies has been user-led organizations of disabled people. The independent living movement in the US and centres for independent living in the UK have been prominent in the campaign to participate in and control the way that they receive and utilise services and resources. In describing the characteristics of user-led services one scholar writes,

There is a broad consensus that user-led organisations offer a distinctive approach to service provision. This encompasses: adherence to a social model; democratic accountability; promoting independent/integrated living through widening user choices. And including all disabled people. (Mercer, 2004:179)

Many of the services demonstrated a commitment to disability pride, independence and self-determination in their mission statements however this is not manifesting itself in a true commitment to student input and direction. There are two issues here that are being neglected by service providers: firstly, that by excluding students from the process they are not following their declared philosophy, and simultaneously losing an opportunity to educate and empower the disabled students they serve; secondly, that the voice of the students could lend significant weight to their petitions to higher powers within the institution for more access.

Study limitations

The research brought to light some of the key characteristics of disability providers, however, this study was limited in its scope and in its ability to triangulate the methods. Partly due to the restrictions imposed by time and finances and partly due to the lack of research on this emerging phenomenon.

Sample

The universities involved were handpicked because their approach is aligned with a social model. It is not known how many universities are working from this model other than the initial results of current research suggesting that 5.3% of a total 135 US institutions taking part in the study identify as working from a social model perspective and a further 31.1% identify with a UD approach (Guzman, 12 July 2008). As respondents were not able to choose 2 categories it is not known whether any of the institutions identifying with the UD approach also identified with the social model approach. This research did not attempt to compare an institution that is solely trying to implement UD into their service delivery. This would be an interesting comparison to make and should be a focus of further research.

A purposive sample does not lend itself to generalizing the results beyond the sample though it is possible to identify trends within the sample; rather it generates richer, more descriptive data which enabled the researcher to gain greater insight into this emerging phenomenon.

Impact on Students and Faculty

This research did not address the impact of the implementation of a new service approach on the students or the academic staff directly. It was also not possible to validate whether the reality for disabled students in HE in the US matches the interpretations of the service providers. Further research should

focus on campus visits, student experiences and faculty responses. Some literature suggests that there is positive feedback coming from students (Behling and Hart, 2008), but it is mostly anecdotal evidence from professors. A chapter written by disabled students in a newly published book on UD states that “[m]ost literature about the application of universal design to instruction has been written by researchers and practitioners” (Durre et al., 2008:83) but goes on to conclude,

Students with disabilities do not always agree on the best practices for UDI. Overall, however, they make it clear that universal design strategies represent good teaching practice and minimize the need for specific accommodations. (Durre et al., 2008:95)

Before further work is done to promote UD on campuses there must be consultation with disabled students. Despite the logical assumptions that this is the way forward for an inclusive agenda, that agenda must take account of those whom it wants to include.

Minimal research on impacts of UD

As was discussed in chapter 4, despite the emerging popularity of UD with disability service providers there is a notable lack of research proving the outcomes for stakeholders. This was expressed as a concern by one respondent in this study and reappears in the literature (Finn et al., 2008; Burgstahler,

2008b; Embry et al., 2005). A leading researcher at the University of Connecticut on the UDI Project Team says of the current status of research;

A substantive question revolves around what to measure to determine the efficacy of UDI. We are particularly interested in academic self-efficacy as we believe that relates to the practice of including inclusive strategies in teaching. In terms of measuring learning outcomes, that becomes trickier because of intervening variables (e.g., student motivation, study habits, prerequisite knowledge, etc.) (McGuire, 2008, personal communication)

This uncertainty in the field has an impact on the practice because without research to support it UD has less integrity.

Conclusion

This chapter has sought to discuss in more depth the themes that arose in the analysis of the data that was gathered in this research. This has included a description of the key characteristics that disability service offices are displaying when they try to implement a social model framework into their service delivery. The chapter also confronted the limitations of the research and identified areas for further, complementary research that are needed in order to understand better the service provision landscape in the US and the need for foundational research into UD.

Chapter 7 - Conclusion

Introduction

The intention of this research was to discover from a carefully selected sample of institutions whether HE service provision to disabled students could function within the framework of the social model of disability. The qualitative research produced reflective responses from the respondents and enabled the researcher to identify characteristics of these services that seem to match the social model approach.

The intertwining of UD and the social model of disability

The first research question undertook to discover how the social model approach to service provision manifests itself. The overwhelming answer to this question was the promotion of UD, which was a defining feature. Every institution taking part was promoting this concept to their campus, faculty and students and some saw the social model as so closely intertwined with UD that the two were inseparable.

UD is being promoted heavily by AHEAD who have been seminal in the increase in interest in the area. They have a high capacity to influence disability service providers not only in the US but in an international arena too. Though the focus on UD is still in the early stages it could gather steam in the next few years especially as it becomes a development focus for AHEAD (AHEAD, 2004). UD appears to be a very powerful tool on

campus for gaining the attention of the administration and serves the ever-increasing need to engage the diverse student population (Scott and McGuire, 2008). The danger lies in the way that UD and the social model are indistinct in the minds of most respondents. They do not distinguish the UD tool from the framework for thinking about disability. Though some members of AHEAD appear to be aware of the need to establish the social model as the grounding principle for thinking about UD, there is a real danger that this has already been bypassed, as the literature demonstrates. Further attempts to promote UD must include foundations in disability studies theory to preserve the social model focus.

The changing face of service provision

The new approach to service provision requires the providers to change their self-concepts. Instead of looking at the disabled students and seeing a deficit that needs to be accounted for by providing accommodations and negotiating different treatment, they are now looking at the campus and learning environments and seeing deficits. This compels them to work differently and acquire new skills and areas of expertise. They need to be knowledgeable about physical, instructional and curriculum design. Previously, they were enforcing the law and looked to legislation for their authority. Now, they are appealing to their institutions to approach inclusion in this new way, convincing them of the benefit for the whole campus of going beyond what the law requires. They are learning to collaborate beyond the

networks they previously worked in to disseminate information. They are finding new ways to talk to disabled students so that they are empowered and enlightened.

The new expertise required by these services will need to continue to develop, anticipating the needs of the campus. They will also need to engage in creative networking and widen their scope of influence. If they wish to decentralize their service, an inevitable outcome of a proactive, inclusive campus, they will need to relinquish control of some aspects of their work and successfully hand over the skills and knowledge that, for example, the computer technology department might need in order to create fully accessible web environments from the outset.

