Experiences of People with Physical Disabilities Accessing Education

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Who is the Physical Disability Council of NSW?

The Physical Disability Council of New South Wales (PDCN) is the peak advocacy organisation for people with physical disabilities in NSW. Physical disability is the most common type of disability and there are many different physical disability conditions.

Physical disability conditions include spinal cord injuries, cerebral palsy, muscular dystrophy, multiple sclerosis and other degenerative conditions, blindness or low vision, limb difference or amputation, polio survivors, paraplegia or quadriplegia, spina bifida, motor neurone disease, arthritis, Parkinson's disease, acquired brain injury, stroke, chronic pain, autoimmune conditions, and people who are of short stature, Deaf or hard of hearing.

PDCN stands up for the rights of people with physical disabilities, advocates for disability inclusion across government and business, and drives systemic reform around accessibility.

Representing the largest disability cohort

PDCN represents people with the most common form of disability: physical disability. Of the 5.5 million Australians with disability in 2022, just over three-quarters (75.3%)[1] reported a physical condition as their main long-term health condition. In NSW it is estimated that 1.34 million people have a disability.[2]

To ensure that PDCN represents the interests of the NSW physical disability community, it is essential that there is a thorough understanding of the needs, service gaps, and lived experience of people with physical disabilities. PDCN believes it is important to understand both the barriers people experience, and also the broader factors that contribute to participation, independence and wellbeing throughout different stages of life.

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[1] Australian Bureau of Statistics (2022), Disability, Ageing and Carers, Australia: Summary of Findings, ABS Website, accessed 15 October 2024.

[2] People with Disabilities, Equality Before the Law Bench Book, Judicial Commission of NSW chapter 5.2

PDCN also convenes the NSW Disability Advocacy Network (NDAN), a network of twenty-three disability advocacy organisations across NSW. As a collective, NDAN advocates for people with physical disability, intellectual disability, psychosocial disability, people who are neurodiverse, people with sensory disabilities and those with developmental delays.

Background

The disability support landscape is undergoing significant change

Australia's disability support system is undergoing significant reform and PDCN wants to ensure policy changes are informed by lived experience. Since the release of the NDIS Review in 2023, governments have begun redesigning the relationship between the NDIS, foundational supports and mainstream services. More recently, the proposed *NDIS (Securing the NDIS for Future Generations) Bill 2026* has introduced further reforms that may significantly restrict access to supports for many people with disabilities. At the same time, National Cabinet has committed to jointly funding foundational supports for people with disability outside the NDIS with state and territory governments. While targeted initiatives are beginning to emerge, such as the Thriving Kids Initiative, General Foundational Supports have yet to be scoped, designed or implemented in NSW.

As disability support systems continue to evolve, PDCN aims to ensure that our advocacy is informed by a comprehensive understanding of how policy changes affect people's daily lives rather than focusing solely on processes.

The importance of lived experience

Lived experience encompasses far more than a person's interaction with government services. As disability scholar Shane Clifton observes,[3] it includes personal histories, relationships, interactions with systems, experiences of discrimination, resilience, identity and achievement. Disability shapes how people experience education, employment, healthcare, transport, housing and community life, which makes lived experience an essential source of evidence for systemic reform.

The World Health Organisation's *Global Report on Health Equity for Persons with Disabilities* concludes that engaging people with disability and their representative

[3] *Clifton, Shane, Emma Cooper, Johnny Bourke (18 June 2025) Disability lived experience and expertise: recognising the expert contributions of people with disability, Evidence and Policy Journal vol 21 N 4*

organisations leads to better policy design, improved service utilisation, stronger health outcomes and greater community participation.[4]

For PDCN, we are always exploring how to further embed lived experience within systemic advocacy. By combining individual stories, experiences and organisational evidence, we aim to ensure that advocacy priorities reflect the realities of living with physical disabilities rather than the assumptions of service systems alone.

