DISABILITY POLICY AND PRACTICE

AT THE UNIVERSITY OF SASKATCHEWAN

A Thesis Submitted to the College of Graduate Studies and

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By

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ABSTRACT

Students with disabilities have to overcome many barriers when attaining post-secondary education. This thesis investigates how programs and policies affect students with disabilities. Using a survey-based research method, the project explores the gap that exists between disability policy and programs at the University of Saskatchewan as perceived students. Discussions with disability service providers also informed the study. A communication disconnect between faculty, service providers, and students was found to be one of the key reasons why the gap between program and policies is increasing as opposed to decreasing. Rather than being reliant on the medical model of disability and integrated approach, which includes more social conceptions of disability, related to delivery of programs should be advocated. Reflection on the current literature related to disability and the findings of this thesis lead to a construction of a model. This model advocates the inclusion of disability studies as an integral part of university curriculum using and interdisciplinary approach. The expanded role of disability studies can have a positive influence on university culture, and improve understandings of disability on university campuses, as well as in the broader social context.

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DEDICATION

I would like to dedicate this thesis to my parents, Alex and Sue Livingston. The completion of this work would not have been possible without the care and loving support you have always provided. Thank you for always being in my corner and never giving up on me. My modest success in academics is in no small way due to the strength and perseverance you instilled within me.

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CHAPTER ONE: INTRODUCTION

1.1 Prologue

In the last two decades more people with disabilities have been participating in post-secondary education. These increased levels of participation have contributed to a growth in research in this area.[1] The social aspects of disability are a fairly fresh and uncultivated research field, which has brought together work from many different backgrounds such as education, sociology, political studies and disability studies. This project will investigate the entrenchment of the medical model of disability, both in terms of policy and programs. A program policy gap has begun to develop as a consequence of the predominance of the medical model and its limitations. My thesis explores the size and severity of this gap, measured through an analysis of the effectiveness of programs predominantly based on a student perspective. Before the project is discussed more in depth, I feel I should explain how I began to develop an interest in the sociology of disability as well as disability studies.[2]

I was born ten weeks prematurely in Calgary, Alberta, but spent my early childhood (until the age of 12) in the United Kingdom. I was diagnosed with cerebral palsy at the age of two. From that time I have been using a wheelchair for mobility. I come from a family where education is held in high esteem. My maternal grandparents attended university as did both my parents. As a result, the importance of education was instilled in me at an early age. While my parents stressed the importance of education,

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[1] A reflection of this growth is in the appearance of new forms of funding. This project was funded in part by the June Opie Fellowship from the University of Auckland, New Zealand. The fellowship is a competitive award available to individuals in Canada, New Zealand, and Australia with disabilities studying disability issues.

[2] For further information on narrative explanations as an introductory tool please see the work of Linton, Titchkosky, and Mossman.

there were others who were skeptical of my ability to succeed, let alone excel, in the formal education system. However, my mother was very persistent in my need to be educated in a mainstream environment; a lot of my early development can be credited to her. Medical professionals did not believe in my ability to comprehend information that I was given. After various frustrating meetings, my mother began teaching me to read and by the time I started school I was able to read full children's books.

With this progression my parents decided to enroll me in the mainstream education system. Attending school provided me with the opportunity to be fully integrated into the education system at an early age. I must admit that even though this granted me many opportunities it also left me ostracized from the general school population. I was placed in some unique class groupings with other kids with disabilities but most of them had learning disabilities rather than physical ones. I spent my time in elementary school in an environment where the teachers were supportive and made me feel welcome but did not really understand my needs. At the end of my elementary schooling a decision had to be made as to where I was to attend junior high school. This was not an easy process, as the local comprehensive school was not accessible so that was not an option. The only alternative I was given was to be bused to another school for special children with unique learning needs. My family did not want me to lose the progress that I had made in an integrated school. A short time before I was due to start at a new school, my father was offered a job in Canada. My parents saw this as a chance to open some doors for me, which were not being offered in the United Kingdom at that time. A few months later we moved to Canada and I was fully integrated into a regular composite high school in rural Saskatchewan.

It was still a bit strange for me as I was the first kid with a disability to ever attend that school. As a result, I was made an example of to the other students. I had to clarify things about myself and my disability to both students and teachers alike; at a young age I had to learn the skills of self-advocacy. Many did not know how to act around me, or what to expect of me. Members of various branches of the school administration used me to bring money and attention to the school as I was viewed as the 'showcase' kid in the wheelchair rather than fully accepted all of the time.

In my grade 11 year I received the opportunity to participate in a work experience program at the University of Saskatchewan. I was placed at the student services office, in particular the disability office for students, which is now known as Disability Services for Students (DSS). It was there that I had my first real interactions with other people around my age with a variety of disabilities. During this brief time at DSS, I was able to take a step back and look at the barriers, both perceived and real, to post-secondary education, as well as how each student has taken a different path to university, navigating their respective courses as their situation allowed.

After completing high school I used my experience from the internship to plan the academic path I was going to take. Although I did not want my disability to become an issue when deciding what areas to focus on, I knew I had to think realistically about what was a reasonable goal for me to achieve. I decided upon political studies, as I thought that would give me the greatest opportunity to affect public policy in a positive light so that more students with disabilities would have greater opportunity to decide upon their own future. The one advantage I had over other students with disabilities, just beginning their academic journey, was that I had learned strategies from my time on my internship to

deal with the challenges I would face upon entering university. The university afforded me opportunities to interact with other successful people who face their disability with great courage and desire. This gave me the motivation to continue my academic path to ease the challenges for people with disabilities by both affecting policy and educating others.

During my undergraduate degree I developed a keen interest in political international relations. I found it intriguing to study political systems in other nation states. So I geared my class choices toward that interest in both sociology and political science. During my first year I gained a great passion for sociology, in particular public policy and education. The knowledge I gained in these areas allowed me to develop my other interest, mentioned earlier, that of policy formation that affects individuals with disabilities. After the completion of my undergraduate degree, I had a decision to make: which interest did I want to explore further? During my time at university, I had faced many challenges, including physical inaccessibility, outdated policies, lack of programming information, and lack of knowledge on the part of instructors to the challenges individuals with disabilities face on a daily basis. In fact I had colleagues in similar situations to myself who had ended their academic dream in frustration due to the barriers they personally faced. Throughout my undergraduate career I completed many research jobs, which allowed me to have contact with students with varying disabilities and hear their stories of accomplishments and struggles, and overcoming barriers that 'ordinary' students never face in completing their education. This provided the motivation for me to focus my attention whole-heartedly on education at the post-secondary level for people with disabilities.

When I began my Masters career, I assumed that because I was in a smaller, more controlled environment the challenges I faced would be lessened and the playing field I was competing on would be more level than previously. However, I found that there are just as many challenges; they are different, and some would say greater. I do not in any way want to place the institution in a bad light, or the department I am enrolled in, I just want to make my audience aware that I do not see myself as any different than my colleagues. We all face challenges on a daily basis, as we strive to complete our degrees.

The reason I am sharing my experiences is not for sympathy, rather, I hope to illustrate the challenges faced by individuals with disabilities. Everybody's disability is unique. Everybody's story is different. But, the barriers one faces are similar. As one student remarked in Pothier and Devlin's (2006) Critical Disability Theory:

> So first of all, I went to the Grad Advisor and appealed to her on the basis of my disability. What I said was – I have a chronic illness. I'm older than most of the other students. I have a disability of pace, and I need you to recognize that and treat me equitably. And what I got back was a line about – well, we need to create a level playing field for all of the students. And I said to her – when you live with a disability, there is no level playing field, most of the time we're not even on the field – and I said – I don't want fairness, I want equity. And she didn't understand the difference. She kept falling back on – we have to treat everyone the same, we have to be fair to the other students as well. (Jung, 2000: 105)

My hope with this project is to expose these challenges, and attempt to assist in providing seamless inclusion for all.

In the year 2001, 3.6 million Canadians reported that they had a disability, which represents approximately 12.4 per cent of the population (PALS, 2001).[3] For women, the disability rate is higher than that for men. Furthermore, approximately one third of people with disabilities in Canada do not work. This number might actually be higher given that

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[3] It should be noted that in Saskatchewan the disability rate is 14.5 per cent, more than 2 per cent higher than the national average (PALS, 2001).

38 per cent of individuals surveyed indicated that the question about their employment status did not apply to them (PALS, 2001). Within the disabled population, 4 per cent of individuals participate in some form of post-secondary education. This number is in stark contrast to the rest of the Canadian population, where more than a third of individuals have some post-secondary education, and almost 14 per cent have a bachelor degree in some field (CAUT, 2005). The fact that the disabled population is under-represented in Canadian universities should be a concern for all people, and reaffirms the need for the research presented in this thesis.

1.2 Disability and Disability Studies

The framing of the word disability has been a hotly debated issue over the last three decades. In the 1970s and into the 1980s, disability was predominantly defined using medically centered language. The United Nations (UN) defines impairment and disability differently. "Impairment is any loss or abnormality of psychological, or anatomical structure or function." Disability is then defined as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." This definition uses a medical/individual lens to define the concept. This is further illustrated in the UN's definition of handicapped which purports that "a handicap is a disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, and social and cultural factors, for that individual." The vast

majority of government policies relating to people with disabilities still rely on the medical lens for their formation.

Throughout this thesis the strengths of moving from an individual-centered policy construction towards more socially constructed policies will be discussed. Over the last 20 years, the disability rights movement has strengthened and there has been a major shift occurring, where people with disabilities are attempting to take control of the language and knowledge that affects the way they are perceived in society. This has led to the argument that disability is a socially and politically constructed concept, and thus is socially and politically significant. Along with the movement towards a social perspective in which disability is viewed as a social rather than individual phenomenon, an academic discipline of disability studies has developed.

In tandem with the social model of disability, the field of disability studies has developed over the last 20 years with the goal of providing a multidisciplinary approach to viewing disability as well as providing a structure for research and theory. Disability study was developed as an academic discipline to provide a critique on the constricted, inadequate, and inaccurate conceptualizations of disability that have dominated academic inquiry. Most importantly, the critique challenges the notion that disability is primarily a medical category (Linton, 1998).

Within sociology, disability is usually discussed using education, deviance, and health-related lenses. Although these approaches provide a useful opportunity to investigate disability as a social construction, as well as the cultural functions of disability, the discipline has so far offered limited ability to understand disability

effectively and thoroughly. Within sociology, individuals with disabilities are studied as just that, individuals. This approach continues to embed individualistic conceptions of disability in sociological research. While the discipline has been instrumental in the development of an understanding of disability from a broader social perspective, there needs to be a more nuanced approach to the study. The place of disability studies in the curriculum, and the effect this has on university policies and culture will be discussed more in depth throughout the remainder of this thesis.

1.3 Research Purpose and Thesis Questions

The purpose of this study is to investigate the programs and policies in place at post-secondary institutions affecting students with disabilities. My aim is to assess the presence and consequences of the medical model in the policies of the universities and the inherent power relationships that exist when the medical model is employed within institutions. In conducting the research and writing this thesis, there are three over-arching empirical research questions. First, is there an existing gap between programs and policies when looking at disability policies and practices at post-secondary institutions, in particular the University of Saskatchewan? Second, are the programs that are currently in place to assist students with disabilities the most effective that can be offered? Furthermore, are they meeting the needs of the student population who rely on them for academic success? It is imperative to understand the potential reasons for success and/or failure at university for students with disabilities. Third, how aware is this growing minority group of the university policies that affect their academic and social experiences on campus?

In addition to these broad questions, which are focused on student experiences, a number of secondary research threads will be investigated and articulated by the findings. These areas of investigation include, but are not restricted to, faculty awareness and attitudes regarding student needs, the workloads and roles of service providers at a post-secondary level, and how access to services can affect a student's ability to make decisions about their university experiences.

1.4 Rationale

The number of individuals with disabilities attending post-secondary education has increased drastically over the last two decades. In recent years it has increased further with the advancement of the inclusion movement within secondary schools. The amount of research into the programs and services provided to students at a post-secondary level is limited. In particular, there is a lack of studies written from the student's perspective.

Based on the literature reviewed, there seem to be a number of recurring themes within the case studies that have been completed in the past. Reflecting upon my personal experiences at the University of Saskatchewan these themes seem to be prominent enough to warrant a more thorough investigation. There clearly needs to be more exploration into why these situations and attitudes are still occurring more than a decade after the first wave of research. With more pressure being placed on individuals to gain an education to achieve gainful employment, more individuals with disabilities are feeling that education is a must for them to achieve full citizenship. Furthermore, having a meaningful job has a heightened importance because so much of an individual's identity in society is linked to his or her occupation. Along the same lines, as health care

advances more and more individuals survive potentially life-threatening ailments, deal with chronic illness, and tend to live longer with impairments. As these individuals strive toward greater independence and self-reliance, their appetites for educational advancement are increased. As a result, the need for investigation of the programs and policies in place to assist these individuals also increases. Also, with greater numbers of people surviving workplace injuries, and the need for retraining as a result of these initial injuries, the number of people wanting to be retrained has increased. These changes are resulting in greater pressure and scrutiny being placed upon service providers and policy makers in the development of policies and programs.

The overriding intent of this study is to increase and improve the level of citizenship experienced by students with disabilities on university campuses, while also investigating the degree of entrenchment of the medical model in policy and practice. As part of this investigation, I choose to problematize the medical model of disability and demonstrate its shortcomings with respect to meaningful policy design and program development. If the awareness of all stakeholders (including but not restricted to administrators, faculty, and the general population) increases in tandem with the heightened citizenship of students with disabilities, there is potential to develop more inclusive learning and social environments.

1.5 Outline of the Thesis

Chapter 2 provides a reviews the models of disability, which are imbedded in the policies and practices of academic institutions. I also expand on the theoretical perspectives that sociologically ground this paper. A synthesis of theories will be given to

explain the culture of disability within academic institutions along with an explanation of the power relationship that is present between the university administration and students.

Chapter 3 reviews previous studies addressing themes similar to the ones explored in this project. The hope is that these works provide a solid framework to guide the project. Also, as a researcher, it is effective practice to draw on themes that have existed in previous works to guide the types of questions and provide an opportunity to reflect upon the state of research relating to policies at post-secondary institutions which affect students with disabilities. It also allows opportunities to observe and understand the strengths and limitations of previous work, and utilize those reflections to inform this project.

Chapter 4 outlines the core research questions and the design of content of the questionnaire used in surveying both students and service providers. The chapter also addresses the methodological principles which informed the design of the research instrument. Further, the discussion also comments upon the decision to use an Internet based survey.

In chapter 5 the findings of the research are provided. The findings are presented along the core themes discussed throughout the previous three chapters. These themes are used as evidence to comment upon the broader research questions of the project. Chapter 6 further elaborates on the findings in the context of the research questions. In addition, I use the research findings and theory to propose a model expounding the crucial role that disability studies plays in the equitable treatment of individuals with disabilities.

CHAPTER TWO: THEORIZING DISABILITY: THE SEARCH FOR IDENTITY

2.1 Introduction

While the exclusion and oppression of disabled people has been articulated by academics for decades prior to the arrival of disability studies, many argue that disability studies is a new and emerging field in the last two decades. Sociology as a discipline has studied disability, but mostly in terms of either deviance or health and illness. In this regard, the study of disability has been marginalized in sociology compared to the study of other minority groups such as the groups represented by race and ethnicity studies and women and gender studies. This is further reflected in mainstream sociology when one considers the rarity of introductory sociology texts that include a section dedicated to issues surrounding disability (Titchkosky, 2003). Disability studies as an academic discipline has provided a greater opportunity to think critically about disability and raise the profile of disability and people with disabilities in academic circles (Linton, 1998). Disability studies was born as an attempt by academics to foster a new thought process related to disability. Its chief goal is to debunk the predominant medical model and replace it with a more societal based model. Disability studies is not new, but it has given scholars an opportunity to retool existing concepts. Titchkosky (2003) argues that disability studies is just now receiving a platform, or space, within the academic community to promote ideas and foster knowledge growth. Linton (1998) argues that in the last twenty years, disability studies, as a result of its academic rise, has been able to effect social change—even if that change is slow in its development.

2.2 Locating Disability Studies in the Sociological Landscape

"Disability studies is an interdisciplinary field inclusive of a great deal of
variety since the social significance of disability, its exclusion and
inclusion, can be tracked and traced in and by every discipline."
(Titchkosky, 2007: 37)

The majority of disability studies scholars argue that disability studies emerged as a result of the formation of the social model of disability. Its main focal point was to address the need for disability to be viewed not as an object or an individual problem that is just talked about but as a point of academic inquiry. Many academics argue that disability studies is a new field of study while others argue it has been revamped based on older streams of research. Disability is not a new concept within sociology, its presence within the discipline is changing. This new wave of academics aims to provide a platform where one can think critically about disability while bringing about academic discourse, and ultimately social change (Linton, 1998). It would be remiss to say disability studies is in the mainstream of sociological thought. Unlike other minority groups, individuals with disabilities are not given the same academic attention.

