



Bringing order or creating exclusion: systems for managing disability in a university

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Bringing order or creating exclusion: systems for managing disability in a university

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Abstract

Purpose

Classification schemes make things happen. The Australian Disability Discrimination Act, which derives its classification system from the World Health Organisation's International Classification of Functioning, Disability and Health (ICF), legislates for adjustments to support the inclusion of people with disability. This study explores how students with disability enrolled in a university experience the systems intended to facilitate their studying "on the same basis" as students without disability.

Methodology

Through an online questionnaire and interviews comprising open and closed questions made available to students registered with the Disability Services unit of a university and follow-up interviews with a small number of students, students' views of their own disability, and effects on their participation in learning were gathered, alongside reports of their experiences of seeking accommodations. Interview data and responses to open-ended questions were analysed using a priori and emergent coding.

Findings

The findings demonstrate that students are aware of the workings of the classification scheme and that most accept them. However, some students put themselves outside of the scheme, often as a way to exercise autonomy or to assert their 'ability', while others are excluded from it by the decisions of academic staff. Thus, the principles of fairness and equity enshrined in legislation and policy are weakened.

Originality

Through the voices of students with disability, it is apparent that, even though a student's classification according to the DDA and associated university policy remains constant, the outcomes of the workings of the scheme may reveal inconsistencies, emerging from the complexity of bureaucracy, processes and the exercises of power.

Keywords: classification; disability; university; students; marginalization, power

1. Introduction

Classification schemes are fundamental to the organisation of knowledge. Along with controlled vocabularies and taxonomies they have been central to most information practices in organisations as well as in the wider community. Organisations establish systems of various kinds to manage data about their core business and to gather information about their staff and clients or customers. Information about products, artefacts or specialist knowledge and expertise may be the subject of

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3 discussion and debate as societal perceptions shift. To the extent that classification schemes are
4 applied to people in an organisational setting, they tend to use a surrogate such as job title or language
5 spoken to stand for the person and there is an assumption that such classifications use categories that
6 appropriately encompass characteristics of the people about whom information is collected. This
7 study seeks to answer the question: what do the experiences and actions of students with disability
8 reveal about the classifications and processes used in that university to deem that a student has a
9 disability and to identify appropriate strategies and mechanisms of support for their learning? It does
10 this through an exploration of the experiences and actions of students with disability (SwD) studying
11 in a large metropolitan university in Australia, regarding their own disability, the effects of their
12 impairment on their participation in learning and the impacts of accommodations or adjustments,
13 made under Australia's Disability Discrimination Act 1992 (DDA) and the Australian Vice
14 Chancellors' Committee (AVCC) Guidelines relating to Students with a Disability. Such an
15 investigation will not only give a voice to those to whom the classification system is applied, but
16 through those voices show how a classification scheme may be applied idiosyncratically and have
17 unintended consequences. The study furthers challenges made to classification schemes which are
18 applied in social contexts.
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22 **Background**

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24 The World Health Organisation's International Classification of Functioning, Disability and Health,
25 known more commonly as ICF, (World Health Organization, 1980, 2001, 2002) underpins the
26 approach to identifying disability and providing services and support throughout the world. National
27 data standards, including the Australian Bureau of Statistics' Disability, Ageing and Carers Survey
28 (Australian Bureau of Statistics, 2019) deriving from the ICF, facilitate a standardised approach to
29 data collection and to the development of national and local policies. These sources, ICF and ABS,
30 influenced the definitions of disability included within Australia's Disability Discrimination Act 1992
31 (DDA), which covers aspects of life including education, employment, access to buildings,
32 engagement in community activities and sport, and so on. The ICF started as a classification based
33 entirely on a medical model of disability, identifying functions and structures of the body where
34 problems, including disease, may occur, and taking a deficit approach to classification of
35 impairments. The 2001 revision of the ICF attempted to broaden the basis of the classification scheme
36 and build systematically on earlier attempts to include a social dimension to disability (Hogan, 2019),
37 including a section on activities and participation and another on environmental factors. This attempt
38 to incorporate a sense of the whole person was not without its critics who argued that it did little to
39 broach the definitional differences between impairment and disability (Bickenbach *et al.*, 1999;
40 Leonardi *et al.*, 2006). The section on activities and participation proposes the kinds of activities an
41 individual might engage in which would be affected by a given disability.
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45 Many government and institutional practices in Australia are based on the DDA and therefore on the
46 ICF. More recently, they have been further supported by the articles in the UN Convention on the
47 Rights of Persons with Disabilities (2006). In the university sector, the Australian Vice Chancellors'
48 Committee (AVCC) Guidelines relating to Students with a Disability uses the DDA as the foundation
49 for the provision of support and services to students through "reasonable accommodations". In other
50 settings including the workplace, the term adjustments may be more commonly used. These are
51 processes and procedures, including access to information communication technologies (ICT), which
52 would enable SwD to study "on the same basis" as a student without disability. Access to inclusive IT
53 and assistive technology has been recognised as an important consideration in education and
54 employment settings for people with disability (Heath and Babu, 2017). With Universities Australia,
55 (formerly the AVCC) adopting the provision of these procedures and access to ICT, they are akin to
56 educators creating a level playing field for a SwD. Both the DDA and the AVCC Guidelines are
57 recognised as being fundamental to the policies developed in Australian universities, relevant to SwD.
58 Thus, at the point of enrolment in a university, students are asked to identify their disability from a
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3 check list. This helps to provide national statistics, and to inform national processes of policy
4 development. Once admitted to a university, a SwD must apply for registration with the relevant
5 service within the university. This involves providing documentation of their disability from a
6 recognised medical practitioner, specialist, or psychologist/psychiatrist in the case of psychosocial
7 disability. This process follows what is inherent in the WHO ICF and its associated implementation
8 documents, and it links the classification scheme and the policies and legislation that derive from it
9 with the individual.
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11 **Administrative and Legal Frameworks**