[4] *Global report on health equity for persons with disabilities, Geneva: World Health Organization, 2022 page 189*

Method: Focus groups with the Lived Experience Advisory Panel

PDCN conducted focus groups with the PDCN Lived Experience Advisory Panel (LEAP). The LEAP comprises fifteen people with lived experience of physical disability who provide advice and guidance to PDCN. Members have different types of physical disability including spinal cord injury, chronic pain, limb difference, muscular dystrophy, chronic fatigue, mobility impairment multiple sclerosis, vision impairment and hearing loss. Within the LEAP, there are representatives of people living in regional NSW, LGBTQI communities, parents of children with physical disabilities, and First Nations people.

The LEAP meetings held in May and June 2026 were used to conduct focus groups to explore the barriers and enablers impacting people with physical disability at different life stages.

Questions were constructed openly with a focus on human experience during adulthood, not on different disability service systems. For example, instead of asking the LEAP about their interactions with the Disability Employment Services operated by the Australian Government, the LEAP was asked about their experiences relating to financial independence. The conversations were focused on exploring enablers and barriers at key life points across a lifecycle.

As part of this broader work, PDCN is exploring lived experience across major life domains, including education, employment, healthcare and financial independence. This interim report focuses on education to demonstrate how examining everyday experiences can identify systemic issues that may not be apparent through policy analysis alone.

In the May 2026 focus group, the LEAP were asked questions about their experiences in tertiary education and their experiences relating to financial independence. The intention behind these questions was to better understand people's real-life experiences in these areas. This report focuses analysis of the education section of the discussion.

Evidence, Implications and Findings

Evidence

Theme 1: Community attitudes

Participants consistently described community attitudes as a key determinant of whether they felt included within educational settings. Positive experiences of inclusion were more frequently attributed to supportive lecturers, staff members, peers or members of the public rather than being a result of consistent institutional practice. One member currently studying at university explicitly stated that "*inclusion [at university] depends on the lecturer and their attitude.*"

The attitudes experienced were both positive and negative, leading to feelings of inclusion and exclusion. One LEAP member was the first wheelchair user to study at her TAFE campus and shared that: "*The staff were adapting on-the-spot. One staff member assumed I was whining when I said I needed additional time to sit through exams*."

In several cases raised by the LEAP, the adaption to accommodating people with physical disabilities on campus was ad hoc, and on an as needed basis. These experiences suggested that reasonable adjustments were often made reactively rather than being embedded within institutional practice.

Several participants reflected positively on the support they received from individuals. For one member, there was advanced planning to ensure his disability needs were catered to for a Law Review comedy show trip. He said his friends were a critical part of his positive social experience. Another member, who is vision-impaired, shared that "*TAFE has good policy and procedures about disability, but inclusion is through individuals who willingly make things accessible.*" Another member shared that "*most positive experiences in higher education are because an individual has stepped up, not because the system has stepped up.*"

Participants also described relying on peers and members of the public to overcome accessibility barriers. One member had positives experiences with the general public,

relying on the goodwill of strangers to assist with things that were difficult as a person with mobility limitations. "*If I needed help with something, like getting from my car into my wheelchair, I would need to ask a stranger for help*."

Although these interactions were often positive, participants recognised that relying on the goodwill of others required confidence and trust that not all students possess.

Theme 2: Infrastructure

Participants identified inaccessible infrastructure as a significant barrier to educational participation. Across both university and TAFE settings, participants described physical environments that were not designed to accommodate students with disability or were slow to be modified once barriers were identified.

One member who was the first wheelchair user to attend their local TAFE said that it took six years to get the door to the bathroom changed to make the bathroom accessible. In the meantime, this member had to ask strangers for help to get into to the bathroom.

A common experience was the unwillingness of educational institutions to make changes to physical infrastructure for accessibility purposes. This was also raised by a member who is hard of hearing who said that "*universities do not see hearing impairment as a disability.*" For example, outdoor classrooms make it hard to hear. "[*Also, sometimes] the [hearing loops] don't work during lectures*." Another member shared that "*the university would not help adapt the studio to support my needs*." Others described learning environments where requests for physical modifications were declined.

