DARREN BRITTEN: Good morning, good afternoon all, hello and kiora if you are joining us from across the ditch. Thank you for joining us today for the second session in our ADCET webinar on Data in Disability Services in Higher Education. My name is Darren Britten, I'm the National Assistive Technology Project Officer with the National Disability Coordination Officer Program and part of the Australian Disability Clearinghouse on Education and Training, that is ADCET for short.

This webinar is being captioned by Michelle from Bradley Reporting, and to activate the captions click on the cc button on the tool bar that’s located on either the top or the bottom of your screen. We also have live captions available via your browser and Jane will add a link to that into your chat if that’s your preferred method. I’d like to acknowledge that I'm joining you from the unceded lands of the Wurundjeri people of the Kulin nation in Melbourne, Victoria and I pay my respects to their elders past, present and emerging, and I extend that respect to all Aboriginal and Torres Strait Islander people here today and acknowledge their ongoing connection to country, land and sea. I would also encourage anybody else who would like to share any acknowledgements they may have from the lands they’re on in the chat windows with others.

Before we begin, just a few minor housekeeping things. This webinar is being recorded and the recording will be made available on the ADCET website in the coming days. Throughout the presentation, feel free to use the chat box with us and each other and please remember to choose everybody so we can all read what you have to say. If you have a question you would like to ask any of our presenters today, please use the Q&A box and we will get to the questions towards the ends of the webinar. If you are having technical difficulties today, please email admin@adcet.edu.au and we will try and resolve them for you. Okay, last week, this is part two of a two session webinar. Last week in session one, Understanding the Data, Dr Kelly George and Merrin McCracken from Deakin University, previously from Deakin, looked at the publically available data sets and reports that are available, what they measure, how they're collected and how you can work with the data. The recording of that session is available on the ADCET website currently. In today's session Kelly and Merrin are joined by special guest star, Steve Morgan, the senior service co‑ordinator for access and inclusion at Deakin University and they'll be delving deeper into the data and explore some examples on how the data has been utilised for strategic planning, service and course planning and other outcomes.

So welcome to session two Data in Disability Services and Higher Education using the data or as I will call it episode two, the data strikes back. Thank you for joining us for this session and I'll hand over to you, Merrin.

MERRIN MCCRACKEN: Thank you, Darren. Hello everybody. We are joining you from the lands of the Wadawurrung people of the Kulin nation, and we pay our greatest respects to their elders past and present. A few things by way of introduction. It is great to have Steve here who, along with Nick, leads the team here at Deakin now. And I just want to apologise that we are drawing on Deakin experiences today. I had been hoping to get in touch with some people across the sector. Unfortunately, some behind the scenes things at my end stopped me from doing that, but I think today is the start of an opportunity for us to be sharing our experiences, so I very much encourage, both during this webinar and perhaps in the questions afterwards, but certainly after this I think we are going to really look at different ways that we can be sharing all of our experiences across the sector.

Today it's going to be mostly me and Steve speaking, and Kel is going to be here for – we will ask her questions from time to time and will certainly be here at the end, but she's about to disappear and drive the slides for us, so thank you, Kel. Again, we are going to be focussing on higher ed data and I'd love us to identify any issues and opportunities for further work as a sector.

There are lots of graphs and spreadsheets in this presentation and we will do our best to describe these as we go. We have added text but it's not perfect in terms of accessibility, and any of us are available after this or to add more detail if anyone would like it. What we are going to cover is sort of some case studies of examples of things that have worked and not worked and that are still growing, and those sorts of things here at Deakin. I know there are many more examples out there. Hopefully these are tasters and will prompt your thinking about things as well to share. So we are going to have a look at longitudinal data, and a few examples of how we use that, using the service data for service improvement, and Steve will take us through some terrific work that you are doing there, Steve, and bit of a snapshot of one area where we inform strategy, the mental health strategy here at Deakin, and some data that Kel dove into - dived into, dived into, and touching on working with researchers. And I did want to just reiterate these are a couple of points we made last time. So why use our data? We use it to assist us to meet our obligations to inform policy, to identify priorities for action and further research, to evaluate our work, to hold people in areas to account and to provide feedback, and when you start with good data, when it's collected consistently, it's big enough data set for the purpose, it's looked at in context, we scrutinize and challenge it, and we don't use it all on its own to purely draw conclusions, and we will see a couple of examples of this today.