The road ahead

The process of change for this sample of universities is underway. It is gradual because it involves the whole campus; its systems and attitudes. Faculty buy-in is a clear concern to the respondents as faculty can make or break the move to new methods of instructional design and innovative approaches to teaching. The best allies for these services will be the disabled students who make use of them. These students are more independent from the administration than the staff of disability services and have the potential to campaign for their rights as a collective group. The university employees can explain and persuade, but are in a difficult position regarding campaigning, because their jobs depend on the people they are trying to

persuade. Involving the students in the process might lead to more empowering relationships between staff and students but also faculty and students. At the end of the day, the students are their biggest stakeholders: the ones in the classrooms.

Recommendations for disability service providers in HE

One of the aims of this research was to provide recommendations to HE institutions who are hoping to reframe their services towards a social model. What follows are recommendations that have materialized from this research, not as a definitive policy, but as steps to be considered during the developmental process:

- 1 Disability service staff should learn about disability studies, becoming familiar with the social model in particular but also gaining a grasp of relevant areas of interest such as inclusive education and user-led organizations.
- 2 Disability services should educate themselves in the concept of UD and in the different manifestations that UD takes in a HE context (UDI, UDL etc.) They should start to become experts and resource centres. AHEAD will be a useful point of reference in this process.

- 3 Services should involve the students registered with their service in the educational process that they themselves are undergoing. They should listen to the views and concerns of the students during this process and adapt their views in collaboration with these key stakeholders. They might consider creating an action plan for implementation with disabled students, building some accountability into the process.
- 4 Building networks in the university is a vital component of this process. Areas to focus on are the faculty, teaching support services, administration at every level, facilities staff and information technology service. Educating people on campus about the new paradigm of disability and the concept of UD will sensitize people gradually to these concepts.
- 5 Directing their learning to their own service in very practical steps would be a recommended first application; reviewing and changing the literature and publications that are produced, the language used when communicating with stakeholders and reviewing registration documentation guidelines are some initial examples.
- 5 AHEAD need to be clear about the framework they are working from and promote education about the social model as much as the practical tools of UD. Wherever possible, UD should be presented as one tool for the

implementation of the social model and not the sole solution.

Conclusion

Services for disabled students in US universities are evolving. Fuelled by anti-discrimination legislation these services began life accommodating the 'deficiencies' of disabled students. But now, they are identifying the campus environment as deficient and exclusive of disabled people. In a small number of services a quiet revolution is taking shape; they are becoming proactive, campaigning for access, anticipating inaccessibility, educating their campuses about inclusion and their faculty about inclusive course and curriculum design. The social model of disability is the catalyst for this revolution.

The theoretical importance of this phenomenon is considerable and the consequences will substantially impact the lives of disabled students as campuses become more inclusive and the necessity to accommodate reduces. The practical implications of this change are, firstly, that the services are becoming more outward-looking, expecting the university to change instead of the student; secondly, that the relationships with stakeholders are shifting, moving the emphasis from a medical model approach to a social model regarding documentation and accommodations; thirdly, that the responsibility for access is widening, so that the service is not seen as the retrospective solver of problems but a collaborator

in the negotiation of better access; and, finally, that an awareness of the social model and tools for implementing it like UD is increasing.

This evolution is not without its difficulties and tensions. In a critique of UD and its relationship to the social model this research has sought to take the first steps towards clarifying the benefits and the drawbacks to implementing UD. Up until this point few people have analysed the theoretical differences and similarities between the social model and UD and this is evidenced by the uncritical intertwining of these approaches by service providers. In these early years of implementation of UD, it is vital to scrutinise what is happening and identify the weaknesses and strengths of the approaches that are being taken. Further research will need to take account of services who do not espouse a social model perspective but are utilising UD in their service delivery, to evaluate whether there is a divergence. It should identify best practice in a larger number of institutions and follow the progress of these institutions to see whether they are being successful in their aims. Students need to be consulted on their experience of UD course design and teaching practices, building and classroom design and all aspects of UD's impact on their university experience. The professional bodies that are encouraging UD need to promote it in a responsible way and take account of the ways that it might be misused outside of a theoretical framework, remaining vigilant in this endeavour.

To conclude, the current interest and desire of service providers to change their service philosophies to follow a social

model of disability is a radical step towards the full inclusion of disabled students in US higher education. As one tool for implementing the social model, UD is an exciting and energising concept for service providers to endorse on campus, giving faculty and staff a practical application on which to focus. If it is promoted in connection with the social model it could have a revolutionary impact at an international level on the lives of disabled students.

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Appendix 1

The Principles of Universal Design

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Universal Design Definition:

The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

1: Principle One: Equitable Use

The design is useful and marketable to people with diverse abilities

GUIDELINES

- Provide the same means of use for all users: identical whenever possible; equivalent when not.
- Avoid segregating or stigmatizing any users.
- Provisions for privacy, security, and safety should be equally available to all users.
- Make the design appealing to all users.

2: Principle Two: Flexibility in Use

The design accommodates a wide range of individual preferences and abilities.

GUIDELINES

- Provide choice in methods of use.
- Accommodate right- or left-handed access and use.
- Facilitate the user's accuracy and precision.
- Provide adaptability to the user's pace.

3: Principle Three: simple and intuitive

Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.

GUIDELINES

- Eliminate unnecessary complexity.
- Be consistent with user expectations and intuition.
- Accommodate a wide range of literacy and language skills.
- Arrange information consistent with its importance.
- Provide effective prompting and feedback during and after task completion.

4: Principle Four: Perceptible Information

The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

GUIDELINES

- Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information.
- Provide adequate contrast between essential information and its surroundings.
- Maximize "legibility" of essential information.
- Differentiate elements in ways that can be described (i.e., make it easy to give instructions or directions).
- Provide compatibility with a variety of techniques or devices used by people with sensory limitations.

5: Principle Five: Tolerance for Error

The design minimizes hazards and the adverse consequences of accidental or unintended actions.

GUIDELINES

- Arrange elements to minimize hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated, or shielded.
- Provide warnings of hazards and errors.
- Provide fail safe features.
- Discourage unconscious action in tasks that require vigilance.

6: Principle Six: Low Physical Effort

The design can be used efficiently and comfortably and with a minimum of fatigue.

GUIDELINES

- Allow user to maintain a neutral body position.
- Use reasonable operating forces.
- Minimize repetitive actions.
- Minimize sustained physical effort

7: Principle Seven: Size and Space for Approach and Use

Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

GUIDELINES

- Provide a clear line of sight to important elements for any seated or standing user.
- Make reach to all components comfortable for any seated or standing user.
- Accommodate variations in hand and grip size.
- Provide adequate space for the use of assistive devices or personal assistance.

