

# Inclusion of Disabled Learners: A Case Study in a New Zealand Tertiary Setting

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## Abstract

This paper presents findings from a survey on disclosure by students with disabilities at a New Zealand tertiary setting. A research group in Te Rito Maioha Early Childhood New Zealand, a New Zealand initial teacher education provider (herein after TRM team), carried out a case study to understand lived experiences of disabled learners. The only criteria for participation were identifying as having a disability, whether this had been disclosed and/or diagnosed or not. The three most prevalent disabilities identified were mental health 67%, neurodiversity 37%, and learning difficulties 29%. Then with 51% of survey participants choosing not to disclose, TRM team needed to consider what factors were influencing this. A very important finding was that majority of those who did disclose felt it was the right decision and did not regret disclosing their disability information. The data showed that one of the significant factors that influenced non-disclosure was the fear of discrimination and bias. Understanding information about students' disabilities is highly useful for educators in planning lessons and providing instruction in Japan as well.

## Keywords

Inclusion, disability. New Zealand, tertiary education, disclosure

## Introduction

In the light of social justice and equity, our society should embrace diversity each person brings in, including gender, disability, ethnicity and other conditions each pertain. While both New Zealand and Japan have ratified for United Nations Convention on the Rights of Persons with Disabilities (CRPD; United Nations human rights treaty bodies, 2025) to make explicit commitments for a society inclusive of disabled persons, systems and implementations of these two nations could vary, reflecting cultural and political backgrounds.

This article explores the reality of inclusive practices based on a case study research project presented at Pacific Rim International Conference on Disability and Diversity in 2025 (Takemoto et al., 2025). The findings will contribute to understanding the educational context of each nation and identifying areas of further consideration to create more inclusive societies both in New Zealand and Japan.

## Background

As both New Zealand and Japan are signatories to CRPD, higher education providers in these countries are required to adhere to this convention. This includes being knowledgeable about people with disabilities, understanding teachers' obligations and responsibilities to address bias and discrimination, and to en-

sure tertiary settings remove barriers for students with disabilities. A key definition used in disability, legislation, strategies and policies in Aotearoa New Zealand is drawn from CRPD.

According to recent international research by Friedman and Nash-Luckenbach (2023), the number of disabled students is increasing in higher education. This makes it essential that higher education organisations understand the complexities of disabilities and how to support engagement, participation, and success for these students. In addition, Smith (2024) highlighted that disabled students in higher education have not traditionally been served well, with low participation and completion rates, and reports of negative experiences. Therefore, higher education organisations are obligated to ensure teaching and learning environments are inclusive and equitable, so disabled and neurodivergent students have positive experiences.

## Methodology

A research group in Te Rito Maioha Early Childhood New Zealand, a New Zealand initial teacher education provider (herein after TRM team), carried out a case study to understand lived experiences of disabled learners. Using a mixed methodology approach, TRM team analysed relevant legislation, policies, strategies and their organisation's disability documentation. They then invited all students enrolled in 2023 to participate in the study by completing an online survey using survey monkey and received 63 responses. The only criteria for participation were identifying as having a disability, whether this had been disclosed and/or diagnosed or not. Participants were also invited to take part in an online focus group. Although 40 participants express their interest, only two took part in the focus group with two non-teaching members of the team. Despite such a limited number of participants, data from the survey was very valuable, and data shared by the two focus group participants (who have been provided with pseudonyms) was rich and insightful and provided contrasting perspectives, as one focus group participant had disclosed, and one had not.

Understanding the diverse disabilities the students were experiencing was important. The disabilities reported by our survey participants were categorized into six groups: neurodiversity, learning difficulties, sensory impairments, physical disabilities, mental health conditions, and chronic health conditions. An additional "other" category allowed participants to specify any conditions not listed.