So the first bit is looking at increases over time, and these are shots from the National Centre for Student Equity and Higher Ed, the NCSEHE national data set, and they're really fun. If you haven't used this tool, it's really fun because you can play with all sorts of permutations and combinations, but this one is looking at the increase in participation of students with disability by each state over a time series of 2013 to 2019. We can see the significant increases in particularly New South Wales, Victoria, Queensland. The other states are smaller but there are still increases all the way there, but you can look at it through the lens of states or your own institution or the different institution types. You can also have a look at it comparing equity groups.

So this next slide was one that's on the data that actually is comparing all the different equity groups that we collect, and we can see that it starts at the bottom with the information about the numbers of students over that time period from 2013 to 2019 of remote students, then indigenous students, are the next most popular group, then we have students from non‑English speaking backgrounds. I looked at that and I was really interested that curve was going down in 2018 and 2019, imagine what it did in 2020 and ’21. Unfortunately NCSEHE haven't updated the 2020 and 2021 data yet but I think we will see that coming soon. The next group is remote students, and we see quite an increase there, then low SES. I missed disability, sorry. The next one is disability and we see quite an increase there, probably a higher increase than we see in any of the other groups. Then low SES, women in non-traditional areas and regional to finish it off.

Then I took a little sneaky look at one particular institution and that would be Deakin, and looked at what was happening there with the equity groups and really to point out here, you can see this really steep growth in the numbers of students with disability from just under 2,000 in 2013 to around three and a half in 2019, and I compared that with low SES which started at around four and a half, and is at about five and a half in 2019, so those two lines are coming closer together. I'm not working at Deakin anymore but I did think these are the sorts of conversations or the sort of information that's really useful if you are talking about things like, for example, HEPPP funding, where we know that our HEPPP funding that each of our unis gets is so much higher than our disability support funding, yet those numbers of students are getting closer together so I thought that was pretty interesting.

This next graph is one that's very familiar to Steve and to Kelly and to me. We have been working on this sort of increase over time graph for quite a lot of years. It shows the relative percentage increases of all domestic students compared to students with disability from the higher ed statistics, and students who are registered with our service. So we see that all domestic students has grown over the five-year period from 2016 to 2021 by 19.4 percent, so there's obviously increases and quite significant increases in the numbers of students. Then we look at students with disability, and I'm assuming, Kelly, these are directly from the higher ed statistics?

KELLY GEORGE: They might be our internal statistics.

MERRIN: Our internal but are what feeds into those higher ed stats. So the increase there over the five-year period was 93 percent and then 104 percent into this year. And the percentage increase of students registered with the DRC was at 112 percent in 2021 and up to 120 in 2022. So they're quite stark graphs to look at and demonstrate the increase in the numbers of students that we are working with and you can combine this with a whole bunch of other things like the numbers of staffing and all of those sorts of things, and I guess that we have used this information often in telling the story, and arguing, sometimes successfully, sometimes not, for increases in staff. I guess the other thing that it does when we look at it is say something has got to change. It just can't keep going this way, we have to really be looking at how we address these increases in different ways.

And another example of increases over time is a bar graph here that's showing the increases in the number of access plans sent out over the past few years to the different – well, access plans for each student to each unit of study they're in, and so, for example, we can see that in 2019, the first trimester, so the blue lines on the graph, 3,329 access plans were sent out. In 2020, 4,605. In 2021, 6,490. I obviously got hold of this for this year, and this year 8,275. So, again, this is factually telling us what happened but it's really interesting to think about what's happening there, that there's obviously a huge increase in students. I think that we have been finding that students are actually studying more units, which is interesting in itself. It tells us the sort of impact of access plans arriving in the email box of unit chairs, the numbers that are happening there. And we've often also considered the numbers of opportunities to both - sometimes people will say you need to advertise the service a bit more, and we say, well, guess what, 8,275 ads went out in the first trimester this year. But also, you know, what might be the opportunities for disability awareness, or how do we consider that every one of those is an opportunity for unconscious bias, so interesting data that we can use in all sorts of different ways.