Please note:

These Principles of Universal Design:

- address only universally usable design, while the practice of design involves more than consideration for usability. Designers must also incorporate other considerations

- offer designers guidance to better integrate features that meet the needs of as many users as possible. All Guidelines may not be relevant to all designs.

Version 2.0 4/1/97

Compiled by advocates of universal design, listed in alphabetical order: Bettye Rose Connell, Mike Jones, Ron Mace, Jim Mueller, Abir Mullick, Elaine Ostroff, Jon Sanford, Ed Steinfeld, Molly Story, & Gregg Vanderheiden

Appendix 2 – The questionnaire

Services for Students with Disabilities in Higher Education
This questionnaire has 8 parts.

Part 1. Introduction

This survey will ask various questions about the service you provide to students with disabilities at your institution. To begin there will be a few introductory questions.

The results will be anonymised. Please type answers following each question.

1. What is the total population of students at your Higher Education Institution?

Answer:

2. How many faculty (Professors) are employed at your institution?

Answer:

3. What is the full name of your office or service?

Answer:

4. How many staff do you employ to serve students with disabilities?

Answer:

5. How many students with disabilities are currently registered with your service?

Answer:

6. How many students are registered with your service in each of the categories listed below?

- a. Physical Disability – answer:
- b. Sensory Disability – answer:
- c. Learning Disability – answer:
- d. Attention Deficit Hyperactivity Disorder – answer:
- e. Mental Health/Psychiatric Disability – answer:
- f. Other category (if these do not match yours) answer:

7. Does your service have a published mission statement or value statement? (Yes or No)

Answer:

8. Please paste your mission statement or vision statement below.

Paste here:

Part 2. Service philosophy

The following questions will probe the philosophy of your service.

1. When it comes to serving students with disabilities would you say you apply the letter of the law (Section 504) or do you take a different view? (please comment on your answer)

Answer:

2. Are you aware of the social model of disability (or socio-political/interactional model of disability)? (Yes or No)

Answer:

If you answered no please go to questions 6 & 7

3. Please tell me what your understanding of the social model of disability is.

Answer:

4. Has the social model of disability been reflected in your service provision philosophy? (Yes or no)

Answer:

If you answered yes please go to Question 5, if you answered no please go to questions 6 & 7.

5. Please explain how the social model has informed your service philosophy.

Answer:

6. Please explain why the social model has not informed your service philosophy.

Answer:

7. What are the principal factors underpinning your university's framework for providing accommodations for students with disabilities?

Answer:

Part 3. Service philosophy continued

The following questions will probe the development of your service according to your service philosophy.

1. Has your philosophy of service provision for students with disabilities changed over recent years? (Yes or No)

Answer:

If you answered Yes please go to question 2, if you answered No please go to question 3

2. If yes, how has it changed?

Answer:

Go to question 4

3. If no, why not?

Answer:

4. What would you say are the principal factors that have initiated this change?

Answer:

Part 4 Universal Design

This section will explore whether you have used Universal Design Principles as part of the philosophy of your service.

1. How would you define the concept of Universal Design (UD)?

Answer:

2. Has Universal Design been a part of your mission/objectives? (yes or no)

Answer:

3. When was this introduced into your service objectives?

Answer:

4. How do you see this fitting into your service philosophy?

Answer:

5. How does UD fit into a Social Model of Disability perspective?

Answer:

6. Does UD diverge from the social model of disability? In what respects?

Answer:

7. What have been the biggest impacts that introducing UD into your service has made?

Answer:

Part 5. Service aspects

This section explores how the changes that you have made in your service philosophy and provision in recent years have impacted on different service aspects.

For questions 1-9 of this section please answer yes or no and then comment on how you changed the service or why you didn't.

1. Did you change language used in publications or website?

Answer:

2. Did you change the type of services you provide?

Answer:

3. Did you change the documentation of disabilities required?

Answer:

4. Did you change your interactions with student users?

Answer:

5. Did you change your interactions with faculty users?

Answer:

6. Did you change your impact on the University's built environment?

Answer:

7. Did you change your influence on instructional materials used by faculty?

Answer:

8. Did you change your impact on wider University policies and practices?

Answer:

9. Did you change anything else not covered here?

Answer:

10. Did the changes above happen:

- a. All at once
- b. As part of a phased plan
- c. Piecemeal

Answer:

Part 6. Transition

This is the last theme of the questionnaire and it will explore the recent changes that you have made to your service and how they have impacted on different service users.

1. What was the process involved in transitioning from one service philosophy to a new one in recent years?

Answer:

2. Please explain how students have responded to recent changes in disability services.

Answer:

3. Please explain how the faculty (Professors) have responded to recent changes in disability services.

Answer:

4. Please explain how senior administrators have responded to recent changes in disability services.

Answer:

5. Please explain how staff in your service have responded to recent changes in disability services.

Answer:

6. Please explain whether you experienced difficulties financing the changes.

Answer:

7. If you experienced other significant difficulties during this process please explain them here.

Answer:

Part 7. Transition continued

1. What do you consider are the most successful outcomes of recent policy developments for students with disabilities in your university?

Answer:

2. Do you see/have you seen the role of your service changing as you implement more of your objectives and come closer to the goals you have defined? (yes or no)

Answer:
If yes, how?
Answer:

3. How would you like to see your service developing in the future?

Answer:

4. What, if any, do you consider to be the principal barriers to the further development of services for students with disabilities in your university?

Answer:

5. Do you think a fully inclusive educational environment that accommodates the needs of all students with disabilities in US universities is possible? (yes or no)

Answer:
Please explain your answer:

6. If you were to advise your counterparts at another Higher Education Institution about the changes you have implemented in your service, what would be your main recommendations?

Answer:

Part 8

Thank you for your participation in this survey, please answer these two final questions.

1. I am interested to know whether you feel there were any important issues that I didn't cover in this survey.

Answer:

2. Having completed the survey, you can decide whether you would like your institution to remain anonymous in the findings of this research. If you choose anonymity, I (Heather Mole) will be the only person who knows the identity of participating institutions. Please choose one of the 2 options below:

a. I would like my institution to be anonymous in the Masters dissertation/thesis and any further publications resulting from this study.

b. I am happy for the name of my institution to be included in the Masters dissertation/thesis and any further publications resulting from this study.

Answer:

Thank you very much for completing the survey.

I will disseminate a summary of the findings to participating institutions as soon as they are ready.