The place of disability in sociological discourse prior to the new wave was in the form of deviance, medical sociology, sociology of the body and abnormality (Titchkosky, 2003). The majority of these discourses entrenched the ideas portrayed in the medical model of disability which places the focus of the disability upon the individual. This model also focuses the analysis on the individual rather than society's structures and looks at disability as unexpected, undesired, asocial, apolitical and a bodily condition (Oliver, 1990). Oliver goes on to articulate that disability studies does not occupy a central role in the sociological agenda and some would argue even has a marginal one.

Oliver further contends that the emergence of medical sociology has done nothing to help this development and in some cases has hindered it as disability studies takes the medical model of disability as its main source of critique.

The following quote by Titchosky puts into perspective what disability studies is trying to do as it burrows to find its rightful place in the academic landscape. She argues that disability studies is interdisciplinary, but perhaps given her statement below disability studies is best viewed as a pan-disciplinary endeavour.

> A disability studies perspective is one that rejects the idea that disability can be studied as an object in and of itself. It also rejects the idea that anything revolutionary can be learned from documenting, yet again, how persons with disabilities adapt to, cope with, succumb to, or overcome bodily, sensorial, or mental impairments. Instead, disability studies attempts to treat seriously one particular and inescapable fact: whenever and however disability appears, it appears in the midst of other people. Disability is, therefore, a social and political phenomenon and should be studied as such. (Titchkosky, 2007: 37-8)

2.3 The Medical Model

The medical model proceeds from an individualistic understanding of disability; it medicalizes the concept. The first individual to make the distinction between the social and medical models was Michael Oliver. Although the majority of disability scholars make the distinction between medical and social models, Oliver himself preferred to call it the personal tragedy model or tragedy model versus the social model. The medical model is predominantly centered around the medical diagnosis. Disability is viewed as a problem inherent to the individual which stems from his or her functional limitations (Oliver, 1996). The official definition of the medical model has been attributed to the international classification of impairments, disabilities and handicaps (ICIDH). The

ICIDH defines impairment as any loss or abnormality of psychological or anatomical structure or function, basically a deviation from a biomedical norm. Disability is then defined as any restriction or lack that results from a given impairment, which limits the ability of an individual to perform an activity in the manner, or within the range, regarded as normal. In addition to these classifications, the ICIDH defines a handicap as a disadvantage for an individual that results from an impairment or disability, and hinders the individual's capacity to fulfill a role considered normal.

The aim of the IDICH was to bring individuals with disabilities to the fore and to gain recognition to the social exclusion of people with disabilities. It can be used to describe some aspects of living with a disability but lacks in other areas. A key deficiency of the IDICH is that it fails to capture the way in which environments, facilities and policies make a huge difference to the extent to which an individual with an impairment is able to fulfill a given role (Edwards, 2005).

The medical model has been associated with what is all wrong about traditional attitudes toward disability. It stands for research and practice developed for disabled people without the participation of disabled people. Further, it stands for the dominance of professionals and defining people by their physical and intellectual deficits. Although the deficits of the medical model are fairly obvious, they cannot be overlooked; to do so would be short-sighted.

2.4 The Social Model

The development of what is now called the social model can be attributed to disabled people organizations in the 1970s. One of the major groups was the Union of the

Physically Impaired Against Segregation (UPIAS), founded by Paul Hunt. The first

surviving statements of the disabled movement came out of the Fundamental Principles

of disability. The first statement defines disability as follows:

> Disability is a situation, caused by social conditions, which requires for its
> elimination, (a) that no one aspect such as incomes, mobility or
> institutions is treated in isolation, (b) that disabled people should, with the
> advice and help of others, assume control over their lives, and (c) that
> professionals, experts, and others who seek to help must be committed to
> promoting such control by disabled people. (UPIAS, 1976: 3)

Further elaborating on this definition, UPIAS states:

> In our view, it is society which disables physically impaired people.
> Disability is something imposed on top of our impairments, by the way we
> are unnecessarily isolated and excluded from full participation in society.
> Disabled people are therefore an oppressed group in society. (UPIAS,
> 1976: 3)

The social model of disability was critical to the disability movement in many

ways. It indicated a political strategy referred to as barrier removal. It encouraged a

strategy of social transformation rather than one of rehabilitation and cure. By removing

these barriers one could promote inclusion and campaign for rights. The advent of the

social model also had an impact on disabled people themselves. By understanding

disability as social oppression rather than as a personal deficit, people with disabilities

came to realize that they were not at fault—there are social factors at fault. This continues

to remain very liberating for people with disabilities. This understanding encouraged

people with disabilities to mobilize for equal citizenship, demand equal rights, and end

their demeaning reliance on charity (Shakespeare, 2006). Along with Shakespeare, some

medical sociologists were seeing the need to develop an all-encompassing theoretical

model accounting for all aspects of disability. Zola, (1989) stressed the need to get away

from referring to individuals with disabilities as diseased and special and view them as

citizens in society as a whole and realize that a universal policy toward disability is good for all citizens.

The social model of disability also had an impact on academics. Traditional medical sociology of disability explores issues surrounding individual adjustment to impairment and the impact of impairment on identity. The social model gave academics the opportunity to turn attention towards discrimination, the relationship between disability and industrial capitalism, and how people with disabilities are represented culturally (Shakespeare, 2006). In general, disability studies were developed in the same vein as Marxism, feminism, lesbian and gay studies, and post-colonial studies, which are all grounded in the ambition to liberate oppressed individuals (Shakespeare, 2006).

There are some drawbacks to this model which at times has been taken as gospel in the disability studies community. If the common thread is oppression rather than the type of impairments then individual experiences can be lost. Also, finding medical improvements or cures may not be viewed as critical. The number of individuals with impairments will be lost in the shuffle and because every impairment/disability is different, individual experiences need to be valued.

Furthermore, it was not the intention of the social model to become the social theory, it was intended to be a political intervention to promote change (Shakespeare, 2006). Lastly, it has been a cornerstone for disability studies academics for years, but over the last 30 years it has remained relatively unchanged. While other social movements such as gay rights and feminism have changed and altered, Shakespeare (2006) in particular believes that the social model needs to be changed and revisited before it becomes outdated. The social model also does not account for emotional or

bodily experiences. Disability is not a minor issue and should not be taken as such (Marks, 1997).

Although there has been a great call for a move towards the social model within the disability community and from disability academics, the reality is that the medical model is still present in the vast majority of governmental policy in Canada. Governments have been trained to deal with issues relating to disability on an individual level and a distinctive change in ideology is important in order for these changes to occur (Jongbloed and Crichton, 1990). At times the way resources are distributed makes the individual dependent upon the system that this model is trying to fight (Marks, 1997). Under the biomedical approach, doctors were seen as gatekeepers and experts (Jongbloed and Crichton, 1990). When perspectives such as these are antecedent to policy formation it further ingrains the medical model into mainstream culture. This perspective will be further examined when discussing the work of Titchkosky.

2.5 The Nordic Model

The Nordic countries have a long history of research surrounding disability. Within Nordic countries, most of the researchers are non-disabled so there is a slight disconnect between the researcher and subject. The Nordic model is fairly unique in that it sees value within the medical and social perceptions of disability. This model, along with the work of Carol Thomas, provides the foundation for Shakespeare's argument that disability is a complex interaction. There are three core ideas which differentiate the Nordic model from others.

1. A disability is a mismatch between the individual and the environment. This occurs both because of individual differences, and because the environment is not

adapted to accommodate the range of people. A deaf person is thus not disabled in a setting where everyone speaks sign language.

2. A disability is also situational. A person with a visual impairment is not disabled when using the telephone. Whether a specific individual limitation becomes disabling or not is linked to concrete situations.

3. A disability is relative, a continuum rather than a dichotomy. The cut off point in impairment-based disability definitions is to some extent arbitrary. (Shakespeare, 2006: 25 - 26)

To substantiate Shakespeare's thoughts, he takes work from a number of fellow academics, one of whom is Carol Thomas. Although he does not agree completely with Thomas they share some core ideas. Thomas's work looks at amending the social model based on her qualitative research. Thomas argues that there are individual limitations that arise from impairment rather than from social oppression (Shakespeare, 2006). She further purports that disability has psycho-emotional effects. She also contends that the original UPIAS definition of disability should be understood as relational and that disability should be viewed in terms of social oppression. Shakespeare goes further to explain what is meant by relational thought. They both agree that disability is a relationship between intrinsic factors, those of the impairment, and external factors, those of the environment. However, the point at which Thomas and Shakespeare disagree is that disability needs to be defined as social oppression. Shakespeare defines disability "as the outcome of the interaction between individual and contextual factors—which includes impairment, personality, individual attitudes, environment, policy, and culture" (2006: 58). This differs from reserving the word disability to illustrate impairment effects, oppression, or barriers. Instead, Shakespeare's definition of disability describes the interplay of the different factors that constitute the experiences of people with disabilities. Shakespeare takes into account the potential social oppression, but also places value in the condition, whereas Thomas's sole focus is on oppression.

The ideas behind this conception of disability cannot be fully credited to Shakespeare. A Dutch team of researchers concluded that both the individual and society have shared responsibility with respect to the integration of people with disabilities (Shakespeare, 2006). According to this team there are three issues that influence the effect of integration into society. These are systems of support, societal factors, and individual factors (Shakespeare, 2006). A model such as this one is able to account for a wide range of disability experiences and allows further account for the impairment, which in turn allows for more account of chronic illness conditions, such as multiple sclerosis and HIV as disabilities. The inter-related approach also makes allowances for neglected areas of disablement such as lack of motivation and poor attitude.

The value of the social model is in highlighting oppression and exclusion issues which often get neglected. However, the impairment itself usually plays a role in the life of disabled people, even if social barriers are removed or at least minimized to a great extent. An argument such as this also brings into focus the work of Zola, who argues impairment is a universal phenomenon (1989). He argues that across a lifespan everyone experiences impairments or limitations, and the impairments will undoubtedly increase with age. Not everyone experiences the same level of impairment; they can be variable and episodic. Shakespeare makes the argument that society is compelled to accommodate some impairments more than others (some not at all), such that everyone may be impaired but not oppressed. Shakespeare (2006) argues that this does not trivialize the impairment of disabled people, but it gives them something in common with all people. The debate as to why some impairments are better accommodated than others is mostly structural and societal and thus can be changed. Although not directly stated, one could

contend that the biological condition has to be more effectively considered when developing a conception of disability so that the connection between the disabled and non-disabled community can be strengthened.

Shakespeare argues that disability studies, disability rights movements, and academics have been critical about an individual approach to disability. However, there is value in the individual's story. Even if environments are made completely accessible many disabled people will still be disadvantaged (Shakespeare, 2006). There are other costs, both financial and emotional that are incurred by disabled people. Those factors need to be investigated as thoroughly as the social and environmental barriers. Impairment is entrenched by an inability to work, by poverty, and by aging (Shakespeare, 2006). As a result, one must look beyond social barriers and further investigate social citizenship as a key factor in this debate.

2.6 A Synthesis of Models

The distinction between impairment and disability is at the center of the social model. There is a new movement to argue that impairment should be more linked and intertwined and as a result, disability scholars should work to encompass impairment within their work. Shakespeare (2006) argues that there is no impairment without society, nor disability without impairment. First, it is impossible to experience disabling barriers without having an impairment. Without impairment, disability becomes much more vague and refers to any form of socially imposed restriction (Shakespeare, 2006). Second, impairments are often the result of social arrangements, a considerable amount of global impairment is generated by poverty, malnutrition, war and other collectively

imposed social processes. Impairments are also exacerbated by social arrangements—

environmental and social barriers make impairments worse (Shakespeare, 2006).

Understanding this argument undermines the social model to some degree. Third, what

counts as an impairment is a social judgment, dictated by the values and attitudes of the

wider society, such that the number of impaired people depends on the definition

(Shakespeare, 2006).

A disability can stand for social barriers and individual restriction. Sally French

argued that some problems affiliated with impairment are impossible to overcome with

just social intervention. Jenny Morris argues for the importance of impairment:

> While environmental barriers and social attitudes are a crucial part of our
> experience of disability—and do indeed disable us—to suggest that this is
> all there is to it is to deny the personal experiences of physical and
> intellectual restrictions, or illness, of the fear of dying. (1991: 10)

There are a number of reasons why Shakespeare feels that impairment should

become a pivotal focal point for disability scholars. Disability studies should be

concerned with the views and perspectives of disabled persons rather than medical claims

about the nature and meaning of impairment (Shakespeare, 2006). Disabilities should be

concerned with medical responses to impairment including treatments, side-effects, costs,

research funding. They should also be concerned with prevention in order to improve the

quality of life for disabled people. Disabling barriers cause or exaggerate impairment.

Poverty and social exclusion make impairments worse and serve to create further

impairments (Shakespeare, 2006).

Finkelstein (1981) spoke of a hypothetical village in which all inhabitants are

wheelchair users and everything is adapted to the villager's needs so they are no longer

disadvantaged—they have impairments but they are not disabled. It is the able-bodied people who become disabled when they visit the village because the environment is not designed to their needs.

The global goal of disabled people is a barrier-free world in which disabled people are included not excluded. All barriers that exclude individuals with disabilities are to be removed. The principal that drives this philosophy of barrier removal is universal design. It is defined as the design of products to be useable by all people as much as possible without the need for adaptation or specialized design (Centre for Universal Design (CUD), 1997). Although universal design has demonstrated progress in the design of buildings one should be careful not to discount the fact that social and economic factors play a role in disabling people beyond the impact of physical structures. It is also important to realize that if the obvious barriers to access are removed, it brings more attention to those less obvious forms of exclusion. Also, if disabled people remain poor and underprivileged (economically disadvantaged) changes to physical structures only represent part of the solution. However, the universal design principle will generate an accessible environment and therefore reduce social exclusion. It would also change the conventional view of disabled people. The majority of the population focus on what a disabled person cannot do physically, for example going for a walk.

There are some obvious problems with the barrier-free utopia ideal. Wheel-chair users are naturally disabled by beaches and rocky mountains. It would be difficult to blame the natural environment on social arrangements. If a wheel-chair user lives on the top of a hill they still face barriers in getting to their house. In Saskatchewan, snowfall presents itself as a major barrier for almost half of the year. Another difficulty is

incompatibility. Wheel-chair users campaign for level access, whereas others with mobility impairments who are not wheel-chair users may prefer steps over ramps. Further to this point, some people with the same type of impairment might require different accommodations. Especially when talking about access to information, individuals with a visual impairment might use brail, large print, audiotape, or a reader. All of these are acceptable but can be costly if all are required (Shakespeare, 2006). Practicality is another issue. Some buildings were built before the disabled community had voiced their need for access to them. Are government officials obligated to retrofit every building that was built before universal design principles were developed? This can be costly to achieve. Complete barrier removal would mean completely rebuilding society (Shakespeare, 2006).

Shakespeare has developed what he is referring to as an integrated approach, based on the work Carol Thomas. The approach to disability to which he subscribes is one that suggests "disability is always an interaction between individual and structural factors" (Shakespeare, 2006: 55). He is contending that it is not an original understanding of disability, it is revamping previously existing ideas. In fact, Shakespeare's conception also shares the ideas of the Nordic model of disability. A paper by van den Van looks at disability from a qualitative perspective. Van den Van et al. (2005) argue that:

> Both the individual with a disability and others in society have a
> shared responsibility with respect to the integration of people with
> disabilities into society. Each must play their part for integration to
> occur: it takes two to tango. (2005: 324)

Further, their conclusion asserts that individuals with disabilities should be willing to function in society and adopt an attitude towards others in society such that they can join in with activities and people in society whenever and wherever possible. As

people with disabilities make this effort though, society must consider their needs and take action to make functioning in society possible for people with disabilities (Van den Van et al., 2005). These authors are attempting to find a balance between the medical and social aspects that craft and determine disability. There are three factors which include: 1) individual factors which include personality, skills, as well as the individual's impairment, 2) societal factors which include accessibility and attitudes, and 3) factors within the system of support which include professional care, assistive devices, and other forms of social support. This third factor is very important to the success of people with disabilities but is infrequently addressed in literature, and becomes somewhat lost in the shuffle of more theoretical debate.