So that's the end of just looking at longitudinal data or increases over time, and I know there will be many other examples that you have used out there and we would love to hear of them. If you've got any questions, we will have hopefully significant amount of time for questions at the end, so if you have any about this type of data or comments of where you’ve used it really well, please pop them into the Q&A now.

Now we are going to move on to the next little section which is about informing strategy. So just picked ‑ these are a few slides from a presentation that we did last year around developing the mental health strategy here at Deakin. And again we've used that higher ed data to interpret what's happening for students with mental health. What was really available to us last year and hadn't been before was that mental health specified was now collected in those higher ed statistics. So for this analysis we looked at three different areas, so students who specified they had a mental health condition, and that included combining where they’d reported that on their enrolment details but also what information we could get from the database that's held by the DRC. There were some where it could include mental health so, for example, those who reported other prior to 2020. It’s probably not big numbers in that category and we won't look at that in a big way.

There were also those students who had a disability who did not include mental health either through ticking the box at enrolment and also from the information from the DRC. I hope that all makes sense and maybe it will make more sense as we look at some of the slides that we looked at.

So the first one we looked at was access. So, again, you will remember from last week we looked at the access participation, retention and success. We hadn't done this before, we hadn't looked at these different factors through the lens of mental health as distinct from other disabilities, and we did it this time particularly around the mental health strategy. So here we can see that all students with disability from 2018 to the start of ’21, we've seen an increase of 8.9 percent to 13.5 percent over that time period. For mental health specified, we’d seen this enormous growth and I think in this instance, in 2018, we can add mental health specified and could be mental health together, but from 1.8 percent to 7.8 percent. Interestingly, in those last two years, 2020 and 2021, where students were able to select or choose to identify mental health, they were doing that and we were seeing those numbers in that, and that will be, I'm sure, the same for your institutions as well. Mental health not included went from 4.3 percent to 4.9 percent, so it really shows us that growth in numbers was happening in that mental health area. Kel, is there anything I've missed there?

KELLY: No, that's covered it pretty well.

MERRIN: Cool, thank you. So we looked at access. We did look at a bunch of other things as well. The next one is retention. I won’t spend a lot of time on this one, suffice to say that I think that what we see here is that there is not a big difference for students with mental health specified, and, in fact, their retention is pretty good, and to me, that message says that uni is really important for students with disabilities and students with mental health conditions.

The next one we will look at it success, and this was one that was a bit of a surprise when we broke it down. So we've always known that success rates represent that overall students with disability have a lower success rate than students with no reported disability. Look who it is. So when we look at that success rates for all students, 84.8 percent – I’m starting at the bottom here - students with no disability, 85.6. Students with disability with mental health not included, 84.2. Not a huge difference there. Students with mental health specified, 76.3 or 78.1 so that's where those figures are making a difference, and that was really interesting. And the point that we made in the mental health strategy was not that students with mental health conditions weren't successful – gosh, look at it, they are - but there’s clearly more that we can do here to understand what's happening for those students and how we might improve those success rates and set some targets and interesting to see how it was much less of an issue for students with disability who didn't have mental health included. And we hadn't seen that before. In some ways it's sort of obvious but in others it was really interesting to see that.

So in the presentation we continued and we looked at quite a few other areas and just a couple more we’ve picked out here. So you will remember from last week, the students experience survey from the QILT, the Quality Indicators for Learning and Teaching. This is one of those scales out of the QILT student experience survey, and it's the learner engagement scale. Again, this one is really interesting to see how students with disability without mental health included are really tracking at a similar level to students with no disability. But those who had mental health specified were really tracking quite a way below. And we felt that was really interesting, and certainly there was a big drop for all students in 2020 as study went online.

Then Kel did the results again for this year. And guess what? There was this huge bounce back for students with mental health included, like a bigger bounce back than the other two areas. So it’s just an example of how important it is to really scrutinize and understand data, and that's not telling us anything other than there was a big bounce back in the feeling of being engaged. So what would that be? Is it they've adjusted to online environments better than others, or what is it? We need to ask more. And I guess that that's one of the comments I know and we will talk about this in a minute. Last week was around how vital it is to have qualitative data as well as just quantitative data to tell us the stories, but I use that as an example of data can blow your mind a little bit.