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13 This section will briefly set out the structure of the ICF, key definitions from the DDA and the parts
14 of the AVCC Guidelines relating to Students with a Disability relevant to this study. The latter
15 provides the classificatory and administrative frameworks within which universities provide SwD
16 opportunities for learning “on the same basis” as students without disability.
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19 The ICF starts with the broad Health Condition (disorder/disease) and contains five key sections: 1.
20 the body and its functions, the body and its structures; 2. Activities; 3. Participation; 4. Environmental
21 factors; and 5. Personal Factors. Activities and Participation are brought together as a key domain in
22 the classification scheme, and demonstrating the importance of education, the first item listed is
23 Learning and Applying Knowledge. Others include communication, self-care, interpersonal
24 interactions and relationships. Environmental factors do include the natural environment, but also
25 information communication technology as well as attitudes, and services, systems and policies. The
26 document setting out the workings of the classification scheme, including its emphasis on limitations
27 in activities and participation, becomes important to students as its structure is used as a template for
28 them to make the case for their disability and its impact on their everyday lives and on their capacity
29 to complete the requirements of their degree in particular.
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32 The Disability Discrimination Act 1992 (DDA) sets out definitions accepted in the formulation of
33 policies and services in the university sector. Thus, “disability, in relation to a person, means: (a) total
34 or partial loss of the person’s bodily or mental functions; or (b) total or partial loss of a part of the
35 body; or (c) the presence in the body of organisms causing disease or illness; or (d) the presence in the
36 body of organisms capable of causing disease or illness; or (e) the malfunction, malformation or
37 disfigurement of a part of the person’s body; or (f) a disorder or malfunction that results in the person
38 learning differently from a person without the disorder or malfunction; or (g) a disorder, illness or
39 disease that affects a person’s thought processes, perception of reality, emotions or judgment or that
40 results in disturbed behaviour”. Time is important in the interpretation of this first part of the
41 definition, so that the definition of disability “includes a disability that: (h) presently exists; or (i)
42 previously existed but no longer exists; or (j) may exist in the future; or (k) is imputed to a person”.
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45 This extensive list of disability with its emphasis on deficits mimics the ICF. It also shows how a
46 classification scheme focussing on structures and functions of the body becomes intrinsically related
47 to the person. So that discrimination should not occur, an important definition is of the notion “on the
48 same basis”. Under this rubric, “A person with a disability is able to participate in courses or
49 programs provided by an educational institution, and use the facilities and services provided by it, on
50 the same basis as a student without a disability if the person has opportunities and choices in the
51 courses or programs and in the use of the facilities and services that are comparable with those offered
52 to other students without disabilities”. With the introduction of the sense of justice and fairness, the
53 person with disability has been brought into the system.
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56 The Australian Vice Chancellors’ Committee (2006) Guidelines relating to Students with a Disability,
57 noting on the first page that universities are subject to the DDA, are based on two principles: the
58 upholding of academic standards and the provision of the opportunity for SwD to realise their
59 academic and social potential and participate in university life. Section 4B of this document, on
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3 course delivery and assessment, presents key objectives to be implemented into the policies and
4 practices of each university. Among these are that “Reasonable adjustments are made to delivery and
5 assessment methods to accommodate the needs of individual students without compromising the
6 standards or essential components of programs” that “SwD are encouraged to discuss their learning
7 and support needs directly with teaching staff who are resourced to respond appropriately to these
8 requests” and that “The information access and assistive technology needs of SwD are accommodated
9 in learning and assessment tasks”.

11 The administrative practices which govern SwD and their learning derive from these documents and
12 bring others into the processes. Students are required to apply to be recognised as having disability,
13 completing a process that parallels the structure of the ICF described above, with supporting
14 documentation from medical experts, so that others can determine what accommodations or supports
15 meet their requirements within the structure of the university policy and the practices of staff
16 responsible for the delivery of learning opportunities. While the framework is set in place, the way
17 that it is implemented varies from educational organisation and in this case university to university.
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20 **Classifying Students with Disability**