Don't hesitate to get in touch with me if you want to make a comment.

Heather Mole

Appendix 3 - Screenshots of web questionnaire

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Services for Students with Disabilities in Higher Education

[Exit this survey >>](#)

1. Introduction

1 / 8

This survey will ask various questions about the service you provide to students with disabilities at your institution. To begin there will be a few introductory questions.

The results will be anonymised.

1. What is the total population of students at your Higher Education Institution?
2. How many faculty (Professors) are employed at your institution?
3. What is the full name of your office or service?
4. How many staff do you employ to serve students with disabilities?
5. How many students with disabilities are currently registered with your service?
6. How many students are registered with your service in each of the following categories?
Physical Disability

Done

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5. How many students with disabilities are currently registered with your service?

6. How many students are registered with your service in each of the following categories?

Physical Disability

Sensory Disability

Learning Disability

Attention Deficit

Hyperactivity Disorder

Mental Health/Psychiatric Disability

Other category (if these do not match yours)

7. Does your service have a published mission statement or value statement?

☐ Yes

☐ No

8. Please paste your mission statement or vision statement below.

Next >>

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2. Service philosophy

2 / 8

The following questions will probe the philosophy of your service.

1. When it comes to serving students with disabilities would you say you apply the letter of the law (Section 504) or do you take a different view? (please comment on your answer)

2. Are you aware of the social model of disability (or socio-political/interactional model of disability)?

☐ Yes

☐ No (go to question 6 & 7)

3. Please tell me what your understanding of the social model of disability is.

4. Has the social model of disability been reflected in your service provision philosophy?

☐ Yes (go to question 5)

☐ No (go to question 6 & 7)

5. Please explain how the social model has informed your service philosophy.

Done

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4. Has the social model of disability been reflected in your service provision philosophy?

☐ Yes (go to question 5)

☐ No (go to question 6 & 7)

5. Please explain how the social model has informed your service philosophy.

6. Please explain why the social model has not informed your service philosophy.

7. What are the principal factors underpinning your university's framework for providing accommodations for students with disabilities?

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3. Service philosophy continued

3 / 8

The following questions will probe the development of your service according to your service philosophy.

1. Has your philosophy of service provision for students with disabilities changed over recent years?

☐ Yes (go to question 2)

☐ No (go to question 3)

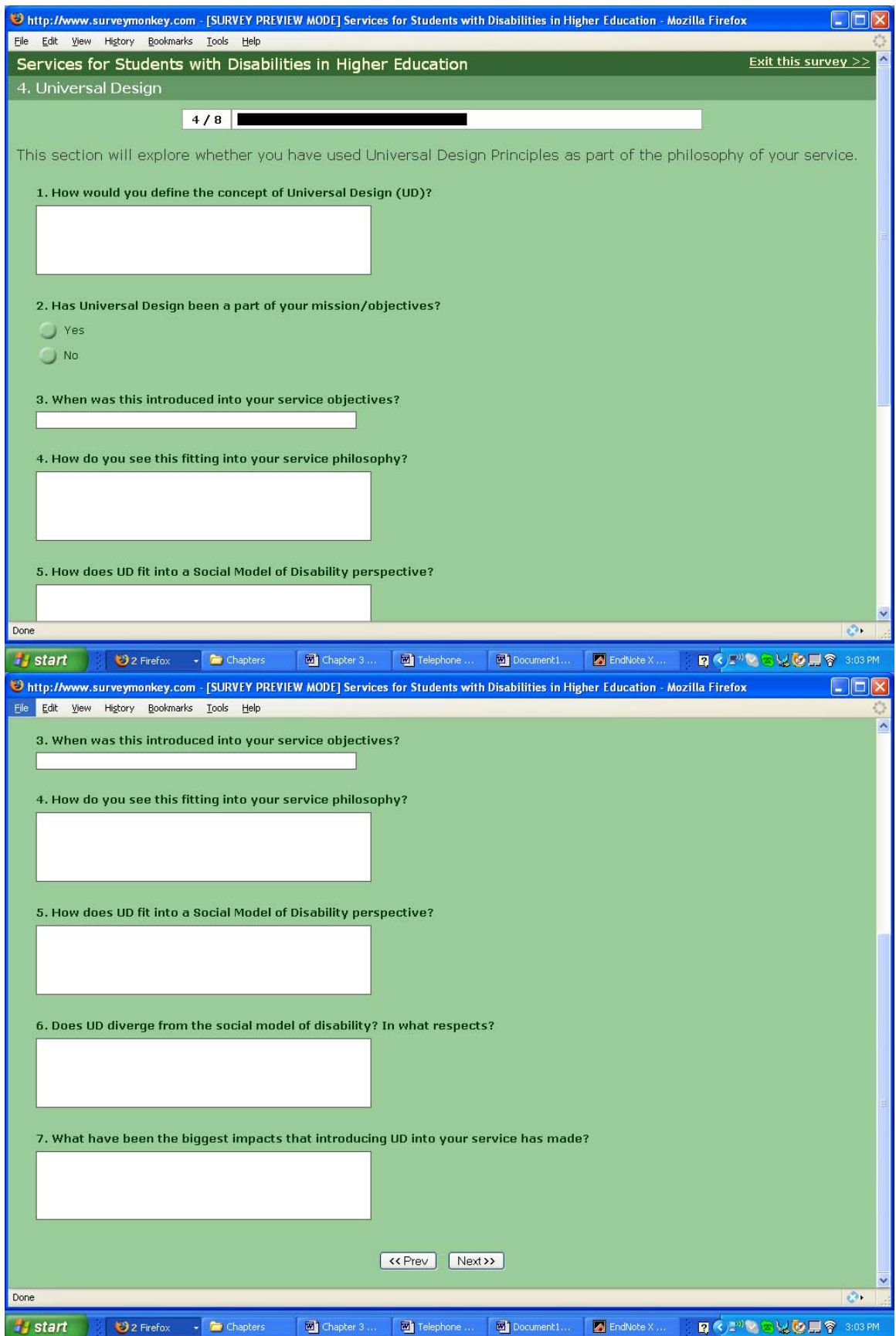
2. If yes, how has it changed? (go to question 4)

3. If no, why not?

4. What would you say are the principal factors that have initiated this change?

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5. Service aspects

5 / 8

This section explores how the changes that you have made in your service philosophy and provision in recent years have impacted on different service aspects.

1. Did you change language used in publications or website?

☐ Yes
☐ No

If yes, how? If no, why not?