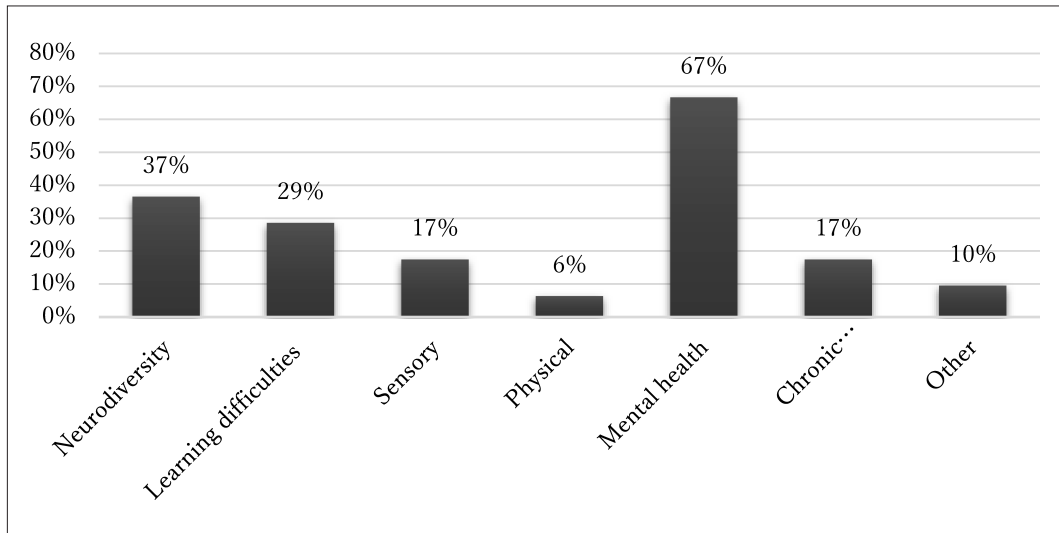
## Result

The three most prevalent disabilities identified were mental health 67%, neurodiversity 37%, and learning difficulties 29% (Figure 1). Of our participants who identified as having neurodiversity or a learning difficulty 56% of them also indicated they had comorbid mental health conditions.

The high instance of mental health issues highlighted by our survey participants was similar to findings from a study by Limpus and Carlyon (2018) who highlighted students' facing mental health and wellbeing conditions were widespread in higher education. These authors cautioned that this would only increase if providers in Aotearoa NZ did not respond urgently.

As TRM team gained a better understanding of the disabilities our participants identified with, they then

Figure 1. Disabilities/Condition Identified



Note:

Neurodiversity includes Autism Spectrum Disorder, ADD, and ADHD

Learning difficulties includes dyslexia, dyscalculia, dysgraphia and dyspraxia

Sensory includes low vision/blindness, loss of hearing/deafness, sensory processing, APD

Physical includes mobility issues, use of wheelchair, loss of limb

Mental health includes depression anxiety, bipolar, PTSD

Chronic condition/health issue includes MS, Parkinsons, Arthritis, chronic fatigue

needed to find out whether our participants were disclosing this disability information to the organisation. 30% of participants disclosed their disability, 51% did not, and remaining 19% were unsure whether they had disclosed. These patterns lead TRM team to analyse the reasons behind our participants' disclosure decisions.

With 51% of survey participants choosing not to disclose, TRM team needed to consider what factors were influencing this. The document analysis revealed a lack of guidance and direction for both staff and students in the management of student support, and in fact the organisation did not have a disclosure policy. Following are some of the answers from student who did not disclose regarding why they did not disclose.

*"I did not share my ADHD as I don't have an official diagnosis and felt I would be dismissed"*

*"I don't want people to think that I can't work with children because of my disability ... I just don't want people judging me for it"*

*"I do not believe attention deficit disorder merits the additional support some other 'worse' learning disabilities and/or general impairments do"*

The fourth quote was from Blair in the focus group:

*"I'm a migrant student. I was on my student visa, so I think there was this extra pressure on me to not fail".*

Blair also expressed that not having a formal ADHD diagnosis influenced their decision not to disclose. In addition, they questioned whether they would be deserving of extra help and what support they should even ask for.

So why did some students choose to disclose? These quotes show some of the reasons:

*"... it enables me to continue to learn and grow throughout my studies without discrimination"*

*"So that if I need help with my studies with support then [the organization] knew why and could help"*

*"I thought it was important to be forthcoming on it so that inclusions could be considered if possible"*

*"If for any reason throughout my study, [the organization] thought that I wasn't meeting their standard, they had a bit of background as to why that may have been"*

The majority of those who did disclose felt it was the right decision and did not regret disclosing their disability information. Many disclosed so that they could access additional support in their study and found the support provided did contribute to their academic success.