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22 Classification schemes have real world consequences, and when they are applied to people, even
23 indirectly, they have the effect of linking people to the beliefs and assumptions that underpin the
24 classification scheme (Bowker and Star, 1999, p.319), of making distinctions that separate people
25 (Said, 1979) and exercising power, separating the acceptable from the undesirable Foucault (1977).
26 They impose social order (Bowker and Star 2000, p. 147), facilitating a range of practices, from legal
27 and administrative systems, to specialist systems such as health systems, as well as being fundamental
28 to many fields of scholarship (cf Altman 2001).
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31 Classification schemes are bound by the times and circumstances of their development (Olson, 2010)
32 and these contextual factors are likely to lead to criticism. For example, there have been many
33 criticisms of Dewey Decimal Classification, commonly used to organise library collections, because
34 of its nineteenth century view of the world of knowledge and the social values inherent in it
35 (Wiegand, 1996; Mai 2010; Hajibayova, L and Buente, W, 2017). The taxonomy of Linnaeus is
36 criticised for not taking into account local knowledge systems, even though this is not what it set out
37 to do (Cooper, 2007). The WHO ICF began as a medical model and has attracted its critics. For Darcy
38 and Buhalis (2011), the criticism stems from the ICF’s focus on a medical model of disability, rather
39 than the social model which is dominant in the conceptual field. The system has also been criticised
40 because, applied to people, it has the effect of setting up systems which identify deviance from a norm
41 (Campbell, 2019). Hahn critiqued the medical model, because it “requires patients to surrender their
42 autonomy to professional direction” (Hahn, 1985). Hammell, writing at a time when there had been a
43 strong emphasis on the ethical issues involved in speaking for others, noted that the perspectives of
44 disabled people are rarely included in discussions of professional and scholarly experts (Hammell,
45 2004). Ten years later, in a review of the literature that focussed on the voice of students with
46 disability in higher education, Lane found only 41 studies published between 1996 and 2013, half of
47 which appeared in a single journal, *Disability and Society* (Lane, 2014).
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50 Classification schemes often embed taken for granted standards. Fredriksson Franzén (2016)
51 demonstrated how in western urbanised living, people take for granted that fruit and vegetables
52 purchased from a supermarket will not only be nutritious but will be pleasing to the eye; fruit and
53 vegetables that do not conform to this standard are deemed ugly, and hence undesirable, so that
54 particular actions are required for this ‘ugly’ produce to find a place in supermarkets. Applied to
55 people, this approach raises issues. First is the issue of labelling. The phrase ‘disabled person’ is not
56 widely used in scholarship in Australia, because it is regarded as defining the person by their attribute
57 rather their humanity (Harpur, 2012, p. 327), so that the phrase “person with disability” was to be
58 preferred. And yet in a research report supporting the current Australian Royal Commission into
59 violence, abuse, neglect and exploitation of people with disability, it was noted (Clifton 2020, p.18)
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3 that the very phrase preferred in Australia, the “person-first language ... implicitly takes disability as
4 a negative construct” and that cultural and identity theorists are reclaiming the label ‘disabled’, seeing
5 it as a marker of power and source of pride. However, in the context of higher education, students
6 may not want to take this stance and may not want to be labelled “with disability” by others; to avoid
7 this labelling, they may choose not to access the programs and services available to support them in
8 their learning (Grimes *et al.*, 2019). In this context, disability remains hidden, because of the stigma
9 that students perceive they will suffer (Grimes *et al.*, 2017; Beauchamp-Pryor 2012; Blockmans,
10 2015; Denhart, 2008; Grimes *et al.*, 2019.)
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13 A second issue is the taken-for-granted standard, in western societies, of ableism (Campbell (2019). In
14 her influential work focussing on what it means to be able rather than disabled, Campbell notes (2019)
15 that the ICF is based on assumptions that disability is a deviance from the norm and therefore cast as
16 undesirable. She further demonstrates how an essential aspect of the desirable condition of
17 ‘normality’ is stability, and that in recognition that disability may not be an incurable state, permanent
18 or stable, categories related to temporary and intermittent conditions are created. However, these time
19 spans are foreseeable; they are not related to the “crippled time” that people with disability may
20 experience. “Crippled time can be staggered, frenzied, coded, meandering and be the distance between
21 two events”, according to Campbell, (2012, p.226). Crippled time is time over which an individual
22 may have little control.
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25 Classification systems such as those surrounding people with disability create categories that can be
26 used in a strategically essentialist way to obtain certain kinds of benefits, including access to goods
27 including funding (Peruzzo, 2020), services (Garsten and Jacobsson, 2013) and legal protections
28 (Campbell, 2008). In turn, these systems may be enforceable by law (cf Bowker and Star 2000, p.
29 150); the rights-based approach emerging after the ratification by states of the United Nations
30 Convention on the Rights of Persons with Disabilities (CRPD) from 2008 (Waddington and Priestley
31 2021) has added a layer of obligations at the legal and policy levels.
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34 Within organisations, systems of classification are instrumental in making things happen, what
35 Bowker and Star refer to (2000, p. 148-149) as “do[ing] some kind of work”. In the context of
36 students at university, the system does two kinds of work – it endorses the student as disabled and it
37 sets out the framework for reasonable adjustment. As Bowker and Star pointed out, a classification
38 scheme applied to people, especially in their everyday lives, can have significant implications for
39 exercises of power. In the context of people with disability seeking support, the very act of filling in a
40 form, answering questions or ticking boxes is an exercise in ‘people production’ (Barfoed, 2019) or
41 making an individual ‘legible’ through identifying desirable traits (Garsten and Jacobsson, 2013), can
42 be seen as an exercise of power over them.
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45 Thus, in the context of the university and the processes of seeking accommodations to support
46 learning, students are shaped and constructed as having disability (Holstein, 1992) and that
47 construction becomes public (AVCC Guidelines). The impact of the WHO ICF on the policies,
48 guidelines and procedures which affect the seeking of accommodations influences decisions made
49 about the learning opportunities of students. The pervasiveness of impact of this framework is such
50 that Gabel and Miskovic (2014) were able to identify that the institutional discourses of disability in
51 higher education have been framed around what they call an architecture of containment. This
52 Foucauldian concept has been reframed by Clouder *et al.* as a “tidy way” to deal with disability. In the
53 context of universities making decisions around accommodations for SwD, the students and their
54 disability have been “categorised and processed” (2016, p.17), thus ensuring that their individual
55 situations have been regularised, brought into conformity with a norm.
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58 Many studies have found that students are often reluctant to be constructed through the application
59 processes and are unwilling to disclose their disability; there may be a variety of reasons, but a
60 common reason is because they want to avoid stigmatisation (e.g. Blockmans, 2015; Denhart, 2008;