Another couple of quick ones, and we will whiz through these. So again, another area in the student experience survey is considering leaving study and we see that students with reported mental health concerns were more likely to have considered leaving than students with other disability types, and then the next one, Kel, is showing this big gap of 80 percent of students with mental health concerns who considered leaving study indicated that it was due to health or stress reasons, so a big difference than students without a reported disability. Again, all of this is just the data but what can we do about that if we are developing a mental health strategy, what are the targets, the strategies, so where we might talk to different areas of the university about what we might do to assist in those areas.

And lastly, just to pick up on the need for qualitative data, this little cartoon, it shows the poor little guy carrying his big past trauma and piling on bad news and pandemics and stress, and it's gone on and on, and it all falls in a heap. And as part of our presentation or discussion around the mental health strategy, we actually drew on the voices of students with disability telling us about what those minor inconveniences were, and these came from students involved in a research project, the students helping students project about their experience, so the minor inconvenience, I just need a few more days, my unit chair said they’d be happy for me to have it but I have to apply for special consideration. I feel as though asking for an extension will be viewed negatively. I can't get in to see my doctor/psychologist to apply for special consideration. Don't you have my documentation? My lap top is not working and I can't get into campus to use the computers there, is there anything I can borrow? My doctor said moderate effect my condition because I'm not hospitalised, which he said would be severe, and my special consideration was knocked back. My exam was supposed to be open later as my medication makes it hard for me to concentrate in the morning but it wasn’t there and I didn’t know what I had to do and now I need to wait for the supp exam period. I rely on Centrelink and I know I shouldn’t be studying full time but I have three kids, and so on. So just, I guess, to make the point that of course the quantitative data is really useful and I think the most - what it does is help us with where do we want to dive in more and get those students’ stories and hear more about the qualitative data.

Now I'm going to hand over to you, Steve, now. Just, again, if anyone has got any thoughts or strategies that they've used, have a think about that, share it today or in the future, handing over to you now, Steve, just to talk about the other area of data that we talked about was service data, and the data that we collect as services, and Deakin is using Service Now as their data collection point and there's lots of good stuff that's been happening in that area.

STEVE MORGAN: There is, and I must say it's lovely to sit next to you, getting me all nostalgic here for a moment, but I'll push on regardless. Yes, as Merrin said, we have, I guess, a lucky position here at Deakin where our service database, Service Now, is integrated with our student management systems, so we have a lot of information flow from our student management system into our database, which can be really useful. And in addition to that, we have basically anything that is put into our database, whether it's case notes, whether it’s adjustments, whether it’s student information, can be reported on. So, really, at the moment I feel like we've had this database for maybe three or four years now, but we are really only scratching the surface in regards to utilising some of the information that can be pulled out of it. So I've got a slide up there that indicates and shows a dashboard. So this is a dashboard that's really useful for particularly our service co‑ordinators which gives a really brief snapshot of where things are on that given day. So I'll draw your attention to the - perhaps let's start with the bottom left. So that gives us a bar graph.

MERRIN: These are really hard to see that we will have a go at describing that.

STEVE: Yes, so it really informs, I guess, some of the service modifications or improvements that we can do. So we were finding in the bottom left there’s a bar graph that indicates supporting documentation, so a very high graph of supporting documentation provided, and much smaller numbers in green of pending, or outstanding in yellow, or not required. So we were finding that more and more students were coming to our service without supporting documentation which sort of elongates the whole process a little bit, so as a response to that we’ve put in place some slight modifications in that there is more contact with the student prior to the appointment to encourage them to provide that documentation and that's what's lifted that number up to a really high level.

Now, students can still engage at a first point with us without that documentation and have a conversation and then provide it at a later time, but we found for timeliness of implementing those adjustments it's made a big difference. So there’s other panels within that dashboard that show - - -

MERRIN: Can I just say on that one, if you click on the lower one that says “pending”, it actually goes to the list of those students, doesn’t it.

STEVE: Yeah, it does.

MERRIN: So you can actually actively follow them up.