Shakespeare's approach also leaves room for chronic illness to be considered a disability with the repositioning of impairment in the discussion. He argues that for some people the impairment plays a bigger role in the disability than others (Shakespeare, 2006). If somebody has extensive intellectual disabilities, and therefore lives in a group home environment, their impairment plays a greater role in their life than perhaps that of a paraplegic living independently. Some people studying disability have concern that this will create a disability hierarchy and cause divisions within the disability community. These divisions would limit the ability for disability groups as a whole to lobby the government for wide-sweeping policy change.

2.7 Power Structures and Disability

Hibbs and Pothier (2006) discuss power in the accommodation process at the University of Victoria. The same theoretical principles can be applied to the University of

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Saskatchewan in this particular project. They first discuss the work of Birkhoff who describes two different views of power that reflect one of two ontological frameworks; agency and structure. The definitions of power seem to fall within a continuum. On the one hand, agency represents an individualized concept of power. The other extreme in this case is the structure where power lies with the institution and its agents. Even though work has been done to change the idea of disability, there is little recognition of the structural barriers and solutions tend to be reactive. Even though the student has a role in suggesting accommodations, the power is not balanced because the accommodations are placed in the hands of an evaluator. Students are aware of power struggles and it is even more difficult for them when they are going up against resistant university bureaucracy. As one student remarks:

> You get this feeling of being taken advantage of because of the power differences. You get almost to the place that you give them what they want and you don't rock the boat. (Hibbs and Pothier, 2006: 200)

Hibbs and Pothier (2006) go on to discuss how Foucault's concept of disciplinary power within the accommodation process does disabled students a disservice. They are forced to take on a role that supports the existing structures of power. In a way they are subordinated by their willingness to be self-regulated and self-determined and by accepting a responsibility that is more appropriately a university role. They use the example of a student who approaches a professor individually to ease the process of accommodation and allow the professor to feel less threatened. It also allows the professor to ask questions in a non-threatening manner. Defining disability from a biomedical perspective individualizes the process and makes the student responsible for instituting and fighting for their own equity. This principle fits with Foucault's concept of

disciplinary power (Hibbs and Pothier, 2006). Foucault also argues that knowledge and power are connected and embedded within each other. Knowledge is a social phenomenon and thus has the means to affect social practices (Hibbs and Pothier, 2006). Once again, using the biomedical discourse normalizes the experiences of students. By using this definition of disability, and placing individuals in one particular group based on their impairments, one is affecting the knowledge that is being produced about such individuals while forcing them to adhere to conceptions of disability which fit the social structures of the university.

The way the power structure is set up, the power is not balanced. The onus is put on the individual to justify the need for accommodation and then place the accommodations that they require within the model and structure that the university prescribes to. Further, they must also ensure that the professor has the ability to make the accommodations asked for without affecting the integrity of the academic process. According to Foucault's concept of power-knowledge, knowledge has the power to affect social structures (Hibbs and Pothier, 2006). The use of the biomedical definition of disability within disability policies affects the knowledge about disabilities. Further, the placement of students with disabilities into academia is affected by biomedical definitions (Hibbs and Pothier, 2006). This continues to entrench the concept of dependency within the social structures of the university.

Out of this discussion of power mechanisms within the university environment comes a very critical concept for students with disabilities. A few authors have talked about the importance of self-determination and self-advocacy in succeeding within a post-secondary institution (Field et al., 2003). This concept relates further to the medical

model when looking at the need for students to be aware of their impairments and the factors or conditions which disable them. It hinders their ability to articulate and recognize their needs and subsequently their accommodations. Various authors have argued that without intensive self-determination and mental fortitude, very few students will overcome the inherent power structures and receive accommodations that assist them in the most efficient manner (Field et al., 2003). As stated earlier, students, for the most part, are asked to fit into models or types of accommodations which the universities already have in place. There is a reluctance to provide specialized individual accommodations so that university and academic integrity are upheld. At times, students are left to formulate learning strategies on their own in order to reach their full potential (Field et al., 2003). As we have seen in previous documentation, having a disability tends to be portrayed as a problem which needs to be solved quickly, effectively and efficiently within administrative parameters. A system like this inherently places the student in an inferior position relating to the administration and provides limited opportunity for open and balanced dialogue.

2.8 The Linkages Among Language and Policy

Titchkosky (2007), in *Reading and Writing Disability Differently*, examines the content of two major governmental texts related to people with disabilities. Titchkosky is critical of how disability is circumscribed, imagined and enacted as a problem. *In Unison 2000: People with Disabilities in Canada* (2000) is distributed to community organizations, used as a text in university classrooms and has also been used as a tool for formulating disability policies. They are also advertised as a blueprint for organizations

that want to have consistent and coherent dealings with individuals with disabilities. The second document that Titchkosky discusses is entitled *Advancing the Inclusion of People with Disabilities*. This claims to be a new and improved approach that focuses more on social aspects of disability and less on individualistic qualities of disability. This new approach still constitutes disability totally as a problem and utilizes individualistic medical aspects of disability. Titchkosky is critical of the reports as they fail to include the views of disability scholars and activists, who should be integral in bringing focus to disability issues. The report relies on statistics which place the focus on the individual. *In Unison* (2000) states from the outset that there is a long way to go until we actualize the goal of inclusion for people with disabilities. This idea of seeking a solution paints disability as a problem. The presentation of disability facts and figures is one method of making disabilities appear as problems and placing the onus back on the individual rather than the social institutions (Titchkosky, 2007).

Facts presented in this document lead the reader away from a rate of disability based on social, political and physical environments, and placing the focus back on the individual's ailments. One could argue that the text itself is disabling because they create ideas of how the reader should view normality and regard abnormality (Titchkosky, 2007). By the facts and figures that are produced in documents such as these it creates ideas on which able-bodied individuals base opinions about viewing people with abnormalities in our society. These documents paint a picture that a disability is contained within the individual and is a problem which requires a solution. If these documents affect government policy formation then those ideas are entrenched further. Subsequently, the same can be said for policy decisions relating to students at post-

secondary institutions. Furthermore, *In Unison* creates an understanding that disabilities are suffered by individuals and thus it is presented as a big problem and it is impossible to live with a disability without some level of hardship and suffering (Titchkosky, 2007). Pairing disability and suffering also individualizes the issue (Titchkosky, 2007).

Titchkosky is also very critical of the fact that the PALS survey of 2001 does not survey those living in institutions, on aboriginal reservations, in the Northern Territories, or in Quebec. This promotes the argument that this is not a clear picture of individuals with disabilities and their lives, especially when one considers that the survey was meant to include all the individuals of this minority group. Titchkosky further argues that disability is made a practical problem within the community by disassociating the meaning of disability from community practices. The majority of things written within community newspapers are focused on individuals with disabilities beating the odds or the call for urgent assistance to overcome the problem associated with an individual's disability. This continues further in the new and improved PALS survey, which is called the new approach to disability data. Within the new data set, disability is viewed as a difficulty rather than a disability. However, the changes are a matter of semantics which continue to frame disability as a problem (Titchkosky, 2007). Making a statement about disability in texts, even government ones, even if it is meant to be in an innocent form, enacts its meaning. When it is represented as a problem within a text, this affects the knowledge that is produced within the community (Titchkosky, 2007).

Titchkosky contends that the inclusionary language that the government uses is actually generating exclusion (2007).

> The government's formulation of a solution to the problem of disability
> continues to ground current practices of exclusion for disabled people by

including, indeed, constituting, the abled-disabled individual (a new type of person) as *the* solution to the problem of possessing an embodied difference. Disability needs to manufactured and included as an exclude-able type if current governing conceptions of the normal citizen, normal participant, and normal worker are to be maintained. Including disabled people as an exclude-able type allows the notion of disability to function as a discursive mechanism in service of normal society. (Titchkosky, 2007: 151)

She further articulates (using Bauman) that all these government documents attempt to implement a consistent, coherent, rationalized recipe for all citizens including those with disabilities (Titchkosky, 2007). She argues that the government solution manufactures disability as an organic and individual condition that results in an abnormality, which accordingly results in a lack of citizenship. Transferring disability into an accountable population commits a conception of disability as a potential aspect of any population. Disability is thus established as a kind of nonconformity (Titchkosky, 2007). *In Unison* refines disability as a biological condition and thus makes 53 per cent of disabilities mobility impairment. Social constructions of disability do not easily allow for the transformation of life into variables. As a population, people with disabilities can be documented, trained and serviced in this form (Titchkosky, 2007).

The purpose of programming discussed in *In Unison* was to assist the abled-disabled in becoming greater citizens in society. Titchkosky (2007) argues that the people that the government are concerned about are those whose disabilities do not prevent them from working. These are people with disabilities who are understood as generally normal and potential workers who are presently not working. There should not be a split between disability and personhood. The method that is being used to describe people with a disability and the factors included in full citizenship further excludes the disabled population. By using medical and biological language and constraining them to be seen

as a separate group striving for participation is actually hurting inclusion because of the knowledge it entrenches within society. The stories and the statistics do not lend them to citizenship it potentially hinders it.

2.9 The Unbalanced Curriculum

Linton (1998) is critical of the formulation of a curriculum and how this affects the knowledge that is being produced surrounding disabilities and discusses at great length the obstacles to meaningful inquiry into disability-related issues. She argues that disabled people are rarely put in the researcher's position because of a host of factors including limited educational opportunities, discrimination in hiring and promotion, and inadequate support for disability studies scholarship. Further, even when disabled people attain these positions, accommodations are not necessarily made, limiting their potential as scholars (Linton, 1998). Even new research methods, such as qualitative methods, have failed to put disabled people in the centre of research production. Linton articulates the point that disability research is on the fringe of social research circles, thus it is difficult for disability research to attain a more central role within the social sciences. It is more frequently seen as a medical phenomenon, and therefore not the domain of social researchers (Linton, 1998). The hope for disability issues to come to the fore of social research lies in the work of Titchkosky, who argues that disability rates will increase. In the same vein, Zola, argues that with medical technology improving the disability rate will subsequently increase. This widening will force scholars, social researchers and activists to give this segment of the population greater attention. This will not necessarily broaden the knowledge base (or perceptions) of disability because the fundamental issue

is that more often than not disabled people themselves are excluded from conducting the research. Disabled people's voices are almost completely absent in this regard, and so the understanding of disabled people's place in society is filtered through the experiences of non-disabled people (Linton, 1998).

In her work, Linton (1998) looks at reassigning meaning to the term disability and looking at how carving out a position for disability studies within mainstream curricula can change the way disability is viewed, thought of, talked about, and entrenched in our culture. She argues that language reinforces the dominant cultures view of disability. She contends that the decision to assign medical definitions to disability has had positive and negative effects on disability studies as a discipline, and thus how it is viewed within the knowledge culture. The improvements in medical research that have gone into improving the lives of disabled people should not be discounted. However, this keeps disability within the medical boundaries, which hinders its development as a political and social concern and limits the ability to promote social change (Linton, 1998). Further, Linton contends that the scholarship and curriculum practices housed in academic institutions play a significant role in the perpetuation of a divided and unequal society. The academy has only just begun to examine how its paltry and lopsided vision of disability compromises the knowledge base. Scholars and activists within disability studies have demonstrated how disabilities are socially constructed to serve certain ends. Disability studies work to demonstrate how knowledge about disability is socially produced to uphold existing practices. Linton, along with other disability scholars, argue that more attention is needed to provide an epistemological foundation for viewing disability as a critical category of analysis (1998). Work also needs to be done in finding ways to

illustrate that disability theory and other disability-related research can be used to produce knowledge that will be beneficial to society as a whole in promoting inclusiveness. More disability research should be grounded in the humanities and social sciences so that it is not just cure and care that is discussed, but also an explanation of social and political paradigms, as well as the understanding of social and political phenomena, related to disability is plausible (Linton, 1998). The narrow focus for disability research does not allow this to happen effectively.

CHAPTER THREE: PREVIOUS RESEARCH ON UNIVERSITY POLICIES

3.1 Introduction

This section addresses previous work compiled in the area of university policy related to disabilities. It is important before the findings are presented to address previous work in this area so that one can learn from the types of issued addressed in previous work to strengthen this project. It was also hoped that the themes found in previous work would help to guide the findings of this particular project, most notably as it relates to the presence of the medical model in other social institutions. These reports also speak to issues surrounding program implementation and effectiveness, which are key areas of concern for my study. This section combined with theoretical issues discussed in chapter two provides a sufficiently thorough overview of theoretical concepts needed to understand the dynamic of formulating effective university policy, as well as, giving credence to other studies investigating disability policies affecting students at a post-secondary level.

3.2 Themes of Disability Policies

Previous work has been completed that is related to the analysis of institutional policies for students with disabilities. Cox and Walsh (1998) discuss the content of 47 university policies and develop many themes which they feel should be present within all effective university policies. Shaw and Dukes (2001) discuss 27 program standards which make mention of various standards that should be present within policies and programs. Although the majority of the discussion by Shaw and Dukes focuses on program standards, which will be discussed later, it is worth mentioning in a policy context. A

further article by Hill (1994) discusses the students' perspective of policies, and from her finding she makes several solid recommendations related to policy effectiveness.

Within Cox and Walsh's (1998) content analysis of 47 university policies, 50 separate items were discovered, which were then streamlined into 11 categories to aid in the development of policy. The first category they put forward is to provide a clear definition of disability. Within the different policies analyzed, disability is defined in different ways from specific to general. Some universities have drafted policies dealing with specific disabilities. What is key for any institution is that the definition they provide is clear and unambiguous. Their second category is undue hardship. Cox and Walsh argue that the student should not to be put under undue constraints due to financial circumstances related to a disability. According to the University of Guelph policy, fiscal constraint cannot limit access to a specific program or course by a student with a disability.

Thirdly, Cox and Walsh (1998) note that any policy must take into account the legal considerations surrounding disability. Most policies cited the Canadian Charter of Rights and Freedoms as a means of reaffirming the rights of students with disabilities. Some cited the United Nations declaration, and many institutions cited their mission statements as well. The fourth category proposed by Cox and Walsh for the development of disability policies refers to admissions. The majority of the institutions had sections in their policies citing admission requirements. However, there are differences. For example, McGill University does not take into account disability when admitting students. Students with learning disabilities in Mount Allison require a learning disability

assessment to be submitted with their application for admission. Some universities include statements encouraging students with disabilities to apply.

By Cox and Walsh's (1998) account, documentation is the fifth category required for the development of a good policy. The majority of institutions require the student to self identify, most stressing that they do so as early as possible. The documentation required by the majority of institutions must be from someone with a medical background. Some policies require a certain level of self-advocacy by the student.

Sixth, any policy must adequately provide for alternate academic accommodations (Cox and Walsh, 1998). There are various forms of academic accommodations, including extended time, special seating, the use of adaptive technology, and alternative formats. Some policies allow academic waivers if a student's disability prevents them from completing a course. In effect, this portion of a policy begins to outline the backbone of the programs that an institution will offer. Cox and Walsh further assert that any policy must maintain the groundwork for retaining academic integrity. They discuss the need to make academics as fair as possible for everybody, and if documentation is provided by the disability services office it should be honoured by the faculty.

The seventh category put forth by Cox and Walsh (1998) states that any effective policy should also outline the service accommodations that the university must provide. This includes physical accessibility to buildings and tertiary services.

Another key component of developing a good policy should include guidelines for the formation of expert and advisory committees. This is the development of committees in the areas of policy development, service provision, advocacy, and

education. These committees should be made up of students, faculty and staff. In addition to having committees in place, all policies should provide a proper review mechanism. This should be in place to ensure that the policy is current and meeting the needs of students. Lastly, and related to the review mechanism, every policy should enact an appeals mechanism. This portion of the policy must outline ways to solve disputes and also give students the option to appeal decisions or parts of a policy.

Hill (1994; 1996) looks at students' perspectives on the policies that are in place. Although her primary focus is the student's viewpoint of institutional level policies, for this particular section she does articulate the students' viewpoint of the need for university policies. Students feel that they are important, that they are paramount in program development, and the institution must work to ensure that students have an acceptable amount of knowledge about the policies that affect them. The article further outlines information relating to students' feelings about policies, their level of awareness of the policies, their knowledge of the policies, and the direct effect that the policies have on them. This portion of the article will be addressed further in the findings section of this thesis. However, at this point, it is prudent to address Hill's (1994) recommendations, which are simple and straightforward, and are as follows:

1. Policies should be developed, written, and amended.
2. Policies should deal with specific areas including physical access, training of staff, specialty equipment, etc.
3. Policies should be easily available to all students in multiple formats as well as in their orientation packages.
4. Copies of the policies should be available to all staff at all levels.
5. In-service programs should be offered to all university staff on a regular basis.
6. The university should recognize that each student is unique and there should be variation in the programs they offer.
7. While funding is a concern a long-range plan should be put in place to ensure that equipment is upgraded and older buildings are retrofitted to ensure accessibility.