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3 Grimes *et al.*, 2019). Staff in a university, similarly, may be unwilling to disclose their disability, in
4 part because of their concerns with discrimination and bullying (Dali, 2018). The consequence of such
5 a decision is that students and staff can maintain a sense of their own autonomy, exercising the
6 freedom to take up a position of being disabled or not (Peruzzo, 2020, p. 4) but they forfeit the
7 services and support they may have had a right to.
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10 This review of the literature has demonstrated that key questions posed by Bowker and Star in 2000
11 (p. 148) remain important in the context of systems that classify people. It has shown that the work
12 that these systems do in universities, for SwD, can be construed in various ways: as legally protecting
13 rights, as establishing an administrative framework for managing anomalous cases, as constructing an
14 identity, among other activities. It has also shown that the work is done by the SwD, by the case
15 manager who oversees the filling of the forms and application process and by the academic staff
16 members who decide on the granting of the request and implement the change in learning or
17 assessment practices. Further it has shown that there continue to be “cases that don’t fit”. The review
18 has also shown that while the social model of disability may be more widely acknowledged in
19 research and in policy development, the voices of people with disability have still not contributed
20 significantly to policy development (Beauchamp-Pryor, 2012). This study explores the question of the
21 work that the classification system inherent in the university practices based on the Australian
22 Disability Discrimination Act, does in supporting their learning, from the voices of the students. Its
23 starting point, the experiences that students report on the categorisation and processing of themselves,
24 maintains a focus on the workings of the classification system itself. This study seeks to augment the
25 work of Bowker and Star (1999, 2000), by showing that a classification system is not a cognitive
26 artefact, applied once as a means of categorisation, but rather that it is a process, which involves
27 decisions made at different stages temporally and by people with different roles and responsibilities.
28 In so doing, it moves away from the argument that classification systems can marginalise people,
29 considering this too simple, to demonstrate how, from the perspective of those for whom the system is
30 intended as a mechanism of inclusion, the multiplicity of judgements made in the process may not
31 lead to a single outcome of marginalisation or inclusion, but to a more complex picture.
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37 2. Methodology

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39 The study reported here is part of a larger study of SwD and their learning in an Australian
40 university. The research design involves a mixed method interpretive approach (Veal &
41 Darcy, 2014), with the data reported here were collected in 2017 in two stages. First, the 1675
42 students registered with the disability services unit in the university were sent an email from
43 the staff in that unit, inviting them to participate in an online questionnaire. This number
44 comprises 3% of the student population of the university. Second, students participating in
45 the online questionnaire were asked if they were willing to participate in their choice of a
46 follow-up interview or email response, with a structured interview schedule. The
47 questionnaire was undertaken through the Qualtrics survey platform which has been
48 accredited for its accessibility for people with disabilities and is certified compliant with
49 Section 508 of the US Rehabilitation Act (1973) as amended in 1998. It received 200 valid
50 responses, giving a response rate of 12%. This should be acknowledged as a limitation of the
51 study, but several factors which can lead to this kind of response rate are acknowledged,
52 including the requirement for contacting students ‘at arms’ length’ and by email, as well as
53 the use of the online survey platform which has been recognised as giving an anticipated
54 response rate of between 12 and 15%. Another factor affecting the response rate is the
55 number of students registered with the disability services unit. This original registration is
56 done at the point of enrolment and many students never have any contact with the unit.
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3 The questionnaire collected basic demographic data including information about the course
4 the student was studying and the nature of their disability or medical condition. A little over
5 two-thirds of respondents were female (67.8%), with a little under one third being male
6 (28.3%) and the remainder identifying as non-binary (2.3%) or preferring not to say (1.5%).
7 This distribution was in line with the distribution of students registered with the disability
8 services unit, as was their distribution across faculties and schools. Relevant to this study,
9 students were asked about the nature of the main type of disability or health condition they
10 reported, and the impact disability had on their studies. Mental health, identified by 43.9% of
11 respondents, was the most commonly noted disability, either on its own or in conjunction
12 with one or more disabilities, followed by a medical condition at 20.2%. A relatively small
13 number (11%) asserted that their condition was not included in the categorisation used by the
14 university, although all responses could have been included in existing categories, as the
15 following examples show: “scoliosis”; “mental health”; “deaf”. A small number of open-
16 ended questions were also included to allow students to expand on their answers and explain
17 issues they faced in their learning. The second phase of data collection invited those who had
18 responded to the online survey to take part in a follow-up round of data collection, and this
19 comprised 16 face-to-face interviews and 10 interviews completed via email from students
20 who agreed to provide more detail on their experiences, including the impact of their
21 disability on their everyday lives.
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27 Qualtrics software produces descriptive statistics, whereas for the open-ended questions from
28 the questionnaire and for the interview data, thematic analysis was undertaken, using content
29 analysis (Krippendorff, 2004). This analytic approach identified key concepts but at the
30 same time was able to use the language of the students to provide a sense of their lived
31 experience. The ICF, the DDA and the AVCC Guidelines provided a conceptual framework
32 for the interpretation of the findings. Data drawn from an interview or email are identified
33 by the number assigned at the point of data collection; data drawn from the questionnaire
34 have no identifying characteristics. The study was approved by the University Human
35 Research Ethics Committee, who established parameters for the data collection.
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39 Findings