STEVE: That’s right. So anything that shows up on a dashboard such as this can be clicked on and the list shows up. So, for instance, there's a numeral in the bottom right‑hand corner that says 73 for students that require ASW supports - that's our notetaking support - and that's something we've really worked on with building student independence to bring that number down through use of assistive technology. And we can quickly click on any of those panels and it opens up to the students that are receiving that sort of support.

We might move on to the next one. So this one is really, again, another opportunity to have a snapshot of where we are as a service and make some modifications or improvements accordingly. So in the bottom left again it's a breakdown on case notes, so a disability liaison officer will put in case notes at the end of a correspondence or interaction with a student, and then we can, I guess, monitor those throughout the month or year, even a week, and see where things are with our service. So you can see there in the left‑hand side of that bar graph that our highest interactions with students obviously is email interaction. So a response to that has been, in trimester three of this year, to pilot a live chat service. So rather than awaiting an email, we know students get so many emails and a conversation, a loop may not be closed for quite some time, we are going to trial a live chat so the students can engage in our service in a slightly different way and hopefully get them the information. And while we've got them on the live chat, be able to communicate in that way, and then progress to an appointment if we need to and provide them with a transcript of that chat afterwards.

MERRIN: I love this one. The other thing about the email is it's not just emails with students, it's emails with and on behalf of students. So it gives a really – I mean, it’s still not complete and it certainly doesn't measure time, but it really does give an idea of how many contacts there are in relation to every student and you could, in fact, break that down by students who have heaps of contacts compared to those who have smaller numbers and all of those sorts of things which if we had the time ‑ - -

STEVE: Absolutely, and when it comes to those conversations around staffing, as we know, you can look at the number of students engaged with your service and the number of appointments that DLOs are providing those students, but there is a whole bunch more work that our DLOs do, both with the student and with other areas of the university. So to be able to show that alongside the student growth has been really useful in those discussions around the university.

We might move on there. This one shows another snapshot of access plans sent out to unit chairs broken down by faculty, and then overall over the last couple of years. So very similar to the slide that Merrin showed before. We’ve experienced a significant increase, over 100 percent over the last couple of years, in numbers of plans being sent out to unit chairs, which we hear about quite often from unit chairs, it’s about how do I manage this volume of plans. And to me, this sort of dashboard or reporting capability really allows really good conversations with the faculties about, okay, we are hearing from academics they're receiving an unsustainable increase in access plans. What's happening in course design, assessment design, the way there is inclusive practices within your faculty and your course, and your units within those courses that perhaps allow for students to manage independently. And when working with those Associate Deans and heads of schools and course directors, they like to see this sort of stuff to say, yes, this is unsustainable, what are we doing to think about it in a different way, and that's been really useful.

MERRIN: When they reviewed their arts course, got this sort of information and used it and, in fact, got the further breakdown of what are the really common adjustments that students have, and so on. At the time we thought gee, that would be good if it was part of every course review, but I'm not sure that it is.

STEVE: Look, we're in the position where we can go and engage and speak to course directors or unit chair academics around the place, and in preparation of in doing so we can pull the information from their specific area of courses or study or units and really give them a bit of an overview of where things are for their particular cohorts. So it's been really useful in that way. The other thing that's been – again, this is just a snapshot - but we can dive deeper down into certain areas, units, courses, the types of adjustments is that it allows for preplanning. So an example I'm thinking of is nursing placements and adjustments and how, because of the volumes of students but the nature of planning and placement, a lot of prework needs to go into it if there's an adjustment required. So providing that placement team a regular weekly report of any students enrolled in those placement units has allowed for the placement team and the student to start that conversation a lot earlier before it gets to a situation where they've been slotted into placement, they require adjustment, and it's too late to negotiate or figure anything out. It's been really good in that way with that proactive outreach to unit chairs.

The cons, in that instance is that word spreads quickly around how much detail we can provide to faculties, and we get requests for different things all of the time, and I think that sometimes there needs to be assurances that the information is going to be used in a proactive, supportive way rather than anything that might be restrictive or ‑ - -

MERRIN: And that not drawing conclusions just from the data.