Cox and Walsh's (1998) interpretation deals with the structural foundations of what should be included within a policy document to ensure the rights and privileges of students with disabilities are properly protected. In contrast, Hill's (1994) work focuses on ensuring that the practicalities dealing directly with the students are addressed. Although her work is more than a decade old, students are still expressing some of the concerns that were articulated by Hill. In other words, concerns that were first brought to our attention ten years ago are still not being addressed fully and properly. The discussion portion of this work will attempt to show how there is a need to revisit these recommendations.

Work has been done at a regional level which looks at the content of policies. A study was completed by a student at the University of Regina which looks at the policies of Canadian institutions. Although there are problems with its theoretical foundation and methodology, it does reveal some key facts as to the level of policy that exists at major Canadian Universities. It also gives insight into some of the major programs and projects that were ongoing at these institutions. This work could tie into the argument provided by Shaw which contends that each of the major universities in Canada should have similar programs and policies, which they argue should be guided by a number of key program and policy areas. These policy themes should be present regardless of size and cost in order to create a modicum of universality. This creates a greater level of access to post-secondary education regardless of a student's location.

Shaw and Dukes (2001), from their work developed 27 minimum program standards, which they feel should be present across state and provincial boundaries for students with disabilities. This would allow uniformity of service for students with

disabilities and also allow for freedom of choice when selecting an institution to complete

their post-secondary education. These 27 recommendations fall under nine distinct

categories. These include:

1. Consultation/Collaboration/Awareness
2. Information Dissemination
3. Faculty/Staff Awareness
4. Academic Adjustments
5. Instructional Interventions
6. Counseling and Advocacy
7. Policies and Procedures
8. Program Development and Evaluation
9. Training and Professional Development (Shaw and Dukes, 2001)

There has been a call for a more systematic approach to developing program standards

for service provision in higher education. Service providers have been left to undertake

an ad hoc approach in their work because of the lack of research or empirical data on this

issue. These program standards have led Shaw and Dukes to identify three myths that

have become apparent from universities at an administrative level as an attempt to shy

away from putting these standards in place.

1. Federal laws drive post-secondary disability services. Because the best practice standards can be implemented across country boundaries, the case is made that these best practices are more influential than legal standards.
2. The type of institution determines the approach to disability services. It has been found that regardless of size or type of program, these services were essential in all institutions and there are central services that all colleges and institutions should provide. The only individual nature of the decision should be how these essential services will be provided.
3. There is no one approach to disability services. This is in complete contrast to Cox and Walsh, who argue that what might be appropriate to implement in one institution might not be appropriate in another. This myth has allowed education administrators to provide inconsistent service, and rather do what they deem to be appropriate. There have been countless studies arguing that inconsistent service is a major problem in higher education programs. Although the standards laid out by AHEAD give latitude to universities in how they provide service, they do lay out expectations of what service institutions should provide. The standards only provide parameters and need to be amended and revised to fit the new needs of students as they arise. Work needs to be done to delegate responsibility as to who

is responsible for ensuring these standards are met. Also, internal investigation needs to take place as to what departments are in the best position to serve students. (Shaw and Dukes, 2001)

Reflecting upon these myths and returning to the nine categories presented by Shaw and Dukes, various themes become apparent. One of those themes was the struggle for role definition between students and faculty. This struggle is exacerbated by what appears to be a lack of knowledge and understanding on the part of faculty members of the ways and needs of students with disabilities. Throughout the data collection process, this struggle was highlighted by numerous students both in quantitative and qualitative responses. A number of students highlighted this lack of understanding as a main challenge to them in completing their university education in a timely and effective manner. A number of articles have highlighted this dynamic with sociological investigation in the past. Hill (1996) argues that faculty need to be given more information regarding the needs of students with disabilities and need to be part of the support network and active participants in proposing solutions to barriers which affect their students.

Studies which address the perspectives of faculty indicate that there is some willingness to accommodate, but that the level of commitment is mitigated by other factors. Rao and Gartin (2003). indicate that non-tenured track faculty have significantly better attitudes and a higher understanding of the challenges that face students with disabilities than tenured faculty. Further, faculty from the arts, sciences, humanities, and education were the most willing to accommodate students. For some faculty, their willingness to accommodate is dependent on the type of disability and how much accommodation is required (Rao and Gartin, 2003). For example, almost 97 per cent of

faculty are willing to have their lectures recorded so that students can revisit them. However, less than 40 per cent of faculty are willing to alter their exam or grading structures as a means of accommodating students with disabilities (Rao and Gartin, 2003). Gender had no impact on willingness to accommodate. It should be noted, that these findings are the result of surveys conducted with faculty. When students are surveyed, results reveal a different pattern. Generally it is found that faculty exhibit a lack of knowledge and that there is a need for more information to be given to them about the treatment of students with disabilities and the laws relating to them (Thompson et al., 1997). Thompson et al. (1997), as do others, propose that more educational programs are required to educate faculty about the needs of students with disabilities, these programs should be implemented by the institution and mandatory.

A lot of feedback depended on the professor's willingness to accommodate those students with learning disabilities. If a negative reaction was experienced, then that impacted the student's success in other classes as well as future academic decisions. Also this study reaffirms the argument that how they see themselves will affect their willingness to gain assistance, along with their relationship with their peers as well as their position within their peer group (Hartman-Hall and Haaga, 2002).

3.3 The NEADS Report

The NEADS (National Educational Association of Disabled Students) report stemmed from a project that focused on a quantitative assessment of university programs for students with disabilities. The report was completed eight years ago. Some might feel that this work is outdated, however, it's relevance became clear when some of the same

policy concerns were present in both the NEADS report and my own preliminary

findings. The NEADS project attempted to gauge the opinions of both students and

service providers, and focused on two key areas:

1. to determine the level and types of services, the types of accommodation, and the direction of policy with respect to students with disabilities across Canada
2. to evaluate service provision, accommodations and policy, and measure levels of satisfaction with respect to service provision, accommodations and policy among students with disabilities and college and university service providers (NEADS, 1999)

Seventy service providers responded to the survey in addition to 349 students from 102

different institutions. Within the student population, the largest group of respondents

were learning disabled students (36%). A key measure from the research is that in the late

1990s, students with disabilities accounted for roughly 7 per cent of the university student

population. The majority of students were studying toward bachelor degrees, with the

highest proportions of students focused on the social sciences and business/commerce

respectively. A very small percentage of students were pursuing graduate degrees or

professional colleges.

There were several findings from this research, which inform my own survey.

First, professors/instructors were generally rated quite poorly, and indifferent about the

accommodation of students. This problem may arise from the lack of support offered to

instructors in terms of training and information sessions. The report suggests that this

type of training should be a focal point of policy development.

The report also substantiates others' claims that disability is often individualized

in institutions, and that much of the burden is placed on students. Students are expected

to provide documentation, particularly in large institutions for their disability. Failure to

offer proper documentation can limit service provision, and there are reported cases where documentation was a must in order to receive some types of services.

Another concern arising from the report were the difficulties faced by students with mobility impairments. Although many physical accessibility issues were rated as good, there were many areas that were lacking including subsidiary services such as libraries, book stores, and food services (rated as fair or even poor). Physical access was seen as the biggest issue for institutions with older buildings and with architectural concerns. The authors of the report highlight the importance of guaranteeing accessibility through the provision of a barrier-free physical environment and supportive learning environment.

It is imperative to note that the report also focuses on understanding how a supportive learning environment can lead to academic success. This is due to the fact that the largest respondent population has learning disabilities, and as a result the need for learning support units is critical both in learning strategies and the purchasing of adaptive technologies to assist students. Bearing this in mind, the ability to assess properly the needs of students is critical to provide the best services, and ultimately ensure academic success (NEADS, 1999). In this respect, smaller institutions may have an advantage, as they are able to provide more one on one consultation with students. However, smaller schools often struggle to provide material effectively to students regarding the services they are able to provide. Larger institutions were more likely to provide such information rather than community colleges. Overall, academic accommodations are generally seen as successful regardless of the size of the institution. Unfortunately, fostering the attitude of change can still be a battle.

The last topic of concern stemming from the NEADS report is regionalization. Regionalization is an important factor when assessing the accessibility of postsecondary education. Ideally students should have the ability to choose which institution they attend regardless of geographic location. While a strong cohort of students did not feel that location had an impact on choosing their academic institution, it is important to note that 21 of the 77 universities surveyed were in Ontario, where students have a greater choice and mobility options. In larger provinces there is more choice and opportunities for students as to which institutions they may attend. It is crucial to understand that the size, type, and location of a school will affect the kinds of resources that a student with a disability can expect. In this regard, the decision to remain in one's home province, city, or town will affect their ability to choose an appropriate school. In addition, finances, community, and family support will impact a student's choice of school. While this is true for almost all students, students with disabilities, more than others, have to take into consideration these factors in making their decisions (NEADS, 1999). While certain funding opportunities may alleviate these issues, such funding is limited.

3.4 The University of Saskatchewan's Policy for Students with Disabilities

The University of Saskatchewan's policy was first approved in 1996 and subsequently reviewed and changes were submitted in April of 2000. The final revisions were incorporated into the policy in November of 2000. The policy is entitled "Students with Disabilities: Policy, Procedures and Recommendations at the University of Saskatchewan." When discussing the policy, the university has a responsibility to provide an environment that enables all students to achieve the highest standard of learning. It

includes all the rights and responsibilities of all parties and encompasses all the policies and procedures in which we can provide greater participation by all students with disabilities. The document goes on to define a student with a disability, what a disability is, and the different categorization within disability. It then outlines the guiding principles of the policy, which include academic excellence, diversity, responsibility, building on existing strengths and cultures, accessibility, reasonable accommodation and hardship, respect, the rights and responsibilities of students with disabilities, and the rights, and responsibilities of the University. The first four guiding principles are taken from the education equity report and are meant to be the cornerstones of the policy. The remaining five principles are specifically meant for the development and application of the policy.

Of the nine guiding principles, the principle of diversity is key, along with the principle of responsibility. The principal of diversity highlights the value the University of Saskatchewan places on having a diverse student body, and how the value placed on diversity enables the University to promote the participation of all students, which includes students with disabilities. The principle of responsibility affirms that all members of the University community have a shared responsibility to all students in all aspects of the university experience from first contact (with the University) to convocation. Accessibility does not solely refer to gaining admission; it also includes access to facilities, programs and services available to all students. "Strategies that promote accessibility and facilitate retention are critical to ensure educational equity for students with disabilities." (U of S policy) The fifth principle, accessibility, is also a core concept as developing full accessibility is crucial to ensuring success. Retention rates, and therefore success as measured by graduation from a program of study, depend upon

the provision of support and services which are of greater importance to members of the designated groups than to the majority of the student body. No single institutional response is adequate to help those who experience mobility limitations, hearing or sight impairment, or speech or learning disability. The crucial factor in making University education equitable and attractive is an environment that facilitates retention and graduation.

According to principle six, reasonable accommodation and hardship, the obligations in making an accommodation are: seek a climate of collaboration between all parties, minimize obstruction after accommodation is found, and to participate in accommodation to ensure that it is a success. Academic accommodations are fundamental. All academic accommodations are to be implemented short of undue hardship. Principle seven, respect, should not be underestimated. The relationship between the student and the University should be based on respect for individual rights and the dignity of the individual. Maintaining the dignity of individuals is viewed as paramount.

The first right that students have is equal participation, accorded by the Charter of Rights and Freedoms. Further, students can expect their needs to be met by adapting services, courses, and programs, without compromising the quality of the education received by all students. Second, students have the right to set an individualized pace of study and other activities regardless of scope to facilitate full participation in the University community. Students have the right to full access and participation that is unconstrained by financial resources associated with the disability. Students also have the right to voluntarily disclose their disability to assist in the process of gaining

accommodation. However, full medical documentation is required to receive the majority of accommodation types. This requirement is yet another example of the medical professionals being key actors in the accommodation process. The process is individualized further by requiring the student to secure the necessary documents that demonstrate the need for service.

According to the policy, students have the following responsibilities. First, they are to communicate their needs and allow sufficient time for specific accommodations to be made. Furthermore, a student must provide current medical or psychological documentation. Students should also participate in making strategies and proposing solutions and be open to proposed solutions. Lastly, a student must display self-reliance in meeting deadlines.

The University has the right to maintain academic integrity. The university further has the following responsibilities: 1) to educate faculty, staff and students to promote greater understanding of disabilities and the need for accommodations, 2) to initiate activities that promote a climate of openness and tolerance for students with disabilities, 3) to have faculty, supported by their departments, to negotiate alternatives to accommodate students with disabilities, 4) to nourish and develop a human resource, represented by students with disabilities, that has been underutilized, 5) to continue to address physical accessibility in its facilities, buildings and services, and 6) to provide a level of financial support to DSS that is appropriate to the demands for the service.

The University of Saskatchewan policy in conclusion highlights six key recommendations. The first of these is that the nine guiding principles of the report be upheld and respected. Secondly, a policy implementation committee must be struck.

Thirdly, this committee should deal in particular with the confidentiality of information. Fourthly, an accessibility projects committee should be put in place to deal with the accessibility issues surrounding the physical structures of the University. Fifthly, all procedures laid out in the policy should be followed to ensure the mass adoption of the policy itself. Lastly, each College, in consultation with DSS, establish procedures specific to the unique demands of that College and which are harmonious to the University policy.

While Cox and Walsh present a very thorough description of themes present in the majority of institutional policies, the University of Saskatchewan policy does have one major difference in that it outlines the roles and responsibilities of each party affected by the policies that are in place. While this does have the positive effect of making everyone aware of their responsibilities when dealing with students with disabilities, it also individualizes the process, placing the onus on the individual rather than looking at it from a systematic approach. This in turn further ingrains the individualistic model at an institutional level.

3.5 Summary of Literature

A review of the literature has identified a small, but very informative number of studies which had previously been completed, which provides a solid base for investigation prior to completing this study. Jennifer Hill (1998) had attempted to look at university services programs in the early 1990s, and interestingly enough was one of the first to do so from a student's perspective. Jane Wolforth (1998) also completed a similar type of study of programs and policies that were available at a number of universities,

however she failed to focus on one particular institution and did not write her article from a student perspective but rather as a student service provider (which she was). Hibbs and Pothier (2006) provide a critical account of the processes a student has to go through to receive accommodations at the University of Victoria. They describe the long process that a student must undertake in order to level the playing field. Cox and Walsh (1998) provide a number of solutions to formulating effective policy in order to protect the university interest and provide effective, and manageable, programming for the students. A number of authors attempted to illustrate the concerns regarding professor and teacher education regarding disabilities, which can greatly affect a student's experience at university. The NEADS report mentioned previously encompasses a number of these issues, as well as generating discussion on a few others. It is easily the most detailed and thorough analysis of programming for students with disabilities at a post-secondary level. Both students and faculty were surveyed in this study so it provides a number of interesting perspectives. The review of surveys such as this revealed the need for in-depth case studies in the hope of delving deeper into the concerns of students who are ultimately trying to achieve their academic goals.

The next chapter introduces my survey and the research methods used to complete this project. The goal of the project is to investigate the effectiveness of the programs and policies in place at the University of Saskatchewan to ensure the success of students with disabilities, and if there is a gap between these two entities. The project focuses on the student perspective, and brings their viewpoint to the fore. A secondary goal of this project is to investigate the presence of the medical model of disability on the University

campus, and in particular how engrained this model is in the University's policies and

programs relating to students with disabilities.

CHAPTER FOUR: METHODOLGY

4.1 Methodology and Research Method

This chapter addresses the methodology and methods used in the completion of this study. The survey was developed to investigate issues surrounding program effectiveness, student knowledge of programs and policy, and the potential incongruence between programs and policy. I further utilize the data collected from the student population to illustrate the extent to which the medical model influences policy at the University of Saskatchewan.

In developing this project, different research methods were considered. It was ultimately decided that a survey, which incorporated qualitative aspects, would be most appropriate. The main focus of the survey are the questions that lend themselves to exploratory statistical analysis. Open-ended questions were included to allow individuals to share their personal experiences in greater detail. A quantitative research method seems the most effective form to use when trying to discover straightforward statistical phenomena, such as whether a program is effective (Silverman, 2001). Quantitative research tends to be viewed as newsworthy and more hard-hitting, despite recent attacks on the appropriateness of statistical methods when investigating certain phenomena (Silverman, 2001) However, quantitative research methods continue to prove an appropriate method to draw conclusions about the attitudes of an aggregate population, which is essential for this investigation. For this project, a quantitative research method also fostered the ability to involve a greater number of students with disabilities into the findings; the aim being to include a more diverse representation of disabilities.