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41 Student responses indicated that they are aware that a system of classification is at work and
42 that its purpose is to put in place processes that would enable them to complete the
43 requirements of their university courses, given the impact of their disability or impairment on
44 their capacity to study. Their responses also indicate that they were not passive participants in
45 the system, but neither were they fully able to exercise autonomy.
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48 The system might be set up to “categorise and process them”, and 59 (29.5%) noted the
49 support that they received from the disability services staff, suggesting a humanising element
50 in the process, which prevented a student from “getting lost in the system” and which gave
51 them an understanding of the system to discuss with academic staff “when you have the
52 guts”. However, for some, this was not at all a “tidy” way (cf. Clouder *et al.*, 2016) to
53 manage their individual situations. The reasons for the “untidiness” included: being kept
54 outside the classification scheme; mismatches in perceptions of time; having self-perceptions
55 that did not match the classification scheme; not seeing themselves as belonging within the
56 classificatory framework; and deliberately keeping themselves out of the classification
57 scheme; Each of these themes will now be explored.
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Kept outside the classification

Most respondents appeared to take for granted the need to provide documentation that supported the claim that they met the criteria for eligibility for accommodations. However, three respondents stated that lack of money prevented them from receiving the necessary documentation: “It’s over \$200 for an assessment – that’s a lot of money for a student”; “I couldn’t afford [the assessment]” with a third suggesting “maybe you could have grants ... for assessment”. Another reported being uncomfortable with providing documentation, because it contained “explicit” details.

Academic staff sometimes keep students outside of the classification scheme because, as students occasionally reported, their lecturers and tutors do not always accept the validity of their claim to disability. “Mental illnesses are still seen as ‘fake’ and ‘exaggerated’ by some academics. They do not believe that you should be unable to complete tasks unless someone has ‘died or is in hospital’; they do not recognise the effects of panic attacks/anxiety attacks, low bouts of depression, etc.”

Other students found that the requirements of their course of study meant that their disability was not taken into account: “[The University] does not allow any flexibility with assessments for [field of study deleted].” A few students found that the work practices of the academic staff appeared to keep them outside of the framework, with “the lecturer changing a previous, ‘Yup I can do that’ to ‘Nope, not anymore’”, or miscommunication with a lecturer or tutor might lead to a situation where the academic says: “I am doing that thing [providing the accommodation] you wanted, despite you telling me I’m not”.

The influence of time

Time is a significant factor for students in the working of the system. In the ICF, time is related to function and the possibility of any changes in that function. Thus, it assumes a pattern of permanence, of temporariness or of intermittence. But for students, time is rarely seen in this way. Students do not experience the stability assumed to be inherent in the classification scheme. They place significant emphasis on the unexpected and on the sense that the process of demonstrating learning may take longer for SwD. The university has a policy for attendance based on a notion of stability and continuing availability – students are expected to attend 80% of their classes. Some students may recognise that they can never commit to this level of attendance: “I am unable to ensure I can attend due to my illness.” Others have unexpected interruptions to their study: “I had a [...] flare up”; “an exasperation [sic] in symptoms”; “I cannot always be in class”. Students noted that when they were confronted by an unanticipated change in their condition and needed an intervention to make alterations to the agreed plan, the disability services staff were booked up “weeks in advance” and they often had to wait “three or four weeks” for the necessary appointment.

Some students noted that being able to manage their own time was important, rather than having to be dependent on someone else’s time frame. It was “easier to listen to lectures at my own pace”. For some students, not being provided with learning materials before the class “was impacting my ability to learn”, and when promised materials were provided late, it was

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3 not possible to “make up the lost time”. Academic staff are perceived as not always
4 recognizing that time and effort may be different for SwD, with students reporting that they
5 are considered “lazy” or to have “poor time management skills” because they do not
6 complete work in the same timeframe as other students.
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10 *Not matching the classification*