These experiences indicate that inaccessible infrastructure continues to restrict participation, independence and equitable access to learning.

Theme 3: Institutional systems

Institutional systems, particularly Disability Liaison Officer (DLO) services, emerged as both an important support mechanism and a source of frustration. Participants

recognised the intended purpose of DLOs but reported considerable variation in the support they received.

Several participants described situations where DLOs lacked the experience, authority or resources to address barriers effectively. "*There was a university DLO, but this person was inexperienced. The DLO was supposed to ensure inclusion on campus. However, I was excluded, for example, from off-campus trips and events. This experience at university was at times demoralising*."

Another member shared that the DLO for the institution they attended was on a different campus than they attended, limiting access to advice and support.

It was also noted that the systems that these officers work within are a point of frustration. One participant commented "*the DLO was helpful in some ways, but she spent a lot of time complaining about the system rather than supporting me*."

While DLOs should be available to assist people with disabilities in educational settings, it is often the case that the system does not provide the level of support needed by people with physical disabilities.

However, participants also described examples of effective practice. One participant reported that a DLO made requesting support straightforward and organised a note-taker that enabled them to keep pace with course content despite inaccessible lectures. These contrasting experiences highlighted the variability of disability support across institutions.

Implications

The findings indicate that educational inclusion for adults with physical disabilities is shaped by the interaction between people, environments and institutional systems, rather than policy frameworks on their own. Although disability policies, accessibility services and support roles were present across most settings, participants emphasised that their effectiveness depended on how they were enacted in practice.

In many cases, positive community attitudes helped offset gaps in infrastructure and formal systems. Inclusive experiences were often linked to the efforts of individual

lecturers, peers and support staff, as opposed to consistent or well-embedded organisational processes. Findings from the LEAP indicated that inaccessible environments tended to increase reliance on informal assistance, which reduced independence and created additional barriers to participation. This suggests that educational inclusion remains highly variable, with the ability to participate equally being dependent on who a student encounters rather than by consistently implemented institutional practices.

Experiences with Disability Liaison Officers also highlight the limits of formal support structures. When institutional constraints limited their capacity, exclusion was experienced despite the presence of formal assistance mechanisms. This suggests that measuring compliance with disability policy alone may overestimate the accessibility of educational environments if implementation is not also examined.

Across the three themes, independence was identified as an important element of inclusion. We heard that inaccessible environments often create increased reliance on others, reducing autonomy and limiting equal participation. This indicates that accessibility should be understood not only as physical access but also as the extent to which environments enable people with physical disabilities to participate independently.

Rather than treating policy or institutional provisions in isolation, our conversations with our LEAP showed how day-to-day interactions, physical environments and support arrangements combine to shape experiences of participation, belonging and access. These findings demonstrate the value of collecting evidence across people's everyday experiences rather than focusing solely on disability specific services or existing systems or processes, as this can reveal gaps between policy intent and implementation that are not always visible in compliance-based or process focused evaluations.

Findings

A thematic analysis of the education discussion from the LEAP session held in May 2026 identified three interconnected themes that shaped participants' experiences of inclusion within tertiary education: community attitudes, infrastructure and institutional systems. Participants consistently described experiencing inclusion as the cumulative outcome of everyday interactions with people, physical environments and support systems. This research demonstrates that assessing inclusion through lived experience can reveal gaps between policy intent and implementation that are not always visible in system focused evaluations.

Conclusion

The findings indicate that educational inclusion for adults with physical disabilities is shaped by the interaction between people, environments and institutional systems, rather than policy frameworks on their own and that inclusion depends on the interaction between these elements. Examining lived experience across key life domains can illustrate how day-to-day interactions, physical environments and support arrangements combine to shape experiences of inclusion, belonging and access. Interim analysis indicates that a lived experience approach may expose implementation gaps that policy analysis alone may miss. Future analysis of employment, financial independence and other life stages will build a broader evidence base to inform PDCN's systemic advocacy and ensure PDCN’s work influencing disability reform reflects the realities of living with physical disabilities.