2. Did you change the number of services you provide?

☐ Yes
☐ No

If yes, how? If no, why not?

3. Did you change the type of services you provide?

☐ Yes

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4. Did you change the documentation of disabilities required?

☐ Yes
☐ No

If yes, how? If no, why not?

5. Did you change your interactions with student users?

☐ Yes
☐ No

If yes, how? If no, why not?

6. Did you change your interactions with faculty users?

☐ Yes
☐ No

If yes, how? If no, why not?

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7. Did you change your impact on the University's built environment?

☐ Yes
☐ No

If yes, how? If no, why not?

8. Did you change your influence on instructional materials used by faculty?

☐ Yes
☐ No

if yes, how? If no, why not?

9. Did you change your impact on wider University policies and practices?

☐ Yes
☐ No

If yes, how? If no, why not?

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9. Did you change your impact on wider University policies and practices?

☐ Yes
☐ No

If yes, how? If no, why not?

10. Did you change anything else not covered here?

☐ Yes
☐ No

Comment

11. Did the changes above happen:

☐ All at once
☐ As part of a phased plan
☐ Piecemeal

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6. Transition

6 / 8

This is the last section of the questionnaire and it will explore the recent changes that you have made to your service and how they have impacted on different service users.

1. What was the process involved in transitioning from one service philosophy to a new one in recent years?
2. Please explain how students have responded to recent changes in disability services.
3. Please explain how the faculty (Professors) have responded to recent changes in disability services.
4. Please explain how senior administrators have responded to recent changes in disability services.

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4. Please explain how senior administrators have responded to recent changes in disability services.

5. Please explain how staff in your service have responded to recent changes in disability services.

6. Please explain whether you experienced difficulties financing the changes

7. If you experienced other significant difficulties during this process please explain them here.

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7. Transition continued

7 / 8

1. What do you consider are the most successful outcomes of recent policy developments for students with disabilities in your university?

2. Do you see/have you seen the role of your service changing as you implement more of your objectives and come closer to the goals you have defined?

☐ Yes

☐ No

How?

3. How would you like to see your service developing in the future?

4. What, if any, do you consider to be the principal barriers to the further development of services for students with disabilities in your university?

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4. What, if any, do you consider to be the principal barriers to the further development of services for students with disabilities in your university?

5. Do you think a fully inclusive educational environment that accommodates the needs of all students with disabilities in US universities is possible?

☐ Yes

☐ No

Please explain the reasons for your answer

6. If you were to advise your counterparts at another Higher Education Institution about the changes you have implemented in your service, what would be your main recommendations?

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8.

8 / 8

Thank you for your participation in this survey, please answer these two final questions.

1. I am interested to know whether you feel there were any important issues that I didn't cover in this survey.

2. Having completed the survey, you can decide whether you would like your institution to remain anonymous in the findings of this research. If you choose anonymity, I (Heather Mole) will be the only person who knows the identity of participating institutions.

☐ I would like my institution to be anonymous in the Masters dissertation/thesis and any further publications resulting from this study.

☐ I am happy for the name of my institution to be included in the Masters dissertation/thesis and any further publications resulting from this study.

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APPENDIX 4

Tabulated Results

Part 1. Introduction

University	1.1 Total students	1.2 Faculty members	1.3 Name of service	1.4 No of staff
A	12000	500	Disability Resource Center	7 full-time; 2 GAs
B	42000	2053	XXXXXX Disability Resource Center	13
C	38000	2500	Disability Resources	38
D	19000	792	Disability Services	2
E	approximately 20,000	n/a	Office of Disability Services	8 full-time + 100 part time

University	1.5 Students registered with office	1.6a Physical Disability	1.6b Sensory Disability	1.6c Learning Disability*	1.6d Attention Deficit Hyperactivity Disorder	1.6e Mental Health/ Psychiatric Disability	1.6f Other category (if these do not match yours)
A	384	61	79	75	82	89	126
B	756	35	68	194	162	177	chronic health 97, autism SD 6, brain injury 13
C	1600	150	87	656	494	95	118
D	90	70	20 approximately	0	0	0	
E	450 approximately	22	19	208	90	50	61

* Learning disability in North America equates with the British term 'Learning difficulty' and includes conditions like dyslexia.

In order to preserve the anonymity of the universities the mission statements have not been represented as they are published and therefore the participating universities could be identified. Therefore key words have been listed from the corresponding mission statement.

Themes	A	B	C	D	E
Accessibility	Access, facilitates access	accessible	access	equal access	equal access
Collaboration	collaborates with - students faculty staff community members partnerships	cooperates through partnerships - students faculty staff	collaboration	collaboration with university community	coordinating
Equal opportunity		equal opportunity		equal opportunity	
Environment	usable environment equitable inclusive sustainable	usable without adaptation or specialized design (as much as possible)	inclusive sustainable	universally accessible design principles	
Accommodations and services	accommodations	infrequent accommodations provided infrequent services provided			reasonable accommodations support services
Programs	innovative programs		innovative services programs		
Facilitation	facilitates awareness		facilitate discourse		
Students		students fully participate independence recognition of abilities	student involvement leadership	disability pride self-determination	Focus on ability independence
Other themes	training diversity				Americans with Disabilities Act

Part 2. Service Philosophy

University	2.1 Applying the Law
A	We have made a shift in recent years toward the spirit of the law rather than the letter of the law. A focus on the law seems to leave people asking, "What do we have to do?" We want people to ask instead, "What can we do?" and to focus on creating inclusive learning environments rather than meeting some minimal standard.
B	we put fiscal resources towards compliance but educate more broadly following a social justice model of inclusion
C	we balance with what we must do (compliance) with what we can/should do (universal design and different conceptualization of disability)
D	For me, Section 504 is a guideline. I do my best to follow Section 504 but many times the minimum requirements simply do not meet the diverse needs of people with disabilities. Many times the minimum requirement is not "usable". We are striving to incorporate Universal Design principles and the socio-political model of disability in all that we do. I believe we have the philosophy down but it will take many, many years to create the paradigm shift that is my personal goal for our University.
E	More consistent with the spirit of the law; try to do more than what is required by law