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12 From the questionnaire responses, it was clear that some students did not recognise their
13 condition in the classification scheme. Some 22 students (11%) ticked “Other”, but then gave
14 types of disability already in the list, for example arthritis or lupus which are medical
15 conditions or mild depression which would be included in the category of mental health.
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18 The interview format gave some students the opportunity to indicate that they do not
19 remember how they had originally identified their disability at the point of application to
20 university: “I haven’t got a clue. I can’t recall at all” (Interview 1); “It would be ... I’m just
21 trying to think what it would be” “To be honest, I’m not really sure” (Interview 14). “I cannot
22 precisely recall” (Email 3). Some students wanted to acknowledge more than one disability,
23 but “It’s like you can only tick one” (Interview 7). While that may have been the case at the
24 point of application for tertiary study, it is not a requirement of the system in place to seek
25 accommodations. Students frequently stated more than one disability, often as the context in
26 which their learning takes place: “I have mental health and medical”. “So, I have ADHD and
27 a combination of anxiety and some pretty intense depressive episodes” (Interview 14); I have
28 [a list of five conditions] (Email, identifier deleted).
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32 Sometimes the student may be very clear on what they identified as their disability in the
33 paperwork to seek accommodations, but actually describe some other conditions that affects
34 their learning: “I chose mental health ... part of the problem is like with my eyes ... that’s
35 nothing to do with my mental health ... they [Disability Services] don’t know about this”
36 (Interview 10). The need to meet externally imposed criteria may affect the way a student’s
37 disability is recorded and reported. Another student was not clear on what had been reported
38 because the documentation is usually prepared by someone else: “There was a document I
39 had to sign, doctors’ reports I had to supply and stuff like that” (Interview 16).
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43 *Not wanting a place in the classification*

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45 Some students do not want to have to be seen to have a place in the classification scheme,
46 because they see themselves as “normal”, although they recognise that they may need
47 accommodations to help them succeed in their studies, as the following three questionnaire
48 responses demonstrate: “I did not want to be labeled disabled when I have a health
49 condition”; “I can and do manage a family, a job, my studies and my mental health condition
50 - I don't need a ‘responsible person’ to write an impact statement for me”; “It is off putting
51 being labeled as disabled when I do not see myself this way”.
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54 Whereas these students agree to be included within the scheme because of the benefits of
55 receiving accommodations, other students frequently keep themselves outside of the
56 classification scheme. Every questionnaire respondent said that there had been times when
57 they had not disclosed their condition and therefore would not receive any accommodation,
58 with 17.5% reporting that they rarely or never disclose. Although 39% have on occasion
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3 disclosed to their lecturers and tutors, only 14.9% have disclosed to their fellow students.
4 Only 27.4% sought accommodation in all the subjects they studied, with 22.3% seeking no
5 accommodation at all. Of those who sought some level of accommodation, 18.9% indicated
6 that it was sometimes or never satisfactory. Reasons not seeking accommodations included
7 not believing it would help (26.6%), not knowing they could do so (12.7%) and not needing
8 or wanting accommodations (4.4%). Other reasons for not disclosing, extracted from the
9 questionnaire responses included: “I was afraid of judgement from others”; “I’m
10 embarrassed”; “there is a lot of stigma associated with mental health issues, so I prefer not to
11 make it public knowledge”; “I think my mobility is obvious so there wasn’t a need to tell
12 people”.

13 Discussion

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16 The Disability Discrimination Act 1992 sets the legislative framework within which
17 universities in Australia must operate. This act, which draws on the ICF, is concerned with
18 the notions of equity and fairness. Inherent in it is the assumption that a person with disability
19 is in some way different and that adjustments have to be made for someone to be able to
20 participate “on the same basis”. The legislation and the subsequent AVCC Statement relating
21 to SwD assume that all SwD will be covered and that they will be advantaged by the terms of
22 the legislation and the policies and processes enacted in universities. However, the findings
23 of this study indicate that from the actions and experiences reported by students, these
24 assumptions are not evident in the way the classification scheme works.

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27 The classification scheme and the associated processes do not always work, in the ways the
28 DDA and the AVCC Guidelines can be assumed to have intended. Firstly, this is because
29 those who should be included are not always deemed eligible. This occurs in two ways:
30 students are not able to get the documentation to provide evidence of their condition;
31 academic staff may decide not to implement recommendations for action because they do not
32 accept the basis on which the recommendations are made and/or seek specific detail. These
33 academic staff members may be contravening not only the DDA but also, through asking
34 students specific questions about their disability, contravening the Privacy Act, even though
35 their focus may be on the integrity of an academic program. Some students may be denied
36 accommodations because academic staff may determine that the requirements of the learning
37 approach or the requirements of professional accreditation preclude certain accommodations.
38 This action falls within the parameters of the AVCC Guidelines. Secondly, the classification
39 scheme and associated processes does not work because students cause it not to work for
40 them, by withdrawing from the processes through which the classification scheme is put into
41 practice, especially through not disclosing their disability; in this way, they recognise the
42 political aspects inherent in the classification scheme and the associated administrative
43 processes.

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46 The implementation of this classification scheme can and does marginalise students. It does
47 this by seeking to create a simpler means of understanding the complex interactions of a
48 person’s disability, their support needs and other aspects of the impairment effects on their
49 embodied selves, and the social context that they are interacting with. Here, some students
50 sought to be accepted as “normal”, while at the same time recognising that they would need
51 first to be accepted as having a place in the classification scheme, that is as “not normal”
52 (Campbell, 2012). Others resented the need to be labelled as “not normal” by a representative