STEVE: That's right. The assumptions that someone needs an adjustment on placement, they can't do whatever medicine or social work, whatever it might be, so it's double-edged sword and as long as it's viewed through that prism I think it can be really supportive for students but there is that concern from time to time.

This one is another aspect of our dashboard that's really useful for myself as a service co‑ordinator. What it shows is a bar graph that highlights the highest number of students that are enrolled into a unit of study that have an access plan. So we can see at the very top - I think it’s psychology research methods - for trimester 2 at Deakin University we had 93 students that were enrolled into that unit that had an access plan developed.

Now, this is really great in two ways, I think. One is that it allows us, at the very start of the trimester, to proactively engage the unit chairs and offer our support as a resource for those unit chairs that are receiving a lot of plans. So it's been quite good to work down that list and say, “We've noticed you've received quite a lot of access plans, let us know, open up that dialogue and communication with those academics”, and that's been well received from them as well.

The other thing that it does is it busts a few myths. Quite often we hear that I've got 200 or 300 access plans, or I've got 80 or 90 access plans, and when we actually look at it and dive down, there's far less. So it can seem like a lot because of the way those plans are disseminated to unit chairs and our academics, but sometimes it might be that you feel like you have 100 students with an access plan but it might only be 34. Then on top of that there might be only a very small number that might need some support with group work, so let's dive into that with the academic a bit more when you are having the conversation with them.

The final one from me is a dashboard again that's very bare in this instance, but it shows it's a DLO dashboard, so built for the day‑to‑day work of the disability liaison officer. And on the first row at the top it has the information, like the number of assigned students, blank disability type, so that's a prompt for a DLO to go in and fill in a bit of information if there's students that populate that list. Students that are in draft status, so these are the different status that we use, students in the red that are for review. So they've passed their review date and they're due to come in and have a conversation with the DLO. So that provides information at the start of the morning, start of the week for a DLO that they can click on to and work through if they so require.

On the next column there's information in graph form, and this is my dashboard, and as you can see I don't have a case load to speak of. So for a disability liaison officer, their graphs and information would be very full. But on the second column it says assign students by status, so active means they're actively enrolled and their plan is published, so it's out there and it's done. Draft status means it's still sitting there, something else needs to happen, they might need to provide supporting documentation, or a DLO might need to have one more conversation with an academic before putting it into active.

The other two there in the middle, accessibility materials past review, academic support workers past review, what that means for us is they’re students who are receiving either accessible materials or note-taking support, participation support. We prioritise those students to review them to ensure that they're still making use of the service, that there isn't an alternative with a technology or inclusive practice, and just to stay engaged that way. So that's useful as well. And then the final panel in that second row is the appointments of the week. So if I'm a DLO, I’ve come back in and on Monday morning I can quickly scan through and see my appointments.

The last one I will mention is down the bottom left. My recent contacts, that's a new panel we've had put in to play recently. What that does is if you've got a student that is assigned to your case load, for want of a better term, and you've been away or someone else has done something and case noted something regarding that student, it will show up on that list. So if I have been in Queensland for a week and I come back, after my holiday and I'm tanned and relaxed and I can see that a colleague has followed up on some of these student situations or issues, or a student that I usually see quite often has made an appointment with someone else and that will show up in that column. So in a team approach that's really useful information to have. And I think that's about it for me.

MERRIN: I'm anticipating many questions for you in the last section. So this is our last little bit. I won't take a lot of time with this, but really the other bit about data is that that we work in universities and we work with a lot of people who know a lot about research. And just in the last couple of years, we have worked a lot with CRADL, which is the Centre for Research in Assessment and Learning Design, I forget exactly. And we have worked quite a lot with them and they're actually really a terrific centre who influence inclusive practice and they do lots of work with our academics and we did this great work because we had this really chance conversation, it was a community of practice around inclusive ed, and I was there and Mary Jacobs was there and Joanna Thy, who is a terrific researcher in assessment and very interested in the areas of inclusion and disability.