Disability researchers support work that promotes cultural change, policy development, and increased citizenship for people with disabilities in society. A necessary component to accomplish these goals is to ensure that individuals with disabilities have their voices heard. When formulating this project, although the primary focus was to provide an overview of the effectiveness of disability policy and programs at the post-secondary level, it became abundantly clear that there needed to be an opportunity for students participating in the survey to express their individuality. There had to be ample opportunity to share anecdotal stories about their experiences, discuss their relationships with fellow students, educators, administrators, and faculty, and illustrate the differences that exist within the category of disability. The use of qualitative research methods rests on a shared belief that a deeper understanding of social phenomena can be ascertained through more in-depth investigation and less reliance on statistical methods (Silverman, 2001).

For these reasons, it was decided that the investigation needed to incorporate both quantitative and qualitative aspects. The design of the questionnaire included survey-style questions (quantitative) which, once interpreted in the findings, will have a capacity to affect policy and programs. Further, open-ended, qualitative-oriented questions were embedded within the survey. The stories of the students are used to humanize the statistical findings. Researchers who study disability must be cognizant of the fact that every disability is different. The challenges that students with disabilities experience are unique to each. Nobody's journey is the same and the most effective way to express and show those differences is to allow ample opportunity for self-explanation of certain situations. The stories also allow the researcher to understand how people with unique

disabilities view certain situations and use programs differently. By combining quantitative and qualitative lines of questioning the hope is that the research findings will be more effective to foster change and promote greater understanding of the challenges faced by students with disabilities.

One might ask why a qualitative approach was not the sole method in crafting the questionnaire, given the importance of ensuring that the individual voices of students are heard. The main focus of this project is to explore the policies and programs that affect students with disabilities on post-secondary campuses, in particular the University of Saskatchewan. A secondary goal is to investigate the embeddedness of the medical model of disability within the culture of the University. Furthermore, there is a desire to explore whether a change in the thought process of policy formulators would foster a deeper level of understanding by all parties involved. A quantitative approach allows for more student input on those aspects of University policies and programs that are least effective. It also allows the representation of different types of disabilities to be included within the project, which as stated earlier will hopefully bring the broader challenges they face to the fore. The test for the research would also be to make claims about strengths and weaknesses of administrative policies and programs from a limited number of respondents. Although the analysis of the individual was not as in depth as one would have liked, it still allows their voices to be heard on the pressing issues that directly affect their lives.

In formulating the questionnaire, I had as my main purpose for its design to make it accessible for all due to the unique needs of the sample population. The idea was to make it large, spacious, screen reader compatible, and easy to access. This was best

accomplished by using a web-based survey design company. One of the reasons a web-survey was selected, as the research method for this project was to enable the use of adaptive technology in the hope of making it more accessible to the population. There are other benefits to using web-based surveys in research. These include lower costs, increased confidentiality, more appealing design aesthetic, increased speed of data collection, greater coverage, and ease of making multiple contacts (Dillman, 2000; Scaeffer and Dillman, 1998). Another advantage to the use of web-based surveys is that there is less difficulty in coding the data. The results of the survey are easily converted into a format that can be used in the data analysis stage because it is submitted by the respondents electronically.

However, there are draw-backs to the use of web-based survey methods too. There is the chance that some individuals in the population might be missed in the distribution process, particularly if the e-mail lists are outdated. However, for this project, the e-mail list provided was from the office affiliated with this particular population, alleviating these concerns. Further, in order to maximize the response rate, the survey was sent out on multiple occasions using the most up-to-date e-mail list. Another apprehension about the use of web-based surveys is that they are impersonal, and thus many potential respondents will ignore the requests for participation. To temper this effect an introductory e-mail was sent out to all recipients to provide them with some background before the survey was sent. This e-mail made mention of the fact that I am a student in the hope that fellow students would relate to me as the researcher. Researchers also fear that because of the proliferation of web-surveys, it is difficult to discern the good from the bad (Couper, 2000). The introductory letter helped in this regard because it

made mention of the ethical standards applied to the research. In addition, because the survey link was sent out to the University e-mail addresses of the students they were less likely to regard the mail as spam as the University has a spam filter in place.

Conducting research with students with disabilities raises additional concerns, both in general and specific to the research technology. There is concern that some research designs do not allow accessibility to all and sensitivity towards certain groups in the disability movement (Moore et al., 1998). Researchers also argue that it is important to bring the voices of people with disabilities to the fore, rather than rely on the disability providers. New technologies developed to allow people with disabilities to express themselves more easily can foster this change. Some argue that students with disabilities may not be able to access the Internet, however, students with disabilities frequently rely on adaptive technologies in order to succeed in post-secondary institutions. Students with disabilities are well versed in the utilization of web-based learning tools, a knowledge that translates well to the use of web-surveys. As such, their ability to respond to the survey should be of minimal concern. Furthermore, there is money available for students to purchase equipment to facilitate their needs at a post-secondary level. This may alleviate the fears discussed in previous articles on this subject of the population not having access to computers. Also, this may temper concerns about the validity and safety of their responses. A more pressing issue is the actual accessibility of the survey itself. Disability researchers have concerns that many web-surveys and host sites do not include accessibility features (e.g. the ability to reformat font size). Understanding this issue, I was careful to select a company that had the required accessibility features so that all students with a wide array of disabilities would be able to complete the survey.

A research company was enlisted to assist in the web-design of the survey, this ensured accuracy, effectiveness, ease of use, validity, and especially anonymity and protection of the respondents. It also ensured accessibility of the website for such things as voice recognition software and screen readers. Furthermore, a mechanism was put in place to prevent respondents from completing the survey multiple times. The research company also handled the collection of the data, the protection of the data, and the cleaning of erroneous responses. The data were placed in an SPSS data file for analysis and testing. One challenge of using the company was when glitches or bugs did come up, it was more challenging to make expedient changes since I, as the researcher, was not at the forefront in the web design of the survey. However, I designed the content of the survey being placed on the website. I was also able to monitor the survey results throughout the data collection period. This allowed me the opportunity to see some of the emerging trends. The company was directed to distribute the survey on three separate occasions. This was done at three different times of the day in the hopes of getting a larger response rate. One thing that was noticeable from the statistics received throughout the process was that there were significant numbers received from the second and third emailing of the link.

There is a concern among researchers that there is not enough inclusion of people with disabilities conducting research affiliated with disabilities within the social sciences. As a result of this, there is reluctance, in some cases, for people with disabilities to participate in research that does not have the disability voice present in its design. As a researcher, all efforts were made to alleviate this concern. It was made clear that as a former undergraduate student at the University of Saskatchewan, and consequently a user

of disability services that I could relate to them as a population, as well as be sensitive to the needs of the students.

4.2 Survey Design

The questionnaire was organized around five key themes, which are represented in the survey through five corresponding sets of questions. The groupings of questions involved gathering general information about the individual and their disability, policy awareness and understanding, assessment of programs relating to the accessibility of post-secondary education, evaluation of funding related to students with disabilities, and gaining a student perspective on the accessibility of facilities.

The first section of the survey focuses on basic questions such as the students' academic standing, how many years they have been enrolled at university, their area of study, and course load. The purpose of these questions was to see if there was any disparity between students with disabilities and "regular" students. The course load question was of particular interest due to the fact that students with disabilities do have the option to take a reduced course load without financial or academic penalty. Students with disabilities are entitled to take a reduced course load and still receive full student loans. The rationale behind this is that a reduced course load for a student with a disability presents the same challenges as for a student in the general population taking a full course load. I felt that it was important to investigate the number of students who partake in this program initiative because it is one of the factors that differentiates students with disabilities from the rest of the student population.

The next section of the survey focused on the categorization of disability. Because disabilities are difficult to categorize, I wanted to allow the students the option to self-

categorize and self-identify in accordance with the self-declaration process of the University of Saskatchewan. Although disabilities are becoming increasingly difficult to classify, this needs to be done for the effectiveness of the research in order to understand which students take advantage of which services/programs. However, allowing the students to self categorize did pose some difficulties with respect to recoding the data in order to perform certain statistical procedures. These concerns will be discussed in more depth in the findings chapter.

The third portion of the survey focuses on policy awareness and understanding on the part of students. The purpose of these questions was to measure how conscious students were of policies as well as their awareness of the policy content along with how the policies could/would affect their educational experience. Furthermore, the survey investigated whether they were aware of programs that are offered by DSS. The questions also explore the usage rates of these programs. The one disadvantage of this set of questioning was that small samples made it difficult to formulate statistically significant findings. However, in tandem with some of the qualitative responses, many substantive claims can be made. These claims are explored in the findings chapter.

The survey also explores funding related to disability. I wanted to investigate the number of students who take advantage of funding options to offset costs related to their disability. Also, in another section of the survey related to this theme, it was asked who should provide funds for current and new program initiatives. Students were also asked to express new options for programming in this section. There seemed to be an overwhelming call for new and innovative programming to be provided to them by DSS.

Along the same stream of questioning, students were asked to indicate who should be responsible for providing resources to support these new innovations.

As previously mentioned, students were asked about the effectiveness of programming and what aspects could be improved. Further, in relation to the final theme of the survey, students were asked if staff and faculty had the knowledge necessary to assist them in achieving their academic goals. Students were asked to articulate what needed to be done to improve the relationship between staff (including administrators, faculty, and support staff) and students.

In addition to the student survey, a second survey was administered to staff who provide services to students through DSS. This survey was viewed as a supplement to the project, and once the project became a case study, the survey was of less importance. However, the survey did provide some valuable insights into the service providers' perspective on the services they administer. Questions that pertain to the workload, time spent with students, effectiveness of programming, and the relationship with faculty are explored. The survey also addressed the number of volunteers that are relied upon for the programs to run effectively. The responsibility of funding DSS programming is also addressed. The qualitative portion of the survey complements the quantitative aspects of the survey.

CHAPTER FIVE: FINDINGS

5.1 Introduction

The findings presented in this chapter, along with the literature reviewed earlier, aim to address the prevalence of the medical model within policy and programs at the University of Saskatchewan. This can, in part, be understood by questioning students on their knowledge of the policy, their perceptions of program effectiveness, and by gaining a sense of the overall impressions of the university experience for students with disabilities.

The nature of the survey analysis is exploratory. The total population of students with disabilities on the University of Saskatchewan campus is difficult to assess as new students with disabilities are discovered every day. Five to 7 per cent of the total population of the University of Saskatchewan declares having a disability. This is done either through a voluntary disclosure form when they enroll or by receiving service from the DSS office on campus. The population of the University of Saskatchewan is roughly 18,000 to 19,000 students. Based on these numbers, the disabled population ranges from 600 to 900 students. Due to the small sample size of the survey (N=107) and the categorization of the various disabilities, it is difficult to uncover statistically significant relationships. For this reason, the findings presented in this chapter are more exploratory and speak to trends that have emerged from an analysis of the data. Despite the small sample size, one can see many trends related to the different challenges faced by students with disabilities in attaining their post-secondary education. However, it is impossible as a researcher to consolidate categories of disability into large groups that will allow the researcher to find statistically significant relationships, without doing injustice to the

uniqueness of the various disabilities. Before discussing the findings, I will first address some of the procedures undertaken to clean the data.

The research began with five categories for different disabilities, along with a column for respondents to add other disabilities. The five original categories included mobility impairment, visual impairment, hearing impairment, brain injury, and learning disability. The other category ultimately became critical to the investigation as it became clear that there are many variations of disabilities, and individuals were in fact very particular about the nature of their disabilities. It became quite clear that the majority of people disliked being placed into the broad categories provided. Following the lead from the student responses, I proceeded to develop a more robust list of disabilities to study by recoding the data. This new variable for classification of disabilities comprised eight new categories which include mobility impairment, visual impairment, hearing impairment, brain injury, learning disability, and new categories for mental illness, physical disabilities (for inclusion of chronic pain, arthritis, and other physical ailments), and a final category for multiple disabilities. The new variable, while valuable for certain insights, proved to be limiting for certain statistical procedures. In an attempt to reduce the risk of empty cells, I once again chose to collapse the classifications into a new, condensed variable. This 'collapsed disability' category was based on thoughtful review of results before me and was now condensed to five categories including, physical impairments (made up of mobility, visual and hearing impairments, and physical disabilities), brain injuries, learning disabilities, mental illness, and multiple disabilities.

When looking at course load for individuals with disabilities some interesting trends were noticed. In the original survey, I inquired of the students what was the

average number of courses they took in a given year. The responses for this question ranged from one class to more than ten classes. In order to make some more effective claims about the findings, the variable was condensed into three categories. The new categories were light course load (one to four courses), moderate course load (five to eight courses) and heavy course load (nine or more courses).

Along with a student survey, a survey directed towards service providers was distributed to the same academic institutions. Like the response rate for the student survey, responses for this survey predominantly came from the University of Saskatchewan. Of the six respondents, four of them worked for disability services at the University of Saskatchewan. The low response rate for this survey effectively rules out completion of any statistical measures other than description, although it does allow an interesting comparison between the students' view of services being provided at the institution and the feelings/opinions of those providing the services. Interestingly, there are some areas where the students are generally in agreement, and others where there seems to be some difference of opinion, which could be a rich field of investigation.

After an investigation of the different types of disabilities, which were explained earlier in the paper, it has become quite clear that peoples' relationship with disability services is quite different depending on their disability. Upon further analysis it became obvious that it would be useful to separate the data set so that each disability could be investigated independently. Although this proved to be quite fruitful, it again posed a problem in terms of the sample size. However, this does not mean that some meaningful trends cannot be derived from the procedure. Some of the most interesting and rich data that will be gained from the data analysis will be from the responses provided in the

open-ended/qualitative portion of the survey. This gave the students and service providers a chance to give the true sense of what it was like to be a student attending a well-known post secondary institution. Incorporating these types of questions into the survey gave the students and service providers a chance to share more substantial opinions on programs, policies, and the disconnect between the two.

5.2 Demographics

The analysis of the data will begin with the demographics of the respondents. There were 107 student responses from the University of Saskatchewan. It is important to discover how this population is allocated by disability. Consistent with findings in previous studies the biggest group is composed of students with learning disabilities who accounted for almost half of the student population. The next greatest number of students were those with physical disabilities representing 27 per cent of the population. As mentioned earlier, this group includes students with mobility impairments, visual impairments, and hearing impairments. The other groups represented in the sample include students with brain injuries, multiple disabilities, and mental illness. A complete breakdown of the demographics is in included in Table 5.1.

Table 5.1 - Types of Disability		
Type of Disability	Number of Students	Percentage of Sample
Learning Disability	53	49.5%
Physical Disabilities	29	27.1%
Mental Illness	13	12.1%
Multiple Disabilities	9	8.4%
Brain Injuries	3	2.8%
Totals	107	100.0%

Table 5.2 illustrates the breakdown of grades for each group of disabilities. Judging by the findings it seems that regardless of the type of disability students are performing at an acceptable level. The type of disability does not seem to have a huge impact on a student's ability to succeed academically. It should be noted that the students who responded to the survey could well have been motivated students, so it is difficult to gain a fully accurate assessment. Also as we will see in Table 5.3, the majority of participants are taking less than a full complement of courses. The reduced course load may contribute to the ability for students with disabilities to perform at an acceptable academic level as it allows them to pay greater attention to the courses they are enrolled in.

Table 5.2 - Types of Disability and Academic Performance				
	GPA			
Type of Disability	50 - 60%	61 - 70%	71 - 80%	81% +
Learning Disability	6 (11)	20 (38)	22 (42)	5 (9)
Physical Disability	3 (11)	10 (36)	10 (36)	5 (18)
Mental Illness	0	3 (23)	4 (31)	6 (46)
Multiple Disabilities	1 (13)	3 (38)	2 (25)	2 (25)
Brain Injuries	0	1 (33)	2 (67)	0
Total	10 (10)	37 (35)	40 (38)	18 (17)
Percentages in parentheses				

However, the reduced course load program, which allows students with disabilities to take fewer courses while receiving full student loan benefits, is put in place in an attempt to level the playing field. The other side of the argument is that a lot of students with disabilities, three to four classes a term are equivalent to a full course load for a "regular" student. It could be argued that although a program like this is put in place

to help students with disabilities it can on some level hinder them. If a student partakes in a reduced course load, it therefore takes them longer to finish a desired degree. The data from this survey supports that assertion (see Table 5.3). If it takes a student longer to complete a desired degree, there is increased debt incurred. While some debt relief for students with disabilities is available, the debt incurred by students being in university longer places them at a disadvantage when entering the workforce, and also does not relieve the burden of poverty which they are already fighting against due to their disability. One other potential concern is whether taking a reduced course load effectively prepares students with disabilities for the workplace. In the work force, individuals with disabilities will need to compete with their peers with limited accommodations.