2.2 – All the Universities were aware of the social model of disability

University	2.3 Understanding of Social Model of Disability
A	The social model of disability is a way of thinking about disability as one of the many aspects of diversity that exist in our society. In this model, the problems of access exist not with the person, but with the design of the environment.
B	that an individual is only as disabled as the environment s/he finds himself in. Environment includes physical, technological, programmatic and attitudinal.
C	Locates the problem of disability within society - all those restrictions imposed upon disabled people from prejudice to discrimination to inaccessible programs and services
D	The social model is a new paradigm of disability. Disability is simply a difference. It reframes disability as a positive difference that one should be proud of. It reframes disability from an individual "problem" to a societal "issue". The social model gets society involved in designing environments, policies, services, etc. for all to use. The social model enhances the development of self determination and disability pride.
E	opposite to the medical model; disability is the result of barriers imposed by society

2.4 All the universities have reflected the social model in their service provision

University	2.5 How the social model has informed service philosophy
------------	--

A	We have begun to promote our office as a collaborative office which works with students but also provides services to the campus at large and specifically to the designers of environments such as the IT environment, the online learning environment, the classroom or lab environment, etc. Viewing our services from this perspective has also resulted in our taking a hard look at the language that we use and work to eliminate words that reflect older, medical model thinking.
B	We look for ways to imbed access and accommodation into the broader context of usability. Advocating for captioning at significant campus events even where this accommodation has not been requested by a Deaf/HH person is an example.
C	It has informed our mission, goals, job descriptions, service delivery procedures, programs, and professional development
D	We are striving to incorporate universal design in everything we do. I feel that this sets the tone that full access and participation for our campus community is everyone's responsibility; not just the DS office. Rather than waiting for someone with a disability to make a request and then provide them with the minimum. We are striving to make things as accessible as possible in advance, prior to a request being made. Disability Pride plays a role in that it is not just the DS office staff pushing for this paradigm shift. Students, faculty, and staff are serving on committees and playing a role in educating others about UD.
E	advocacy and role on campus in barrier removal both physical and other barriers

University	2.6 How the social model has not informed the service
E	we still are rooted in documenting with medical documentation student's disabilities and using that information for the determination of accommodations.

University	2.7 Principle factors underpinning your university's framework for providing accommodations for students with disabilities?
A	
B	equal access to the (name of university)'s Experience, level playing field, otherwise qualified,
C	
D	Currently, I believe we do it because it is the law. But I do believe we are seeing a significant change in this. As we talk more about the social model, UD, and now our campus diversity initiatives, I believe we will be providing more to people with disabilities because it is the right thing to do and we value disability as an integral part of diversity.

E	self-advocacy, self-determination, independent living
---	---

Part 3. Service Philosophy continued

University	3.1 Has your service philosophy changed?	3.2 How has it changed?
A	yes	We have made a shift to a more de-centralized approach to service provision. It is more closely aligned with social model thinking and promotes universal design.
B	yes	thinking more about how technology can be used to broaden access for multiple users.
C	yes	We have tried to relocate "the problem" from individual students to various campus environments (physical, program, policy, information, etc.), in our service delivery process, information (brochures, website, etc.), job descriptions, mission statement, etc.
D	yes	Yes, the DS office adopted the social model and UD about four or five years ago.
E	yes	more proactive role in barrier removal and universal design

University	3.4 Principal factors initiating change
A	We have participated in online courses and conference sessions that resulted in a shift in our perspective toward social model and universal design. We began to conceptualize our office as a resource for the entire campus. In addition, we recognize that the solutions for many issues that arise lie with a variety of players that may or may not include our office.
B	knowing more about the benefits of technology
C	Disability Studies, Socio-political construction of disability, and universal design
D	My personal beliefs in the field of disability. Incredible support from my immediate supervisor and administration. The students and my advisory committee also have been principal factors.
E	change in leadership and larger investment in department

Part 4. Universal Design

University	4.1 Definitions of Universal Design
A	Universal design is a framework for thinking about environments that goes hand in hand with the social model of

	disability. The principles of universal design support the creation of products, services and environments that are usable by the widest range of users without modification or retrofitting.
B	a product or process that has been developed to serve the widest range of users.
C	designing environments to be useable and inclusive of all people to the greatest extent possible
D	Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities
E	accessible to all users w

University	4.2 Is UD part of your objectives	4.3 When was it introduced	4.4 How does it fit with your philosophy
A	yes	2002	Initially, our approach to promoting universal design was strictly focused on learning and IT environments. After doing a self-assessment of our office, we realized that while we were teaching about universal design, our service model was not in line with what we were promoting elsewhere. We began to ask different questions of students that focused on barriers in the environment rather than the impact of their disability. And we began to view the need for an accommodation as a signpost that a redesign of a course or process may be needed.
B	yes	it is not in our service objectives but in our education of partners nm campus that have the ability to offer UD	Goal is to educate faculty, instructors, facilities folk etc. about benefits of UD philosophy.
C	yes	2000	it guides how we design our service delivery and how we frame what we do
D	yes	four or five years ago	
E	yes	n/a	providing service to faculty and the university to assist them in using

			UD
--	--	--	----

University	4.5 Does UD fit with Social Model of Disability?	4.6 Does UD diverge from Social Model?
A	Both UD and social model of disability put the focus on the environment, and the need to design environments, processes, etc., in a way that is usable to the greatest number of people possible from the outset. It is not a 'separate but equal' mentality.	UD and social model go hand-in-hand. We don't see areas in which they diverge.
B	downplays the disability focus of accommodation and focuses instead on usability.	
C	I think UD is a logical outcome of social model thinking, as long as you use it as a philosophical construct to guide your work and not as a strict "cookbook" - there must always be room for individualized accommodations/modifications, but if you're goal is to alleviate that need, then I think you are being guided by Social Model/UD	I don't think it has to, if you're careful with how you use it (see above. I believe that how you determine and provide reasonable accommodations can be impacted by UD philosophy.
D	It promotes self determination and disability pride. I think it gives people with disabilities a sense of value. People/designers thought about them when designing programs, curricula, buildings, etc. People/designers expected participation and wanted people with disabilities because they were thought of in advance. It was assumed that people with disabilities were valued and designers wanted them to be a part. It places the responsibility of equal access on the designer and not the individual with a disability. This exhibits that disability is a positive difference to be prideful of and valued.	Don't think so?
E	no barriers	yes