And we were talking and she found out we have a big database full of information. Her eyes just lit up and she thought, gee, what potential this is for us to dive into many of the things we talked about today. And what we could also bring to the area was the value, the voices of students, and the voices of the teams that are working with students. And that evidence, and delivered by academics and the work that they did, is just really potent, I think, and takes our reach in different ways, and that sort of chance conversation has resulted in a number of internal and external presentations, publications and further work. So really great to look for those things. Probably the next one will cover it, actually. So I think that all we are wanting to say there – and, again, I think you guys will have lots of examples of where this has worked for you, but looking for those planned, and – well, unplanned but sometimes planned, sometimes it's useful to seek out, say, someone in education who is interested in inclusive practice or OTs who want to explore technology or might be able to add something to the service. They know stuff we don't, and heaps, and can teach us along the way. I have learnt heaps from academics and researchers that I've worked with.

We always think ethics can be a pain but it opens up opportunities. I know academic stuff, and I know about ethics processes too, but they can really help us to put ethics around work we do. So if we are doing improvement work and we have a connection with the researcher and we can get some ethics, it means we can do some work with focus groups, with students that can be publishable, or will allow us to tell stories in other conferences, or in all sorts of ways in that way, publishing, and all of those sorts of things. So I think, as a sector, we can do more in this except - we'll get to the last slide in a minute – if only we had time.

Getting consent right and the access to the database and all of those sorts of things is really important. And I think that there's more that we need to do here, and think about have we got the right consent from students, that obviously de-identified data from the database can be used in service improvement, or it is service improvement, is it our service improvement or is it something else, and I have to say, like what you were saying about the interest in – you know, when word got out about this database, we had many approaches that we didn't think were appropriate in terms of sharing the data from particular research projects, but there were a few that we did. You know, the experience of students with diabetes at university, for example, and, of course, we only ever advertise and students self-identify if they want to be involved in focus groups, and so on, but it has been really interesting to me – you know, I always thought, I don't want to be peppering students with these research opportunities, but it's surprising how many really enthusiastically take up those options.

And the value of academic sharing their knowledge in our area with their peers, and I think that's really so important and terrific. And last one, really just potential opportunities. So how might be share this sort of stuff more, might there be a stream at the next pathways about sharing data, or do we use our state and other networks to share experiences and explore ideas for working more together. I think this idea of I know we are already doing some benchmarking but it's hard for us to make the comparisons between our services, so can we dive into that and do that in more detail. And, yes, this all sounds really good but how the hell do we find the time. What else?

So over, I think, back to you, Darren, for questions and comments. We haven't seen any of the chat or anything along the way, so do let us know if there's been some questions coming our way, and Kel has jumped back in the panel for us.

DARREN: Excellent. Thank you, Merrin, Kelly and Steve for your presentation. Bit of a sneak peek behind the curtains at Deakin there as well, which I’m sure some people would love that, and some very practical examples of effectively using the data to assist in strategic planning and service delivery. You can’t be effective if you don’t know and track what you’re doing, so thank you very much for sharing that. There's a couple of questions come through in the Q&A and one of those is: is there a way to know from the existing data – I think this was early on in your presentation - what percentage is transitory or of longer duration? This is with the mental health. And also, can you get any information on the nature of MH condition, e.g. anxiety or depression, et cetera?

MERRIN: So that information we used in the mental health strategy was from the broader data sets. We can certainly get that if we use the information of students registered with the DRC. So, yes, it is possible to do that. Not for everybody who identifies as having a mental health condition, but for those who register with us for service we can.

DARREN: And Steve, you mentioned the live chat service that Deakin will be trialling. What platform is that? Can you give us a bit more information?

STEVE: I would if I could. I don't know, Darren, all I know is that it's going to get going shortly. It's going to be open to current students, whether they're engaged with DRC or not, visitors, academics, anyone. I can find out the platform but it's the same one that our prospective students area uses and our student central area uses, so sort of co‑sharing - - -

MERRIN: And is the portal in through the Service Now database?

STEVE: No, no, it’s separate. It will sit outside of that database, just on the public-facing web page and the student-facing web page. I can find out the platform and get back to you.

DARREN: Thank you for that. I have got a quick query here as well around, I suppose, the benchmarking that you spoke about at the end there, Merrin, at a national level, and trying to compare apples with apples when everywhere has a slightly different take and way and system of operating, et cetera, as to what’s there. What data, now that you've looked at a lot – and maybe this is a question for Kelly as well - what data would be really useful to collect, if we had that option to collect? What data would be good for national benchmarking?