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3 of the medical profession when, by many measures, their lives and the ways they lived them
4 paralleled those of people without disability (Hahn, 1985).
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6 Yet, the responses from these students provide a more nuanced interpretation of the workings
7 of the classification scheme, going beyond medical or administrative considerations. This
8 study has shown that the implementation of a system so that SwD can operate “on the same
9 basis” involves the disability and the students being categorised and processed, as Clouder *et*
10 *al.* (2016) noted. It has shown exercises of power in the way this is done (cf Bowker and Star,
11 1999). The power to exclude is wielded by academic staff in granting or not the
12 accommodations. While this may have been a deliberate exercise of power based on
13 believing the student was involved in some kind of scam, or because a lecturer has a dual
14 responsibility, to support the learner and to maintain the academic integrity of the education
15 program, it also occurred from the human failings of forgetfulness or of shifting priorities, a
16 factor rarely mentioned in other studies.
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20 The marginalising effects of poverty were also apparent in this study, with students
21 identifying that they were unable to pay for the evidence to support their claim of the need for
22 accommodations in their study. This left them outside of the scheme, with no way of entering
23 into the classification, unlike the students in Peruzzo’s Italian study, who were expected to
24 demonstrate ‘frugality’ with an allowance designed to support their inclusion within
25 university support services (2020).
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29 Disparate notions of time also had marginalising effects. The unexpected exacerbation of a
30 condition, or the unforeseen need for hospitalisation, may not match the “crippled time”
31 described by Campbell (2012), with its sense of unpredictability and chaos. Nonetheless,
32 many SwD must manage both the planning and routine that underpins successful study and
33 the unpredictability of their condition within a system that has little flexibility to adapt to the
34 unexpected, given the routinized approach to time inherent in the teaching and learning
35 processes in a university.
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38 Power is frequently taken as the power to exclude (eg Campbell, 2008; Foucault, 1977;
39 Peruzzo, 2020) but in this study, there is significant acknowledgment of the power of the
40 disability services consultants in supporting students in such a way that largely they did not
41 feel that they were being made to fit into a system. The students perceived the person with
42 whom they liaised as someone there to advocate for them, linking the application of the
43 classification scheme to the requirements of a university program of study and devising
44 recommendations for action by the academic staff. Instead of feeling contained within a
45 framework, most felt that they benefited by going through the process; in other words, instead
46 of focussing on the classification scheme and its fit with their circumstances, they focussed
47 on the positive outcomes that engagement with the classification scheme brought them, even
48 when these outcomes could be costly in the “service time” necessary for engagement in the
49 process (Campbell 2012) or in the risk of stigmatisation (cf Grimes *et al.* 2019).
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54 SwD also exercise power and agency, separating the acceptable from the unacceptable. Some
55 find the stigmatisation that may follow disclosure through the application process
56 unacceptable, and therefore choose not to apply or to apply but not to disclose to the teaching
57 staff (Grimes *et al.*, 2019; Lynch and Gussel, 1996; Matthews, 2009). In doing this, they
58 exercise power over their privacy and over their dignity. They are visible to their lecturers
59 and tutors within their classes, while the disability and its impacts remain invisible. It may
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even be that they become visible as a student who is struggling to succeed in a subject but staying invisible as a SwD may give them a greater sense of control over their identity and a stronger sense of autonomy.

For SwD not to be discriminated against, in the context of the legislation and policy guidelines, their disability must become public, it must be named and labelled and appropriate behaviours for others must be identified. Through this process, it is all too easy for the individual person to disappear behind the label which is, in a societal sense, intended to facilitate their capacity to live “on the same basis”. That some students in this study resent the identity thrust on them by this system of classification is understandable. Key to this identity is that they are not “normal” for some period of time and that steps should be taken by those with positions of authority to ensure that arrangements are made, as far as is possible, to normalise them. This public acknowledgement of disability, and the labelling of an individual as being “with disability”, separates them from others (Said, 1979), creating their condition as “undesirable” (Foucault, 1977). Labelling runs the risk of simplifying the complexity of the individual in their multi-faceted life into a category with a label attached, such that the complexity disappears.

This study has shown that the processes of categorisation and ordering inherent in the university practices based on the Disability Discrimination Act 1992 are not consistent in their implementation. This is not to imply that the practices of a university discriminate against these students. Rather, it is that students and others in the university system do not share the assumptions that underpin the classifications and definitions in both documents. Some students exercise their power to ensure that they are not subjected to assumptions which they find unacceptable and others exercise their power to remain outside of the system set up to help and support them because they are aware that others will find their situation unacceptable. This can be demonstrated clearly in the following hypothetical scenario, derived from the data.

A young person by the name of A Student is at the end of the third year of an undergraduate degree, studying part time. S/he has a documented medical condition and associated mental health conditions and, in the first two years of study, has registered with the disability services unit in the university and sought accommodations. In third year, s/he took four subjects. Table 1 summarises the decisions s/he took and the outcomes of the applications for accommodations within the AVCC Guidelines:

	Subject 1	Subject 2	Subject 3	Subject 4
Application for accommodations	YES	YES	YES	NO
Disclosure to teaching staff	YES	NO	NO	N/A
Perspective of teaching staff	Mental health claims usually a fake	Supportive of requests made through the process	Demands of professional accreditation preclude requested accommodations	N/A
Outcome	Accommodations denied	Accommodations granted	Accommodations denied	No accommodations

