

Striving for fairness: The challenge of meeting special needs and requirements and the minimum standard no.10

Florian Nimmrichter, ÖSD, Austria

Workshop Agenda

1. Language and terminology
2. Issues and Questions
3. Survey

Language and terminology

The language we use influences how we think of people and situations...

■ Medical Model

Using the language of the Medical Model encourages us to see disability as a 'problem' that should be dealt with by the disabled person.

In 1980, the World Health Organization (WHO) introduced a framework for working with disability, publishing the "International Classification of Impairments, Disabilities and Handicaps." The framework proposed to approach disability by using the terms Impairment, Handicap and Disability.

- Impairment = a loss or abnormality of physical bodily structure or function, of logic-psychic origin, or physiological or anatomical origin
- Disability = any limitation or function loss deriving from impairment that prevents the performance of an activity in the time lapse considered normal for a human being
- Handicap = the disadvantaged condition deriving from impairment or disability limiting a person performing a role considered normal in respect of age, sex and social and cultural factors

Language and terminology

- **Social Model**

The Social Model uses language that celebrates diversity and emphasizes independence, choice, empowerment and rights. It identifies systemic barriers, negative attitudes and exclusion by society (purposely or inadvertently) that mean society is the main contributory factor in disabling people. While physical, sensory, intellectual, or psychological variations may cause individual functional limitation or impairments, these do not have to lead to disability unless society fails to take account of and include people regardless of their individual differences.

Language and terminology

- **The biopsychosocial model**

The International Classification of Functioning, Disability and Health (ICF), published in 2001, defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (such as cerebral palsy, Down syndrome and depression) and personal and environmental factors (such as negative attitudes, inaccessible transportation and public buildings, and limited social supports).

The altered language and words used show a marked change in emphasis from talking in terms of disease or impairment to talking in terms of levels of health and functioning. It takes into account the **social aspects of disability** and does not see disability only as a 'medical' or 'biological' dysfunction. That change is consistent with widespread acceptance of the social model of disability.

Language and terminology

■ People First Language

Describe what a person **has**, not what a person **is**.

People First Language puts the person before the disability:

- “people with disabilities” instead of “disabled”
- “she uses a wheelchair” instead of “she’s wheelchair bound”

Issues and Questions

- The medical perspective: recommendations for modifications or accommodations – medical report comprehensive without expert translation
- The candidate perspective: needs are individual and not transferable, personal experience of the disability
- Guidelines for providing accommodations

Issues and Questions

- Do the accommodations really meet the needs of the candidate?
- Do accommodations enable the candidate to show her/his real competence without biases provoked by her/his impairment?
- Do we still measure the intended construct?

Survey

The survey was carried out in 2015 following the first meeting of the SRC SIG at the ALTE meeting in London, November 2014.

We wanted to know how our ALTE members dealt with the minimum standard no. 10:

- *The examination system provides support for candidates with special needs.*

The Code of Practice elaborates under the heading *Striving for Fairness*:

- *When feasible, make appropriately modified forms of examinations or administration procedures available for candidates with handicapping conditions.*

Survey

There are three questions following the MS 10:

- What are the procedures for dealing with candidates who have special requirements?
- What provisions is made for issues arising on or around the exam day?
- How are candidates and centres informed about their special needs provision and procedures?

Survey

1. What are the procedures for dealing with candidates who have special requirements?
 - 1.1 What are recognized special needs?
 - 1.2 What is the policy on accepted evidence?
 - 1.3 Who makes the decision?
 - 1.4 What resources are available?
 - 1.5 What special accommodations are provided?

Survey

2. What provisions is made for issues arising on or around the exam day?

Survey

3. How are candidates and centres informed about their special needs provision and procedures?