MERRIN: I would start with one comment which is to say we actually - the closer we get to reporting through those higher ed statistics and those big national collections, that is all already a whole bunch of data there that we could use in ways that we probably haven't yet to do some benchmarking. So in that respect, in that higher ed data stuff, as we get better at - if we choose to get better at making sure that information about disability in that enrolment data is as up‑to‑date as it can be and/or that we are encouraging students to use the other big QILT surveys, there actually is already some stuff there that we can dive into. For example, that whole disability types across universities, I don't think that's available publically.

KELLY: It's a yes or no.

MERRIN: But in discussions with the department we could potentially start to explore the sort of results we looked at for students with mental health more across the whole sector rather than just at our own institutions. The planning units have that information, but the whole sector stuff isn’t. So that sort of stuff I think is good, but in terms of when we get to our own service delivery, Steve, have you got ideas on that?

STEVE: Yeah, I do. As you said, it's difficult to compare two services because there's so many variables outside of just the immediate that need to be considered. But one thing that seems to be current at the moment is how services are managing, say, complex cases, and what is actually complex about them? Is it the student presentation, is it the number of contacts, is it the environmental situation around digital accessibility, say? What's making that complexity, and then how is that determined and then worked on from there?

The other one that I would love - and I don't know the answer to this at all – but, I guess, drilling down on that next level of time spent. So I showed something there that showed the types of contacts that we had, or case notes, appointment, phone calls, emails. No two emails are the same. You might take an hour to write one, you might take much less to write another, so just then sort of somehow providing an insight into time spent for a DLO so that workplace planning and team planning can just even move to that next level but, again, I don't have the answer there.

MERRIN: Kel, any thoughts?

KELLY: I think you've covered it. I do know with the higher ed data you can, through your planning unit, get information that's more detailed. You can get for your students and potentially for benchmarking to look deeper into the question, but I guess always go to your planning unit because they can get you things that you didn't know that you could get.

DARREN: Good advice.

MERRIN: The other thing, I guess, is to say - and I think we've had, and they have been useful - the spreadsheets that we've had circulating that have been looking at collecting information, and the dilemma that they have is that we do - we're answering the question differently. So I actually do think there is potential for us to - and I guess that's why I said more detailed national benchmarking, of really forming the questions and potentially doing individual interviews with each area to try and make sure that we are making comparisons that can line up a little bit more by sort of having a team of people asking - and this is a research project that needs ethics and would be really good to do – but, you know, to see that we are actually being more accurate about what we are lining up.

DARREN: I'm conscious of the time. Very quickly, Steve, you were showing the graph where you could get the breakdown of action plans that are there, against the disciplines or units. Have you found getting that data has been useful in relieving a little bit of that stress load with some of the academics, you know, if they can see and they understand, “Oh, you are feeling that as much as we are and you are recognising that.”

STEVE: Yeah, it's been really good to sort of commiserate with workloads, I guess, but also to say, okay, what are we going to do about this?” You know, the advice that we are providing is often quite similar to academics around, you know, prioritising health, putting, you know, work load, study load manageable, all that sort of stuff, but still within those courses, those units, are we taking an inclusive approach so that they're supported and request for adjustments aren't as frequent.

DARREN: Excellent. Thank you. That's all we have time for with those questions, but thank you very much for your presentation. And just before we finish today, just a quick shoutout for two upcoming webinars on Wednesday, November the 2nd, on affirming LGBTIQA+ people with disability and on Wednesday, November the 9th on Scaffolding students to become independent learners and career ready graduates.

The webinars that ADCET delivers often come directly from suggestions and from feedback from practitioners across the sector, and it would be absolutely fabulous if you could take a quick minute to complete the short survey at the end of the session. We really do value your feedback and it helps us plan for future sessions.

Once again, thank you to Merrin, Kelly and Steve for the presentation and our live captioner, Michelle, from Bradley Reporting, and Jane for doing all the wrangling in the background to make this happen. Thank you, everybody, for participating today and enjoy the rest of your day.

MERRIN: Thanks heaps. Bye, everyone.