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3 Through this scenario, it is apparent that the classification system has worked in four
4 different ways for the student. While this lack of consistency may not in itself be new (see for
5 example Treas 2009, p. 73), it does highlight factors that prevent services intended to
6 “promote equal opportunities and participation” (WHO 2013, p. 48) from doing so in a stable
7 and dependable way. Thus, the findings of this study have not demonstrated the consistency
8 implied by Clouder *et al.*’s notion of “the tidy way” with its sense of regularisation and
9 conformity to a norm (2016). Nor have they shown the existence of a social order that
10 Bowker and Star (2000, p.147) indicate is imposed through a classification scheme. Instead,
11 they have indicated how the concerns of individuals are fundamental to the way that the
12 classification system inherent in the practices designed to support SwD works.
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18 **Implications of the study**

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20 The inconsistencies in the workings of a classification system as demonstrated in this study
21 have implications for those legal and administrative instruments, DDA and the AVCC
22 Guidelines, from which it is derived. They are concerned with issues of fairness and equity
23 within an organisational context as well as at a societal level. Issues of fairness and equity
24 may be enshrined in policy statements in organisations. The findings indicate that many
25 students recognise the assumptions inherent in the ICF, the classification scheme that guides
26 the classification of their disability and the understanding of how living with disability may
27 affect everyday living, and they make decisions on how to position themselves within the
28 classification or to stand apart from it, one way or the other to seek to be “normal”. These
29 decisions at one level deny them fairness and equity. They may choose not to seek any
30 adjustment and if they do, they may not disclose that they have a disability to the teaching
31 staff. In other words, students in the university will make choices that negatively affect
32 fairness and equity to preserve a sense of self and of autonomy and of power over their
33 situation. They seek to keep private rather than give up anonymity in order to improve their
34 learning or performance outcomes. This in itself is a powerful signifier of the level of
35 stigmatisation felt by some SwD because of the workings of the process which itself is
36 supposed to facilitate participation “on the same basis” and equally a strong signifier of the
37 autonomy exercised by some.
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43 The decisions of academic staff, as reported by students, can also affect issues of fairness and
44 equity. The lack of acknowledgement of the impact of a student’s disability by academic
45 staff and the resulting invisibility in the system means that an important mechanism in any
46 administrative process is removed, and that is the complaint mechanism, the ability to call out
47 examples of discrimination (Grimes *et al.*, 2019). Complaints mechanisms are important
48 aspects of the review and evaluation of the effectiveness of any system, and when students or
49 employees with disability remove themselves from the system or fall outside of it, any
50 complaints that might have arisen from their experiences with accommodations can no longer
51 be made, the classification system is not tested and changes are not implemented.
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55 A further implication arises from the suggestion offered by WHO that “service systems” can
56 generate data to guide future decision-making” (WHO 2013, p. 48). Universities use data
57 from student registrations with a disability services unit to report on their performance in
58 meeting targets for equity and diversity. A challenge is for universities to avoid turning a
59 student into a reportable statistic in their quest for a standardised data collection tool with
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3 which to report on the diversity of the student body, another way in which organisations like
4 universities “tidy up” a disparate and messy workforce or student body.
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6 Finally, the study has implications for information science. It adds to the body of work that
7 demonstrates that a classification system encompasses a theoretical perspective that may not
8 be appropriate for the cultural or social context in which it is applied. It demonstrates, in the
9 context of students with disability, that the meaning inherent in the labelling of this
10 classification system conveys socially unacceptable connotations and further, that the
11 requirements of one person with disability cannot be assumed to be the same for another
12 person, even with the same disability as both the level of their support needs differs as well as
13 the social context that they find themselves interacting with.
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17 A classification system is more than the outcome of the intellectual work of observation and
18 categorisation. It is a process involving people making judgements and decisions on how to
19 interpret the classification scheme. The work that a classification system does depends not
20 only on the intellectual work of those who devised the scheme, but on the strategic
21 organisational decisions of those who develop policies to apply such a scheme and on the
22 everyday decisions of those who implement it. It becomes increasingly important for
23 information scientists to be involved in societal and organisational debates on the
24 consequences of applying classification schemes to people.
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27 **Conclusion**

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29 Classification schemes and the work that they do impact on people’s everyday lives. While it
30 may be impossible to change classification schemes developed over decades, and which
31 underpin much of the ordering of information in everyday life, there is the opportunity to take
32 the lessons learned from the experiences of SwD in being categorised and processed and
33 apply them more broadly. The act of categorising people will always be fraught with
34 difficulty, but it may be possible to consider developing classifications and ways of
35 implementing them that facilitate a fair and equitable social context. The medical model of
36 loss and deficit, which underpins attempts to put a socio-cultural gloss on policies adopted by
37 many organisations, brings with it a discourse that takes the classification scheme considered
38 here into the everyday language and practices of students and decision-makers, with
39 detrimental consequences for those caught up in the inherent exercises of power.
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44 In adding to the literature on the impact of classification schemes on people in their everyday
45 lives, this study has made three key contributions to the literature of information science. It
46 has brought to light the voices of those subject to the classification system and demonstrated
47 their experiences with it. It has shown that the artefact of a classification scheme is turned
48 into a process when applied in an organisational setting, and that this process can involve
49 multiple decision points leading to inconsistent outcomes. Finally, it has demonstrated that a
50 key tenet of a classification scheme, a decision on categorisation, is not the final word in a
51 societal context; it is the acceptance or rejection of the associated label by any one of the
52 multiple individuals involved at any point in time that is actually the point at which the
53 categorisation is made or disputed.
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57
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60

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