Table 5.3 - Disability and Years of Study						
	Years of Study					
Type of Disability	1	2	3	4	5	6+
Learning Disability	8 (16)	7 (13)	10 (19)	12 (23)	8 (15)	8 (15)
Physical Disability	3 (10)	4 (14)	7 (24)	3 (10)	5 (17)	7 (24)
Mental Illness	0	0	2 (15)	0	3 (23)	8 (62)
Multiple Disabilities	1 (11)	0	3 (33)	2 (22)	2 (22)	1 (11)
Brain Injury	0	1 (33)	0	1 (33)	0	1 (33)
Total	12 (11)	12 (11)	22 (21)	18 (17)	18 (17)	25 (23)
Percentages in parentheses						

It becomes apparent from the findings that the majority of individuals responding to the survey are pursuing bachelor of arts or science degrees. A slightly staggering statistic is in Table 5.5 which finds that 71 respondents (67 per cent) indicated that they wanted to continue their educational endeavors after their first degree was completed. This finding is positive in the fact that more people with disabilities are seeing value in post-secondary education, and value in their experience at university. However, a number like this does

indicate that there is a need for supports to be in place for these students to succeed.

Further, findings like this could indicate that there will be greater opportunities for

individuals with disabilities to compete in the job market if they have a greater level of

education. Conversely, this desire to remain within academics may also be indicative of a

job market that is not friendly toward individuals with disabilities. These points of

discussion demonstrate a need for further research into the connection between education

and employment, particularly given the high unemployment rates for individuals with

disabilities.

Table 5.4 - Disability and Degrees Being Pursued							
	Degree Sought						
Type of Disability	B.Arts	B. Science	B. Comm.	B. Eng.	B. Ed.	Dual Degree	Grad/Professional
Learning Disability	22 (42)	12 (23)	4 (8)	3 (6)	6 (11)	2 (4)	4 (8)
Physical Disability	15 (52)	5 (9)	1 (3)	0	2 (4)	1 (3)	5 (17)
Mental Illness	6 (46)	1 (8)	1 (8)	0	1 (8)	0	4 (31)
Multiple Disabilities	5 (56)	2 (22)	1 (11)	0	0	0	1 (11)
Brain Injury	1 (33)	1 (33)	0	0	0	0	1 (33)
Total	49 (46)	21 (20)	7 (7)	3 (3)	9 (8)	3 (3)	15 (14)
Percentages in parentheses							

Table 5.5 - Disability and Desire for more Education		
	Would you like to pursue more education after this degree?	
Type of Disability	Yes	No
Learning Disability	35 (66)	18 (34)
Physical Disability	19 (68)	9 (32)
Mental Illness	7 (54)	6 (46)
Multiple Disabilities	9 (100)	0
Brain Injury	1 (33)	2 (67)
Total	71 (67)	35 (33)
Percentages in parentheses		

5.3 Policy

The findings indicate that the vast majority of students (84 per cent) are aware of the existence of the policy. When looking at whether students have read the policy and consequently are aware of their rights and responsibilities relating to service they are provided, 60 per cent of respondents have not read the policy (Table 5.6). This is of concern due to the fact that the policy outlines the expectations of both parties in service provision and is also written from an individualistic perspective where the student is expected to assist in the accommodation process. A further gap which must be of concern is the fact that so many have not read the policy, but responded that they felt the policy was being adhered to. Articles reviewed earlier in this thesis have discussed the need for self-determination and self-advocacy to be successful in post-secondary education, particularly for those with learning disabilities (Field et al., 2003). These findings support the assertion that some steps do need to be taken by the students to make themselves aware of their rights and responsibilities to the policies and programs that affect them directly. Some onus must be placed on the university to make all stakeholders of the university community aware of the policy and its implications.

One of the purposes of this project was to investigate the potential for gaps and inconsistencies within and between the programs and policies in place at the University of Saskatchewan. Although this is not a gap that directly relates to programming, there is obviously a gap forming in the level of understanding between the different actors at the University of Saskatchewan. The policy relating to students with disabilities at the University of Saskatchewan has been put in place for at least two reasons. First, the policy outlines the rights and responsibilities of both the students and the University

(which includes service providers, faculty, administrators, and staff). Second, the policy is in place, in no small part, to protect the University when problems may arise. The fact that students with disabilities are not engaging the policy fully has the potential to render the policy ineffective. This in itself is a gap demanding immediate attention. Work needs to be done to engage students in the policy formation process, as well as allowing them greater access into the inner workings of the policy so that greater self-education can take place, and in-turn greater self-advocacy.

Table 5.6 - Student Engagement with the Disability Policy			
Question	Yes	No	Missing
Are you aware of the existence of a disability policy?	90 (84)	17 (16)	0
Have you read this policy?	29 (27)	64 (60)	14 (13)
Are there aspects of the policy not adhered to by the U of S?	8 (7)	83 (78)	16 (15)
Percentages in parentheses			

5.4 Instructors

Table 5.7 supports the findings previously discussed in the literature review. A number of articles were penned discussing faculty members' role in disability services. The majority of the articles, such as Hill (1992) and NEADS (1998), discuss the need for faculty members to receive more education on the needs of students with disabilities and how best to meet their needs in classroom structures and accommodations. Table 5.7 illustrates that this issues is of concern to all students, but in particular those with learning disabilities and mental illnesses. Those with physical disabilities are more likely to have their needs met by instructors, possibly due to the visual nature of their disability. An example of this would be a student who uses a wheelchair for mobility engages a professor to discuss accommodations needed for a particular class. Their disability might

be more obviously recognized by the instructor therefore it is easier for the instructor to grasp the need for accommodations to be made.

One obvious solution to this concern outlined by these students is greater education and awareness on the part of faculty. A portion of the research was qualitative, and on several occasions students expressed their concerns about the linkages between faculty and service provision. As one undergraduate student expressed, "there are gaps between what the DSS provides and what occurs with classroom instruction." One student believed that the problem lies in the lack of awareness on the part of the instructors: "Professors need to made more aware of (the accommodation process). Especially that the learning styles of people with disabilities may not coincide with the way the course is laid out." These stories, which reflect the difficulties that some students face when seeking accommodations, are not unique experiences, as two other students shared: "The disability services approves of certain accommodations to aid in my learning disability but some professors refuse to accommodate me in any way stating it would be unfair to the other students for them to give me 'special privileges'." also; "Some professors don't want to do these things, and they make you feel like a idiot if you ask. So more education for professors is a must." These accounts reflect the frustration that students experience in meeting their needs. These findings indicate that there is a gap between what the University claims to offer, and what is actually provided to students. One could argue that instruction is the most crucial aspect of education provided to the students and therefore the education of professors in the service provision of students is a must.

The lack of understanding is not restricted to the course-by-course accounts of students. On some occasions, the resistance shown by professors may stem from a deeper resistance on the part of program administrators. As one graduate student recounted:

> The director of the program informed me that "we don't do designer programming" when I needed to have a more spaced out work load because I have a psychiatric disability. So I left the program because they clearly didn't care to help me out in any way. They considered time taken for a medical leave as part of the time that I had been in a practicum when I was not actually there. As such, when I resumed the practicum upon return, my performance was not as productive as my peers due to the workload and they concluded I had enrolled in the same practicum twice and had failed to complete it. They didn't seem to care that at no point was I informed that my performance was unacceptable. I was misinformed by my supervisor who tried to cover it up by passing off the lack of completed work as entirely my fault. He was not available to me as a supervisor and I was held responsible. They gave me no notice regarding important meetings regarding these issues. I was never informed of my rights as a student and I did not feel that I had nearly enough clout as a graduate student to question the director or other core faculty and they certainly did not encourage me in collaborative problem solving. So, I left the program.

This account illustrates the need to provide greater education relating to disability awareness as well as ensuring that program information from DSS is not only passed along to professors but also all levels of administration. It is important to illustrate to all members of the University community that connections can be drawn to show that the level of understanding by administrators affects the effectiveness of programming which ultimately trickles down and impacts the student's university experience.

5.5 Service Providers

In light of this statement, it is important to consider the perspectives offered by service providers. As part of this project, four service providers from the University of Saskatchewan who are responsible for the delivery, coordination, and administration of

services were surveyed. It is important to give them a voice in the hope of providing as complete a picture that can be offered when investigating disability service provision at the University. This is also an attempt to show the situation from both sides. The small number of providers at the University of Saskatchewan makes it impossible to run statistics on these responses. However, from the findings one can draw conclusions regarding the opinions of the service providers who have contact with the students first hand. The providers surveyed indicated that they felt that there was not enough contact with faculty to ensure that programs were implemented effectively. However, the service providers also felt that professors were generally in support of disability policies. This poses an important gap that needs to be recognized, as so many students report difficulties with gaining accommodations from their professors.

Table 5.7 - Type of Disability and Instructor's Awareness of Needs

Type of Disability	Have your instructors received sufficient education about the needs of students with disabilties?				
	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure/Missing
Learning Disability	8 (15)	18 (34)	20 (38)	2 (4)	5 (9)
Physical Disability	0	11 (38)	12 (41)	4 (14)	2 (7)
Mental Illness	5 (39)	2 (15)	2 (15)	0	4 (31)
Multiple Disabilities	1 (11)	4 (44)	1 (11)	2 (22)	1 (11)
Brain Injury	0	0	1 (33)	1 (33)	1 (33)
chi-square significant at .015					
Percentages in parentheses					

A very critical question was asked regarding the effectiveness of the disability service provision at the University of Saskatchewan (Table 5.8). Approximately one-quarter of students feel that their needs are not being met by the current programming at the University of Saskatchewan. Of greater concern is the fact that students who have identified mental illness, close to four times out of ten do not feel that their needs are

being met. The flipside of this argument is that approximately 75 per cent of students feel

that their needs are being met. However, all stakeholders should be concerned with the

fact that one-quarter of respondents view their needs as not being met. It tells the

researcher that some students are falling through the cracks created by the discrepancies

between policy rhetoric and program implementation. Much of this difficulty could stem

from the struggles within disability services to deal with the demands of the workload.

Service providers were asked how many hours per week they spend on each aspect of

their job. It is clear that for all of the service providers they must split their time between

administration and the students. Most of the service providers were spending at least 26

hours per week working with students while also working upwards of 20 to 25 hours per

week on administrative tasks. All of the service providers further indicated that they were

understaffed to meet the workload demands of disability services.

Table 5.8 - Types of Disability and Service Provider's Awarenes of Needs					
	Have the disability service providers met your needs as a student to achieve your academic goals?				
Types of Disability	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure/Missing
Learning Disability	1 (2)	12 (23)	28 (53)	11 (21)	1 (2)
Physical Disability	0	6 (21)	16 (55)	7 (24)	0
Mental Illness	3 (23)	2 (15)	4 (31)	2 (15)	2 (15)
Multiple Disabilities	1 (11)	1 (11)	4 (44)	3 (33)	0
Brain Injury	0	0	2 (67)	1 (33)	0
chi-square significant at .07					
Percentages in parentheses					

5.6 Programming

One of the objectives of this project was to assess the effectiveness of the

programming provided to students with disabilities on a case study basis. Some

challenges were faced in attempting to do this. Some of the programs provided by the

University of Saskatchewan are critical to a small cohort of students but not required by

the majority. As a result of this, the voices of this cohort of students are as critical as the larger group, but the smaller sample makes statistically significant findings difficult (if not impossible) to attain.

Table 5.9 - Programming Assessments				
Program	Number of Users	Mean Score	T-test Significance	
Note Taking	52	3.71	**0.000**	
Exam Accommodation	82	4.18	**0.000**	
Tutoring	15	3.33	0.334	
Alternative Formatting	8	2.75	0.563	
Adaptive Technology	12	3.92	**0.014**	
Counselling	9	3.67	0.111	
Learning Disability Testing	11	3.55	0.258	
Mentoring	0	NA	NA	
Note: All data were coded on a 5 point likert scale (1 being poor 5 being excellent).				
Test statistics were run against a theoretical mean of 3 (mean sample T-test).				
All results significant at .05 or better are bolded.				

Table 5.9 demonstrates that the core programs that the University of Saskatchewan provides are meeting the needs of the clientele they are meant for. The approval of the note-taking program and the exam accommodation program are quite impressive. It is worth noting that currently they are the only two programs with a full-time staff member dedicated to their successful execution. The only other statistically significant result was that the adaptive technology programming/equipment seemed to be meeting the needs of the small sample represented in the survey. However, a number of students did articulate the need for more effective adaptive technology programming to become available, and some even called for the development of a permanent full-time adaptive technology technician to assist with their needs.

There are other concerns about DSS that become evident from looking at the data in Table 5.9. The first of these is the low usage of certain services offered by DSS. In particular, the mentoring and counseling functions appear to be under-utilized by students with disabilities. This may be a function of the lack of communication between DSS and students with disabilities. In other portions of the survey concerns were brought up about the lack of information provided to students about the programs offered as well as program alterations that can be made to make them more functional for students. These suggestions illustrate the need for some form of program or service assessment, either through comment-type cards or focus groups so that the students can become part of the program development process and the interaction between the parties can be increased. Further to this point, a positive step can be taken in attempting to keep up-to-date statistics on students' experiences, particularly with respect to program successes, but further to include retention rates and graduation rates.[6] This could be a challenge given that DSS is currently understaffed for the programs it is already committed to. To expand on these ideas requires a larger commitment from University administrators.

5.7 Funding

From Tables 5.10 and 5.11, one can make a number of inferences from the findings. Regardless of disability, students believe that there is not adequate funding for disability related programming costs. On a scale of one to four, a score of one representing strongly disagree and four being strongly agree, the mean score was 1.55. Compared against an expected mean of 2.5, the score of 1.55 was shown to be significant

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[6] At the time of the survey, DSS was not keeping records on retention and graduation rates for their students.

at 0.000 (alpha = .01). When broken down by disability, a great number of students feel

that it is the responsibility of the government and the administration of the University to

fund the cost differential that is emerging for students with disabilities. There is

congruence between the perspectives of students and service providers in this regard. The

providers themselves felt that the amount of funding available to DSS is not enough to

properly implement all programs. As a group they also felt that this funding needs to be

provided from the institution.

Table 5.10 - Does the administration provide enough funding?

	Strongly Disagree	Disagree	Agree	Strongly Agree	
All Disabilities	18 (25)	25 (35)	26 (37)	2 (3)	
Note: n = 71					
Percentages in parentheses					

Table 5.11 - Funding Responsibility

Type of Disability	Whose responsibility should it be to fund disability services?			
	Student	Private Business	Institution	Government
Learning Disability	13 (13)	5 (5)	36 (35)	48 (47)
Physical Disability	7 (10)	8 (12)	25 (38)	26 (39)
Mental Illness	2 (8)	1 (4)	10 (42)	11 (46)
Multiple Disabilities	4 (17)	2 (9)	8 (35)	9 (39)
Brain Injury	0	0	0	2 (100)
Total	26 (12)	16 (7)	79 (36)	96 (44)
Percentages in parentheses				

5.8 Physical Structures

For the purpose of these particular findings, physical and multiple disabilities

were used because these individuals are directly affected by the physical inaccessibility

of structures on campus. As illustrated in Table 5.12, a significant percentage of respondents indicated that the inaccessibility of buildings has directly affected their academic choices on campus. This directly contradicts the responsibilities outlined for the University in the policy that relates to disabilities. This is an obvious, and crucial, gap between what is written in policy and what students' experience. The inaccessibility of the physical structures at the University of Saskatchewan is also recognized by students with non-physical disabilities and service providers. Some of the service providers were also conscious that these accessibility issues may have implications for a student's academic choices.

An integral part of the university experience is the social networking which occurs alongside the development of friendships and general camaraderie. Social interaction and group dynamics are a key aspect of university life. From the findings in Table 5.13, one can hypothesize that students with disabilities, particularly those with physical disabilities, are not being afforded the opportunities to partake in such activities as the general student population. One should argue that the social aspect of university life is as important as the academic aspect with respect to personal development as an individual develops a portfolio of skills to enter the workforce.