The main supports the students received noted in the survey and focus group interview were:

- Extensions for course work (special arrangement for later submission)
- Individual education plans (general overview of how to support each target student)
- Academic support tutors (to provide tailored support in addition to course lecturers)
- Online helpdesk on the learning management system
- Pastoral care from staff
- Understanding and empathy from staff

It is important to note that all students that received some kind of support, spoke very positively of their experience. For example, Alex talked at length about the academic support tutor they were assigned:

*"Literally, he was just there to make sure I was meeting the mark, gave me a couple of pointers on how not to do certain things, but the help that he gave was really, really good help, and like I said before, it gave me that encouragement to carry on and go,"*

Additionally, Blair said they felt supported by lecturers even without having disclosed:

*"I remember, particularly, one teacher told me that I was very brave for asking for help, and I feel like that changed my worldview in general. I really, really appreciate that. I wouldn't have graduated without"*

*it, really.”*

## Discussion

Factors that were brought to light from our findings were categorized under the headings, personal, social/cultural and institutional.

### *Personal*

Decisions about disclosure were dependent on whether students felt it was beneficial for their individual success. Many of the participants chose not to disclose as they felt they didn't want to be discriminated against. This was also evident in the literature; for example, McKinney and Swartz (2022) identified students do not disclose due to fear of not being accepted into their program. Not having a formal diagnosis was another factor that contributed to some participants not disclosing their disability as they felt if they didn't have a formal diagnosis they wouldn't be deserving of extra support. Thompson-Ebanks and Jarman (2018) found similar results in their study on non-apparent disabilities such as ADHD – citing costs of diagnosis as well as medical practitioners' reluctance to formally diagnose. Conversely, of those participants who disclosed their disability, the consensus was they believed it was important for the success of their study, and in doing so they held high expectations of understanding from staff.

### *Social/Cultural*

The data showed that one of the significant factors that influenced non-disclosure was the fear of discrimination and bias. Some participants expressed that they were fearful of being treated differently and that sharing their personal information would mean that they would miss out. Rickard's comparative literature review (2024) also highlighted societal bias and barriers to inclusion that can occur when disabled people are considered inferior to the rest of the community. TRM team agree that it is critical to work together to ensure everyone, regardless of disability, feels a sense of belonging within their organisation. This will lead to positive attitudes of disability and in turn empower students to disclose their disability and receive appropriate support and accommodations.

### *Institutional*

Not having a formal diagnosis led to many of the students having a lack of awareness of the they could receive. This was also highlighted by Morina (2017) who drew attention to the importance of policies, strategies, processes and actions that contribute to ensuring the success of all students. Furthermore, there was evidence that many of the neurodivergent and disabled students had to repeatedly disclose their disability each semester as they had different lecturers. TRM team agree with Stenger et al. (2024) that although some staff in higher education may be averse to using diagnostic labels, having information about their students' disabilities is very useful for educators when planning and teaching.

## Moving forward

TRM team was committed to responding to the findings from the research. As such several changes were made to existing student support and some new initiatives were put in place. These have included:

- Clear and accessible information - The application form was updated to ask students about what supports they feel they may need to be successful, rather than just asking for their disability status. We hope this will also encourage students to disclose.
- For students who wish to have a diagnosis but are unable to financially afford an assessment, the organisation developed a Study Grant policy and application process.
- Added push notifications to the online learning management system – reminding students of deadlines coming up.
- Pastoral care - increasing support sessions for all students in the first 8 weeks of their study.
- Created documentation showing how to use assistive technology while studying online.

In addition, as the result of the research, the organisation is in the early stages of developing a disability and disclosure policy. Also, they have planned to interview neurodivergent and disabled graduates to create videos that showcase how these students can be successful in reaching their goals.

To conclude, TRM team questioned the assumptions about disability, impairment, access, and accountability our organisation was making – and were committed to giving our disabled students a voice to improve their learning experience. As a result of the research, the organisation now have a much better understanding of students' decisions and experiences and have actively responded to make some improvements. However, TRM team know that this journey has not ended and there is still much to do.

In Japan, following the enactment of the Act on the Elimination of Discrimination against Persons with Disabilities in 2016, reasonable accommodations became an essential part of tertiary settings (Japan Student Services Organization, 2025). Like New Zealand, most cases involve neurodiversity and mental health conditions (Ministry of Education, Culture, Sports, Science and Technology, 2024). Considering the survey results presented in this paper, it is possible that nearly 50% of students in Japan, like NZ, fear discrimination or do not disclose their disability. However, the finding that the majority of those who disclosed their disability information made the right decision and saw improved academic performance provides extremely useful data. This data could encourage students in both NZ and Japan to embrace their identities and take hold of an inclusive educational environment that promotes comfortable learning. The essential intermediary element connecting students to policy may, in fact, be the people themselves.

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