University	4.7 What have been the biggest impacts of UD on your service?
A	Job satisfaction on the part of everyone in our office has improved thanks to introducing UD concepts in our policies and practices. Each of us have responsibilities that are proactive in nature, and that fosters a sense of accomplishment and feeling good about what we do. Because of our efforts to promote UD and social model on our campus, we are now beginning to have others speak out for these concepts in meetings, even when we are present. Others on campus are taking real ownership of the concepts and are applying them to their everyday

	tasks and in their planning.
B	increasing awareness about the range of individuals who could benefit from UD principles.
C	Fewer hoops for disabled students to jump through - faculty appreciating the impact of their course design - UD standards instead of ADAAG standards in our facilities manual - better designed websites -
D	I have seen significant changes in our students with disabilities. They have been great self-advocates in educating others about UD. Our campus buildings currently being built, I believe will have features of UD which will impact people with disabilities and further educate others. I have educated our diversity experts on campus about UD and how UD benefits everyone. I believe that our diversity initiatives will impact disability and UD.
E	more accessible instruction and technology

Part 5. Service Aspects

University	5.1 Did you change language used in publications or website?	
A	Yes	We spent all of summer 2007 revising every public document our office puts out, both in print and on the internet. This includes our website, student handbook, brochure, faculty handbook, all forms, as well as our mission statement.
B	No	no change needed. Original language appears to be consistent with these values.
C	Yes	everything was changed to be more consistent with Social Model thinking and UD - location of the problem was the biggest change throughout
D	Yes	We started with a mission statement, brochures, poster campaign and other publications first. We actually used the words disability pride, UD, social-political model of disability, etc. We are trying to educate people on what we are currently striving to do...create a paradigm shift. We have a long way to go but felt it was necessary to make these changes, define these terms, and set a vision of where we want to go.
E	No	
5.2 Did you change the number of services you provide?		
A	No	Our campus still has a long way to go in the UD process. We hope at some point some services we offer (such as helping students find volunteer notetakers) will no longer be necessary due to faculty changing the way they structure their classes.
B	No	our specific services are linked to compliance and eligibility based on disability
C	Yes	We initiated services to the environment (assisting faculty with course design, writing UD standards for our facilities management manual, consulting across campus on web design, etc.)

D	No	I don't think we are there yet. We are still in the educational process at our institution and we need to take one step at a time.
E	Yes	more services for faculty; non registered students invited to participate in groups and attend seminars
5.3 Did you change the type of services you provide?		
A	Yes	Many of the changes we made were more of a public acknowledgment of changes that had already taken place, such as our serving as a resource for the entire campus (rather than being seen as student services only)
B	no	our specific services are linked to compliance and eligibility based on disability
C	Yes	see above
D	no	same as above
E	Yes	groups and seminars, services for faculty (nondisabled faculty), services regarding UD
5.4 Did you change the documentation of disabilities required?		
A	Yes	We relaxed our documentation requirements in several ways, and are now relying more on self-report from the student than we used to.
B	no	see above
C	Yes	We only require a diagnosis to be registered with our office. Then we might ask for additional documentation for requests for course substitutions, since those are the most complex and controversial.
D	Yes	We went from what we had to before to adopting and working under the general documentation guidelines that AHEAD introduced a few years ago. We have found that it is easier to work under the general guidelines and we are still able to obtain the information we need. Again, we are moving slowly, but this was considered a big step to adopting AHEAD's general guidelines for documentation.
E	no	
5.5 Did you change your interactions with student users?		
A	Yes	In our application interviews (formerly called intake, which is quite medical in nature), the focus is first and foremost on environmental barriers the student might experience, and not on how his or her disability impacts the student.
B	N	
C	Yes	It's subtle, but the way we frame disability and "the problem" to the student is guided by Social Model/UD thinking.

D	Yes	I take into account more what the student reports they need. I take direction more from the students rather than the documentation.
E	Yes	more individualized
5.6 Did you change your interactions with faculty users?		
A	no	We have served as a resource for faculty for a long time. Again, the changes we implemented just formalized that reality, and took the focus off of serving students only.
B	Yes	more education about diversity of learner in the classroom
C	Yes	see above
D	Yes	We have been educating faculty about UD in hopes they will adopt it when designing curricula. We have a statement at the bottom of every accommodation memo, offering our assistance to help them design the courses utilizing UD, explaining that once they learn how it would [not] be so difficult to incorporate UD, that it will most likely enhance their teaching and assist all students, etc. Still in the educational process with faculty. They seem to like the idea but feel that they don't have time to incorporate it.
E	Yes	"coach" them on UD
5.7 Did you change your impact on the University's built environment?		
A	Yes	Our university already had a commitment to providing a built environment that is accessible. The only change now is that staff in the [disability office] are consulted on design of new construction, before the foundation is laid.
B	No	we did not influence the change but our facilities staff have done their own work to embrace this philosophy
C	Yes	UD Standards instead of ADAAG standards have been infused into our facilities design and construction manual
D	Yes	Students with disabilities served on building planning committees, took tours with administrators, etc. We have a good working relationship with our University architects and the idea of UD. I felt this would be an easy way to get started with the philosophy because it is concrete, you can see the concepts, and see the initial benefits of UD. I believe that in the future we will have some buildings on campus with UD features soon.
E	Yes	barrier removal; etc
5.8 Did you change your influence on instructional materials used by faculty?		
A	Yes	At this point, our impact is on early adopters. It is a work in progress. We have had an influence on the

		office responsible for helping put their courses online, which sometimes reaches faculty who might not otherwise be early adopters.
B	No	see above
C		
D	No	Not yet...we're working on it.
E	Yes	more accessible technology and e-resources
5.9 Did you change your impact on wider University policies and practices?		
A	Yes	We have a list of recommendations we are working to get passed, and many of these do impact policies and practices campus-wide. We have every reason to believe that the campus is willing to go in this direction and that most or all of our recommendations will eventually come to fruition.
B	Yes	in advocating for more universal access to signature campus events (e.g., captioning at commencement, convocation)
C	Yes	statement on course syllabus has been edited; working with faculty on the design of their exams; working with faculty to post their class notes;
D	No	Not yet, we are in hopes to make some changes soon.
E	No	
5.10 Did you change anything else not covered here?		
A	Yes	We changed everyone's job descriptions so that each position could have some proactive components and a focus on implementing UD on campus. The overall office structure was changed as well to allow for the changes in job descriptions and to get away from the 'specialist' mentality. In addition, doing so made it possible to have a more diverse hiring pool, including persons with disabilities and persons from diverse backgrounds.
B		
C		
D	Yes	We have received a great deal of help from our local independent living center. They are a tremendous support and they seem to really get the UD model. We are currently attempting to incorporate UD within our city and state legislation. Our campus students with disabilities have served as mentors to youth with disabilities in our local independent living center.
E	No	

University	5.11 Did the changes above happen:
A	As part of a phased plan
B	Piecemeal
C	Piecemeal
D	Piecemeal
E	Piecemeal