Table 5.12 - Accessibility and Academics			
	Has the inaccessibility of buildings affected your ability to take courses?		
Type of Disability	Yes	No	
Physical Disability	7 (39)	11 (61)	
Multiple Disabilities	2 (67)	1 (33)	
Total	9 (43)	12 (57)	
Percentages in parentheses			

Table 5.13 - Accessibility of Tertiary Services			
	Are there tertiary services that are inaccessible to students with mobility impairments?		
Type of Disability	Yes	No	
Physical Disability	12 (41)	17 (59)	
Multiple Disabilities	4 (44)	5 (56)	
Total	16 (42)	22 (58)	
Percentages in parentheses			

5.9 The Disconnect of Practice from Policy

A key factor in allowing a student to have a full and enriched educational experience is to ensure that there is a strong link between the policies that are in place and the practices within the programming at the University of Saskatchewan. As previously discussed in this paper, there seems to be a disconnect between policy and practice in some cases. According to the policy, the University community has a responsibility to all students in all aspects of the University experience from first contact through to convocation. This includes allowing full access to facilities, programs, and services that are available to all students. As outlined earlier, the University has six core responsibilities. It appears from the findings that the students contend that the University is not connecting with students and is failing to act upon these responsibilities effectively.

In the review of the policy, a number of student and administrative responsibilities were laid out, along with a number of recommendations outlined in the policy. After the formation of the findings, one can see some obvious disconnect between what is articulated in the policy document and what is happening at the institution. The policy document itself outlines adequate guiding principles. However, it has become

clear upon further reflection the policy document itself is in need of significant updating that is informed by a more nuanced understanding of disability. As one service provider articulated, the policy "needs updating to comply with recent human rights decisions in other provinces."

Based on the findings presented earlier, there are a number of situations where the University of Saskatchewan is failing to adhere to its own policy. According to the policy, the University has a responsibility to educate the faculty, staff and students to promote a greater understanding of the needs of students with disabilities and their need for accommodations. Responses from students indicate that the University is failing to properly accomplish this. Further, the service providers have indicated that they do not have the necessary time and resources to accomplish this. Uncooperative and uninformed faculty members exacerbate the problem. As one service provider commented: "Most faculty tend to already have an opinion regarding our policies before we contact them and we can't always change that, but we do try when necessary." Comments like this are indicators that greater dialogue between all stakeholders is required in order to facilitate growth, appropriate accommodations, and enhanced citizenship.

A further responsibility of the University is to continue to address physical access of buildings, services and facilities. Once again, the findings illustrate a number of shortcomings in this area. There are still a number of students whose course choices and academic futures are affected by building accessibility. In fact, the policy itself indicates accessibility does not solely refer to gaining admission; it also includes access to facilities, programs and services available to all students. The University of Saskatchewan policy stresses that, "strategies that promote accessibility and facilitate

retention are critical to ensure educational equity for students with disabilities." From the findings, although the policy says academic accommodations are critical, tertiary services are also lacking, particularly for students with physical disabilities.

The last responsibility of the University pertains to funding. The policy states that the University is to provide a level of financial support to DSS that is appropriate to the demands for the service. Demands for service is a very ambiguous phrase, and takes on increasing significance in a context in which, as the population of the University's student body increases, the population of disabled students will likely increase proportionally. Also, as the inclusion movement increases at a secondary level numbers will increase at post-secondary institutions. Further, as the population becomes more aware of the nuances of learning disabilities and mental illness, more diagnosis will lead to greater numbers of learning disabled students to require services. As a result, more funding will be required, not less. Both students and service providers have indicated that it should be the responsibility of the institution to provide funding. Service providers have indicated that the level of staffing does not reflect the level of programming needed. This could lead to a greater dissatisfaction from the students regarding the level of service they are receiving. It could also be referred back to the disconnect which is apparent between faculty and disability services. The vast majority of the resources allocated to DSS are used to ensure that core programming is ran at the best efficiency possible rather than focusing on faculty education, improving dialogue and new programming innovations.

These conclusions are based on results based findings. What needs to be addressed in the closing sections of this thesis is why these gaps have occurred. We must

address what can be done to facilitate a progressive thought process in attempting to

reduce or eliminate gaps, rather than allowing them to grow and subsequently allow the

disconnect to become more pronounced.

CHAPTER SIX: DISCUSSION

6.1 Introduction

There are two main purposes for this thesis. The first is to investigate the degree to which the medical model is engrained in the policies and programs at the University of Saskatchewan. The second purpose is to determine if there is a gap between policy and program initiatives. Further, with respect to this goal, I wanted to understand to what degree this gap affected the experiences of students. The findings indicate that while core programs offered by disability studies have the approval of students, on the whole the policies and programs in place at the University of Saskatchewan are not fully meeting the needs of students with disabilities. Medical understandings of disability most often inform opinions and attitudes. The policy is lacking, and ambitious program initiatives are not effectively supported. As a result, students continue to struggle to achieve their academic goals.

One can see some similarities between the findings of previous reports on the complexities that arise in providing accommodations to students with disabilities that I discussed earlier in the thesis, and what is observed at the University of Saskatchewan as a result of my research. Some theorists have in turn discussed the outdated nature of some of the theories which encompass the makeup of the programs and policies at many post-secondary institutions. They have called for a change in the way the nature of disability is understood and therefore addressed in policy initiatives. Within sociology, disability is generally viewed through a deviance or medical lens, rather than being understood through its own unique characteristics (Titchkosky, 2003). Disability studies, as a discipline, is aligned with Marxist and feminist perspectives; grounded in the ambition to

liberate oppressed individuals (Shakespeare, 2006). Tom Shakespeare has called for institutions to use an integrated approach in trying to conceptualize disability-related policy initiatives. From the reports discussed earlier and the findings of my analysis, themes that were derived from previous reports are very much present at the University of Saskatchewan. The presence of these themes illustrate that the issues and concerns that were brought up from these previous works have—at least in this case—failed to initiate significant change and progression. There is still a disconnect in communication between policy makers, service providers, faculty, and students. There is still a lack of understanding of the nature of disability on the part of faculty, and this in turn affects the students negatively. In a number of cases there is a lack of willingness on the faculty's part to engage with service providers and students to improve the level of service and assist students in facing their unique challenges. There is still a great need for a student to be self-determined, which some would argue is a positive characteristic; however, the onus is still put on the individual to contend for accommodation rather than on the institution. It is impossible to offer far-reaching, concrete solutions to address all the gaps that appear, whether large or small. Using some of the work discussed earlier as a guide, I have constructed a model to illustrate how having an effective department of disability studies can foster new and fresh knowledge about the nature of disability and in-turn affect programs and policies at universities, and throughout other social institutions. The purpose of this chapter is to discuss the implications of the findings and to illustrate how the feelings of the students can be used to make stronger, more effective policies and programs for all levels at the university and also to offer some insight into how the perceived weaknesses could be strengthened.

6.2 Surveying the Landscape

The findings of this thesis echo many of the same themes that are discussed in previous works studies. The report commissioned by NEADS in the late 1990s highlighted various issues with the programs and policies relating to students with disabilities at Canadian universities across the country. One of the major issues discussed in the report was that the relationship between students and faculty surrounding the notion of accommodation was strained, and that faculty demonstrated a general lack of knowledge surrounding the complexity of disability. Further, there was a lack of understanding of the types of accommodations required by a wide array of disabilities. The same continues to be true at the University of Saskatchewan a decade later. As presented in the previous chapter, several student respondents indicated that willingness to accommodate amongst faculty was lacking.

The need for students to remain self-determined and promote self-advocacy is an important catalyst to academic success. An important aspect of this is to remain a part of a healthy discourse with both service providers and professors. In order to ensure these healthy relationships persist the need for self-advocacy and self-determination to be exhibited by the student is paramount. In the literature review, a number of aspects of self-determination were addressed. Students must ensure that they are a key actor in program formation and policy development. Further, to ensure that their voice is valued and heard in all program aspects they must remain strong self-advocates, whilst ensuring that the focus of the programs are not individual-centric. The best person to articulate the challenges being faced is the one who faces them.

Also highlighted in the NEADS report and other work discussed in the literature review presented in Chapter 4 are concerns about physical accessibility on university campuses. Accessibility concerns are expressed frequently among students with disabilities at the University of Saskatchewan. As discussed in the previous chapter, students may have their class choice and other academic endeavors affected by their ability to physically access a specific academic setting (classrooms, offices, laboratories, or libraries). The findings suggest the likelihood that as more students begin to attend post-secondary institutions with more severe physical disabilities this will become a more contentious issue.

My research findings confirm observations in the literature that the proportion of students with disabilities who have learning disabilities is increasing. The University should be aware of the potential for this situation to create tensions between certain subgroups within the population of students with disabilities. For groups that are not as well represented, these tensions have the potential to lead to a sense of alienation. The NEADS report brought up concerns that the medical model has strongly influenced disability services programming at Canadian universities. My study has shown how the medical model is still engrained in the programs and policies at the University of Saskatchewan. For example, putting a great amount of onus on the individual to justify the need for and being involved in the implementation of the accommodation is a hallmark of the medical model. Also, requiring medical professionals to justify the need for accommodation, and using medical-centric language in the policy demonstrate the embeddedness of the medical model. The thoughts presented in this chapter are meant to present alternative ideas and reasoning which can be used as the foundation for the

implementation of programs and ultimately policies with a different guiding philosophy at their core.

My research findings and personal observations both suggest that, while the medical model is limited, alternative perspectives that rely only on a social model are also unlikely to be effective. The social model is becoming outdated as it fails to take into account the impacts of nature, chronic illness, and the value of embodiment (Shakespeare, 2006). Instead, a model illustrating the complex interaction between the concepts of the medical model and some aspects of the social model is what is required. This need for a multi-dimensional model, which places importance on the interaction of multiple factors rather than relying on a single focal point, is the core of Shakespeare's (2006) writing. Shakespeare's work should spearhead changes in policies at all levels in the way disability is articulated and viewed. Where universities and other institutions subscribe to the medical model of disability, individuals with disabilities are further marginalized. They represent the subordinate individual in relationships with bureaucrats and medical professionals. There is a need for greater focus to be placed on the individual's ability to define themselves in the process of their liberation. Value must be placed on an individual's impairment, but it should not be at the core of what programs are offered and how they are administered. A different thought process is required when looking at how programs are derived and why they are in place. The focal point of the programs and policies relating to students with disabilities should be the individuals with the impairment, not what disables them. The reasons these programs are in place are the people who use them.

6.3 Policy and Ideology

The previous discussion outlined the apparent disconnect between program and policy initiatives and principles. The purpose of this section is to outline why these gaps are present and appear to be getting wider as more students with disabilities attempt to gain a university degree. The University of Saskatchewan is an institution with a rich history of innovative research. Nonetheless, the institution seems to be failing to promote inventive discussions and not fulfilling its obligation to provide the best academic experience for students with disabilities. The policy is outdated and needs to be changed in the way it is written, followed, and supported. It is clear that the people in charge of administering services to students with disabilities are doing the best job that they can with the resources provided to them. The programs that are at the core of the DSS at the University of Saskatchewan are still held in high esteem by the users. However, there is an obvious disconnect between the levels of administration at the University relating to what they are providing and what they deliver. The question then becomes one of why this is occurring and what can be done to turn crevices into mere cracks.

This may seem like a large undertaking, but there needs to be an ideological change in the way disability is portrayed and discussed on university campuses like the University of Saskatchewan. In order for things to improve, the medical model can no longer be engrained in the fabric of University policy. Drawing on the work of Shakespeare, it can be argued that the medical model is outdated but not obsolete. The nature of impairments and disability is such that complex interactions occur, recognizing that the impairment has to be valued rather than dismissed. The social model, as it is currently conceptualized, devalues impairment and fails to adequately account for the

complex interactions which accompany many disabilities. The emergence of chronic illness as an element of disability adds another dimension, which will in no doubt promote more debate and discussion of this complex interaction. In order for the medical model to become less engrained in the mosaic of the University campus, all actors must play a role to enact significant change, but this change likely needs to be spurred on by an informed and ambitious core. The knowledge that is produced about the disabled population at the University has to be ideologically different than the medically based ideology that is currently engrained in the University culture. This change begins with the language and the impetus behind the policy shifting from the individual student to the collective. Discussion and dialogue must be initiated by an informed administration at all levels of the University. It is imperative that students are included in these discussions. Shaw and Dukes (2001) along with Hill (1994; 1996) outline the need for certain criteria to be present within effective university policies relating to university policies. More importantly, they speak to a stakeholder perspective, where all members of the university community are involved in the formation and implementation of policies. This must include students. Involvement of the students in this process has the potential to improve communication among the students, service providers, and faculty in all aspects of the university experience. This may also temper the extremes of the power relationships that exist between students with disabilities, providers, administrators and faculty as discussed by Hibbs and Pothier (2006).

Along with increased dialogue, there needs to be greater value placed on disability studies as an academic entity, both as its own unique discipline and as an interdisciplinary aspect in other existing curricula. This conclusion draws upon the

groundwork produced by Linton (1998), who argues that there needs to be an area in the academic environment where disability can be critically investigated. If this is done more aggressively and effectively, it could lead to greater discussion of academic issues relating to disability and will hopefully lead to a more knowledgeable university population. The presence of disability studies in the curriculum would in turn foster greater awareness of disability services and the programs provided to students. If disability studies were included in the curriculum it would lead to greater knowledge production which would in turn lead to a greater understanding of disability related programs and policy initiatives.

6.4 A Space for Disability Studies: A Model Toward Social Change

The findings which stem from this thesis point to existence of a gap between what the policies in place at the University of Saskatchewan advocate and what is delivered to students through programs. Change is necessary to reduce—or preferably eliminate— these gaps. I believe that the academic discipline of disability studies should be the key agent in enacting this change. The work of disability scholars, along with the actors at all levels of the university, can initiate the move away from the outdated and engrained medical model to a more nuanced understanding of disability as a complex interaction. This could ultimately lead to a more informed public, which will lend itself to the increased citizenship of individuals with disabilities.
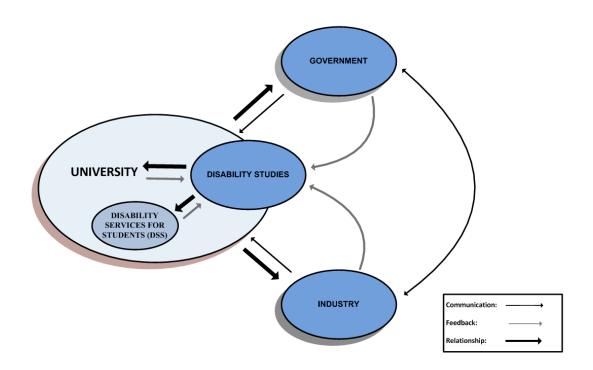
The model I have chosen to present herein is a result of my reflections on the experience of completing this project, and my thoughts on the key ideas of Linton, Titchkosky, and Shakespeare. The design of the model is as follows (see figure 6.1). Disability studies lies at the core of the model as an inter-disciplinary program. Disability

studies is an academic discipline which needs to be included as an integral part of both the individual university and also the broader community. The collaboration of other, more established, academic disciplines and departments is critical in fostering this growth and legitimacy. At the same time, disability studies functions as an independent body of thought and study. The presence of a disability studies department on a campus to initiate and cultivate courses regarding disability is a key aspect of the model. The knowledge produced and the education conducted by this department is crucial in raising the level of understanding about disability on campus. New knowledge disseminated by disability programs can have a positive influence on the cultural understandings of disability for the wider university population, not just those individuals involved in disability research. The limitation at this time of this model is that many universities do not have independent schools of disability studies. For this reason it is imperative to recognize the importance of disability studies as an academic discipline (as well as sub disciplinary area within many more established disciplines) that influences researchers and academics in other disciplines. As an independent body of research, the findings of disability scholars will have an influence on more progressive scholars in other disciplines. If these individuals are ambitious and encouraged to develop courses dedicated to the study of disabilities in their own disciplines, they will be able to promote the cultural change on their campus in lieu of an inter-disciplinary disability studies department. This model rests on the hypothesis that disability studies as a discipline will continue to grow and gain respect.

Figure 6.1 – The Integration of Disability Studies

The university, as an entity in the model, will be influenced by as well as

influence disability studies. The discipline of disability studies will promote a cultural

change and new knowledge production. This new perspective will in turn affect policies

and initiatives put in place by the university. As the new form of knowledge is produced

the language surrounding disability will be reinterpreted, which could possibly create an

ideological shift. In terms of knowledge production, the university is seen to be a leader

in promoting cultural change and articulating new perspectives effectively. If the

ideology and degree of receptivity begins to shift within the university complex, then the

students within that institution will have their learning pattern affected accordingly. If

this happens in tandem with significant knowledge production then as students begin to

leave the academic institutions, the knowledge they have gained from being exposed to these perspectives will have a positive impact in other areas of life.