Part 6. Transition

University	6.1 What was the process involved in transitioning from one service philosophy to a new one in recent years?
A	We held a retreat for the entire staff where we introduced the concept of universal design and social model and encouraged the incorporation of those ideas in our five-year plan. We followed up with that by having an intense working retreat in which we reviewed every aspect of the office in terms of its alignment or dis-alignment with this philosophy.
B	multiple conversations with many stakeholders over long period of time. Multi level education coming from multiple touch points (faculty, DSS, facilities, state post-secondary system, grants)
C	
D	We are in the very long process of this paradigm shift and moving slowly. We have had a new University name change, President, and have moved to a Provost model in just the last couple of years. These are all positive changes and I am working slowly to incorporate UD and the social model.
E	new leadership; gradual process

University	6.2 Please explain how students have responded to recent changes in disability services.
A	Students have responded positively. Communicating with students in ways that reframe disability from the social model perspective has been particularly powerful.
B	Very positively particularly with more access for DHH students, improvements in online access to print materials for students with visual disabilities.

C	
D	They love it and feel valued. I believe they have grown both personally and professionally from it.
E	students have been more active and involved; but we have not surveyed them for their feedback
	6.3 Please explain how the faculty (Professors) have responded to recent changes in disability services.
A	Faculty responses vary. Many have responded positively to the new language and philosophy. Others would prefer that the DRC continue to 'take care' of all of the 'needs' of students with disabilities. We know that this is a cultural change that will not happen overnight. Eventually those who are not on board will be in the minority.
B	mixed. Some see advantages but most fear the amount of extra work, time and cost.
C	
D	The faculty really seem to like the ideas but again feel that this will take extra time and effort from them.
E	more supportive and involved
	6.4 Please explain how senior administrators have responded to recent changes in disability services.
A	We are very fortunate to have support from our top level administrators for the changes we are promoting.
B	open-minded but wanting to differentiate what we have to do from what we want to do.
C	
D	Very good, very supportive,
E	supportive
	6.5 Please explain how staff in your service have responded to recent changes in disability services.
A	Responses have been positive in general, but there have been some lessons learned. Medical model thinking permeates our culture and is internalized by both non-disabled and disabled staff. There have been some changes that have met with some resistance as a result. With time, however, it seems that all staff are beginning to understand the ramifications of the new versus the old ways of thinking about disability.
B	positively with appreciation that change is slow.
C	
D	Not everyone buys into it fully. It is a tremendous change in our thinking for service providers and I believe this will take time to nurture.
E	

	6.6 Please explain whether you experienced difficulties financing the changes
A	The costs have been primarily re-printing publications and making new signs with our new office name (which was changed from 'Disability Support Services' to 'Disability Resource Center'). In the long run, though, we see this as a better use of resources--both human and fiscal.
B	yes - cost is always a factor
C	
D	
E	None
	6.7 If you experienced other significant difficulties during this process please explain them here.
A	
B	funding might be there but time isn't. For example, faculty begin to build an online course but do not consider accessibility, then need to retrofit or look for other offices to create separate accessible process (e.g., transcripts for videos rather than captioned videos).
C	
D	
E	

Part 7. Transition Continued

University	7.1 What do you consider are the most successful outcomes of recent policy developments for students with disabilities in your university?
A	We are more often consulted on the front end of changes that will impact the campus at large--such as new constructions, purchases of software, or changes in processes.
B	broader accessibility for co-curricular activities and broader acceptance of need to fund such access by program sponsor.
C	
D	People perceiving disability different, in a positive light. Disability is a part of diversity! People seem to be more aware of disability issues and are trying to create a more welcoming environment; which in turn creates more positive experiences for people with disabilities.
E	Better services for students; more accessible campus in many different ways

University	7.2 Do you see/have you seen the role of your service changing as you implement more of your objectives and come closer to the goals you have defined?	
A	Yes	We hope to continue to see more and more decentralization of services on our campus, so that students with disabilities are never treated in a 'separate but equal' environment, but rather that their needs are met in the same manner as other students on campus.
B	Yes	more advocacy for access beyond traditional classroom activities.
C		
D	Yes	No longer a service provider for students with disabilities but now an "educator" and "consultant" for faculty, staff and administration. And, now that I think about I probably serve as educator and consultant for students with disabilities as well; so that they can be better self-advocates.
E		

University	7.3 How would you like to see your service developing in the future?	
A	See answer #2.	
B		
C		
D	I think we will always provide service provisions for students with disabilities. But, I think we need to do much more proactive education, programming to reframe disability, etc.	
E	more enhanced e-services	

University	7.4 What, if any, do you consider to be the principal barriers to the further development of services for students with disabilities in your university?	
A	There will be a continuing need to educate faculty and staff, and to continue to get faculty buy-in.	
B	funding	
C		
D	Money. We have a great deal of difficulty covering the expense of the mandated accommodations we must provide; so doing more and providing more will be difficult.	
E		

University	7.5 Do you think a fully inclusive educational environment that accommodates the needs of all students with disabilities in US universities is possible?	
A	Yes	This is our vision, and it make take time to get there.
B	No	fully inclusive is a moving target. Next push for accommodation is coming from students whose disabilities impact their ability to meet deadlines and persist in attendance and completion of a semester or year. This will significantly challenge how we have defined "otherwise qualified" and may create subgroups of students with disabilities whose accommodation is viewed as unreasonable. Requests for accommodation in the form of deadline extensions, disregarding numerous missed classes and interruptions in the degree progress may not be possible and so the goal of this question can not be met.
C		
D	No	I hesitate on this question. I would like to say yes but so many times in my job we do run into unusual individual concerns that need individual attention that may be overlooked even in the best UD experience.
E	No	

University	7.6 If you were to advise your counterparts at another Higher Education Institution about the changes you have implemented in your service, what would be your main recommendations?	
A	Begin the work in your own office - create the change you want to see for the entire campus at 'home,' and then take what you've done and what you've learned to your colleagues.	
B	be patient and persistent. Encourage the broadest collection of stakeholders to participate and see themselves as participants in the process. Be realistic about what you can do given a finite pool of resources.	
C		
D	Form allies first, have a framework in place before beginning. Start small ("quick wins"). Begin with easiest tasks so that you can see something being accomplished which will excite you and your colleagues and motivate you to continue to do more.	
E		

Part 8.

University	8.1 I am interested to know whether you feel there were any
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	important issues that I didn't cover in this survey.
A	This survey was very thorough. We can't think of anything that you didn't cover.
B	
C	
D	
E	