The development of disability studies as a discipline can foster growth in discussion between teaching professionals and service providers. As mentioned earlier in the literature review, findings, and discussion, there is a disconnect between academic professionals and service providers. As fresh, new knowledge is produced within the institution it is not only the students that will be affected by becoming exposed to different ideas, different ways of teaching, different theoretically perspectives and ideologies, academic colleagues awareness will in turn increase. The growth and increased awareness and engagement of disability studies as an academic discipline may serve as a type of professional development tool in improving how academic professionals value the programs that are in place to assist students with disabilities. In turn, as faculty begins to see the role that programs provided by disability services play in the students' academic careers, discussion between all parties will undoubtedly improve. And as dialogue between all levels increases then inherently the gap that is present between academic and service areas will narrow.

A university's role is to develop analytical, critical actors, who are able to enter the workforce in many different facets after the completion of their post-secondary education. The majority of these actors work for government, industry, or become entrepreneurs. Within the model presented in this thesis, after the actors leave the post-secondary institution, they have gained a greater understanding of disability and the need for a complex interaction between social institutions and individual components to cultivate a society where individuals with disabilities can become more (consistently)

valued citizens. One of the goals of the model is that it is an attempt to demonstrate the relationship between the knowledge gained at a post-secondary institution and the affect that it can have on the development of government policy and industry initiatives. If the actors gaining employment within those sectors are more effectively informed of the complexities of disability there is perhaps a greater likelihood that the decisions they make, which affect people with disabilities, will be more grounded in reason, and proactive as opposed to reactive. It also should be pointed out that as the population of students with disabilities becomes larger at the university, those educated actors can play a role in promoting and fostering new knowledge with their experiences as the catalyst. As those individuals with disabilities complete their post-secondary education they can affect government and industry by using the knowledge they have gained at a university level in tandem with their personal experiences to assist in policy formation within government and an ideological shift within the employment sector. University business graduates who are critically aware of the value that an individual with a disability can bring to a business environment can also affect industry in a positive way. As changes occur in industry, disability researchers will be given greater opportunity to investigate the impacts and implications that shifts toward the greater acceptance of individuals with disabilities have on the workplace.

The model proposed here represents a theoretical idea that has grown throughout the process of completing my thesis. Its purpose is to demonstrate that an inter-disciplinary disability studies program may be of significant importance to universities. It is attempting to show the inter-relationship between a vibrant academic discipline and the university, and the positive effect that the discipline can have on the university collective.

In turn, if the import of the medical model can be reduced within university programs and policies then that can promote a similar change in government policy and industry initiatives. This could occur from the outflow of critically aware graduates (including those with and without disabilities) into the workforce. A greater sensitivity to the unique and valuable contributions that individuals with disabilities can make will promote wider social understanding of the issues surrounding disability.

6.5 Limitations of the Study

One challenge that was faced early on was when the disabilities were broken-up into smaller groups for analysis, it made it nearly impossible to uncover statistically significant findings. However, since the goal of the study was to find descriptive statistics and complete an exploratory project the main purpose of the project was accomplished. Allowing multiple responses to certain questions also posed a challenge in completing the statistical portion of the project. However, it should be noted that given the different nature of disabilities, there was a need to allow people to respond to many options to illustrate the unique nature of their disability. At the start, the project was intended to be a comparative study between universities to show program diversity and successes. It turned into a case study as a result of a much greater response rate from the University of Saskatchewan. However, when DSS service providers were surveyed, this meant that only four service providers from the University of Saskatchewan were heard. Upon reflection, small focus groups or informal interviews may have been a more effective means to gain insightful responses to the questions in the survey, particularly as the small number of respondents does not allow for statistical data analysis.

One other limitation of the study was that it did not allow for deep analysis of the challenges that certain groups of people with particular disabilities face. This could potentially be a further area of study. Comparison of the perspectives that people with different disabilities face would be of interest to report on. The quantitative data methods did lend itself to this type of study. Qualitative data collection would be more effective for studying particular disabilities within the group. However, the design of this study was to look at a cross-section of students with disabilities' experiences at a post-secondary institution, quantitative analysis allowed this to happen. The policy analysis could not have taken place if just one small fraction of the group was surveyed, as the policy was designed for students with various types of disabilities not simply on group in a much larger cohort.

6.6 Future Considerations

Many projects could be completed after reflection upon this work. A study could be supported in hopes of completing comparative studies in relation to this one. A similar project relating to employment programs could be completed with a similar goal of showing potential program policy gaps in employment assistance programs for individuals with disabilities. Although one cannot be sure that similar gaps would occur, given the unemployment rates of individuals with disabilities this would be an interesting area for investigation. One particular research area that could lead out of this project would be to test the model proposed in this work. One could interview students who are attempting to complete, or have just completed, a Masters program related to disability or disability studies and compare that with students in another program and attempt to show

that those in the disabilities studies program would have a greater opportunity to cultivate knowledge to pass on to either the government or industry actors.

During the completion of this study it was brought to my attention that the other major university in the province is currently adopting a more social approach to disability services. This approach has its own set of issues and related concerns, but also strengths. With that university being in such close proximity to the University of Saskatchewan, a comparative study would be useful and interesting, and relatively easy to undertake.

6.7 Concluding Summary

It is clear that students with disabilities face greater challenges than their able-bodied counterparts when attending post-secondary institutions such as the University of Saskatchewan. However, in the future steps are being taken to ease the burden of these challenges. As more research is completed within the field of disability studies, more knowledge will be produced with a slightly different focal point hopefully encouraging the university to become an active participant in the concept of disability. The university has the capacity to be at the forefront of knowledge production relating to people with disabilities, which will give them the proper tools to enhance the level of citizenship they experience in the current cultural mosaic. The university needs to act as an empowering mechanism rather than as a contributor to the entrenchment of an antiquated perspective.

EPILOGUE

The purpose of this brief section is to provide a current outline of programs available through disability services at the University of Saskatchewan. The reason for including this section is two-fold. First, it is an attempt to explain how programs offered through Disability Services for Students (DSS) may have changed throughout the duration of the project. The second rationale for including this section is to articulate some of the challenges I have faced as the principal investigator on the project. The length of time taken to complete this project has been greater than first expected. After recognizing that the project would require more time and diligence than was first thought, it was felt that further discussion with disability service providers would enhance and bring further validity to the project. It was felt that it was in the best interests of the project to revisit the service providers in order to discover some of the changes that may have taken place within DSS since the conception of the project.

In terms of new program initiatives, more time and resources have been allocated to the alternate format program with respect to sourcing e-books and electronic versions of texts, and other such programs. There is also a plan to improve adaptive technology programming; this has been spearheaded by a significant increase in private donations. The office has also taken on progressive technological change. There currently is a movement towards all paperwork being electronically filed, which includes letters to professors and exam accommodations. This has been a big adjustment for some students, but has also lead to an increase in self-determination and self-advocacy. In tandem with this, the moving of the office away from a student-centered area to an administrative centre has created a new set of challenges for students and providers. The nature of face-

to-face interaction in the office has changed. The office is no longer seen as a gathering or meeting place that fosters student-provider interaction and student-peer interaction. There is also a concern that in future, with these significant changes to the way the office operates, that a larger disconnect between students and service providers will develop. One reason that the mentoring and counseling aspects may be under utilized, is that those with more severe impairments may find it more difficult to gain access to the new location.

The service providers were in agreement that communication with professors was still lacking and needed to be further addressed in the future. There are professional development courses related to disability services available on campus, but these are poorly attended. More initiatives need to be put in place to engage professors so that effective accommodation strategies, which satisfy all parties, can be realized. The service providers also believe that work needs to be done on the part of students in learning how to effectively engage, and negotiate with, their professors in order to find a satisfactory outcome so that students are able to flourish at university and realize their full potential. It is permissible to argue that students should be self-advocating, but the service providers need to be directly involved in ensuring that the mechanisms for open communication are in place.

During the discussion there was also mention of a service providers of Saskatchewan group being formed. According to the service providers, this has improved communication between providers throughout the province and also allows for an effective mechanism for the sharing of ideas and resources. The service providers expressed concerns about the high costs associated with the continued focus on the

medical model within University policy. They believe that the social model, the application of which they are learning about from their counterparts at the University of Regina, allows for lower costs. However, there are obvious pitfalls associated with a complete shift to a social model ideology. An interaction of both models seems to be the most appropriate means to allow both the students to excel and the University to progress. It should be noted that in the development of policies, university's often look to other schools and institutions for ideas and guidance.

Related to this measure, a major initiative being undertaken in the near future is an extensive policy review and revision. This is long overdue and will hopefully allow some of the gaps outlined in the project to be addressed in an effective and timely manner. With respect to policy revision, students' voices may be more effectively heard with PAWS, which is increasingly being used as a discourse tool in the near future, this is another endeavor that the providers are looking into. Hopefully this will lead to greater communication amongst all actors at the University, which has been discussed earlier as a major factor in the prevention of gaps emerging in programming when compared to the policy. In the future, the providers need to allow students to take an active role in measuring program success and future policy formation.

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Appendix 1: Student Survey

1.   What is the name of the institution you attend?

     University of Alberta   University of Calgary

     University of Manitoba   University of Regina

     University of Saskatchewan   Other _____

2.   What degree are you studying for?

               B.A.   B.Sc   B.Comm   B.Eng   B Ed

               Other (specify) _____

3.   What is your major or area of study? _____

4.   What year of study are you in within your program?

          1   2   3   4   5 or higher

5.   How many years have you been attending university?

     (including the current year as one)

          1   2   3   4   5

          6   Other (specify) _____

6.   Have you changed your program of study whilst at university?

          Yes   No

     6a. If yes, what was your original area of study?

     _____

     6b. Please specify reason(s) for change….

     _____

7.   How many classes on average do you complete each year?

          1 2 3 4 5 6 7 8 9 10   more than 10

8.   What is your overall academic average at university?

        50-60%   61-70%   71-80%   81-90%   90%+

9.   What year do you intend to convocate? _____

10.   Do you intend to continue with further education once you have obtained

    your first degree?

        Yes   No

      10a. If Yes, what do you intend to do?

        Trade   Professional college   Masters   Ph.D.

        Other (specify)_____

11.   What is the nature of your disability? (indicate all that apply)

        Mobility impairment   Visual impairment

        Hearing impairment   Brain injury

        Learning disability   Other (specify) _____

12.   Are you aware of the existence of a disability policy at your institution?

        Yes   No (continue to question 16)

      12a. If Yes, how were you made aware of the policy?

          Disability Services for Students   University Administration

          Internet   Library   Student

          Other (specify)_____

13.   Have you read this policy?

        Yes   No

      13a. If Yes, what aspects do you think are positive?

        _____

13b. What aspects do you think need improving?

_____

14.   Is this policy easily accessible to all students? (choose one)

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

15.   Are you aware of any aspects of the policy that are not adhered to by the

institution?

        Yes   No

       15a. If Yes, explain _____

16.   How many years have you used the programs offered through Disability

Services at your institution?

          1   2   3   4   5   6+

17.   What programs provided by Disability Services do you use?

        Note taker   Exam accommodations   Tutoring

        Alternate format   Adaptive technology   Counseling

        Learning disability testing   Mentoring   None

        Other (specify) _____

18.   How would you rate each of the programs that you use?

      <u>Note taker</u>

        Poor   Below average   Average   Above average   Excellent

        Not applicable

      (*repeat for each program*)

19.   Does your institution provide adequate information regarding the availability of

these programs?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

20.   Is there funding through your institution for extra costs incurred due to your

disability?

Yes   No

21.   Do you receive funding through the provincial study grant for students with

disabilities?

Yes   No

21a. If Yes, do you feel that the funding you receive is adequate to offset

additional costs?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

22.   Do you feel that your instructors have received sufficient education on the

needs of students with disabilities?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

23.   Do you feel that disability service providers have met your needs as a student

to allow you to achieve your academic goals?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

24.   Are there additional programs that you feel the institution should be providing

to you as a student with a disability?

Yes   No

24a. If Yes, what programs would you like to see offered?

_____

25.   Are there buildings with classrooms on your campus that are inaccessible to

students with mobility impairments?

Yes   No

25a. If Yes, has the inaccessibility of some buildings impacted your ability to take classes and attend other academic events?

Yes   No

26.   Are there tertiary services (coffee shops, restaurants, theatres, sporting facilities, etc.) that are inaccessible to students with mobility impairments?

Yes   No

27.   Do you feel the institutional administration is providing sufficient funding to disability service programs?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

28.   Whose responsibility is it to fund disability services? Indicate all that apply.

Students   Private business   Institution   Government

Other (specify) _____

29.   Please indicate any other suggestions you may have regarding disability services or policies at your institution.

_____

_____

_____

Appendix 2: Service Provider Survey

30.   What is the name of the institution you attend?

University of Alberta   University of Calgary

University of Manitoba   University of Regina

University of Saskatchewan   Other _____

31.   What degree are you studying for?

B.A.   B.Sc   B.Comm   B.Eng   B Ed

Other (specify) _____

32.   What is your major or area of study? _____

33.   What year of study are you in within your program?

1   2   3   4   5 or higher

34.   How many years have you been attending university?

(including the current year as one)

1   2   3   4   5

6   Other (specify) _____

35.   Have you changed your program of study whilst at university?

Yes   No

6a. If yes, what was your original area of study?

_____

6b. Please specify reason(s) for change….

_____

36.   How many classes on average do you complete each year?

1 2 3 4 5 6 7 8 9 10   more than 10

37.   What is your overall academic average at university?

                 50-60%   61-70%   71-80%   81-90%   90%+

38.   What year do you intend to convocate? _____

39.   Do you intend to continue with further education once you have obtained

       your first degree?

                 Yes   No

            10a. If Yes, what do you intend to do?

                 Trade   Professional college   Masters   Ph.D.

                 Other (specify)_____

40.   What is the nature of your disability? (indicate all that apply)

                 Mobility impairment   Visual impairment

                 Hearing impairment   Brain injury

                 Learning disability   Other (specify) _____

41.   Are you aware of the existence of a disability policy at your institution?

                 Yes   No (continue to question 16)

            12a. If Yes, how were you made aware of the policy?

                          Disability Services for Students   University Administration

                          Internet   Library   Student

                          Other (specify)_____

42.   Have you read this policy?

                 Yes   No

            13a. If Yes, what aspects do you think are positive?

                 _____

13b. What aspects do you think need improving?

_____

43.   Is this policy easily accessible to all students? (choose one)

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

44.   Are you aware of any aspects of the policy that are not adhered to by the

institution?

       Yes   No

15a. If Yes, explain _____

45.   How many years have you used the programs offered through Disability

Services at your institution?

          1   2   3   4   5   6+

46.   What programs provided by Disability Services do you use?

     Note taker   Exam accommodations   Tutoring

     Alternate format   Adaptive technology   Counseling

     Learning disability testing   Mentoring   None

     Other (specify) _____

47.   How would you rate each of the programs that you use?

   Note taker

     Poor   Below average   Average   Above average   Excellent

     Not applicable

   (*repeat for each program*)

48.   Does your institution provide adequate information regarding the availability of

these programs?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

49.   Is there funding through your institution for extra costs incurred due to your

disability?

Yes   No

50.   Do you receive funding through the provincial study grant for students with

disabilities?

Yes   No

21a. If Yes, do you feel that the funding you receive is adequate to offset

additional costs?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

51.   Do you feel that your instructors have received sufficient education on the

needs of students with disabilities?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

52.   Do you feel that disability service providers have met your needs as a student

to allow you to achieve your academic goals?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

53.   Are there additional programs that you feel the institution should be providing

to you as a student with a disability?

Yes   No

24a. If Yes, what programs would you like to see offered?

_____

54.   Are there buildings with classrooms on your campus that are inaccessible to

students with mobility impairments?

Yes   No

    25a. If Yes, has the inaccessibility of some buildings impacted your

ability to take classes and attend other academic events?

Yes   No

55.   Are there tertiary services (coffee shops, restaurants, theatres, sporting

facilities, etc.) that are inaccessible to students with mobility impairments?

Yes   No

56.   Do you feel the institutional administration is providing sufficient funding to

disability service programs?

Strongly Disagree   Disagree   Unsure   Agree   Strongly Agree

57.   Whose responsibility is it to fund disability services? Indicate all that apply.

    Students   Private business   Institution   Government

    Other (specify) _____

58.   Please indicate any other suggestions you may have regarding disability

services or policies at your institution.

_____

_____

_____

_____