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Collaboration not Competition: The way ahead

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1. HISTORY

1.1 First Meeting

Our collaboration began in 1997 with an invitation from Grant Cleland and Catriona Cameron of Lincoln University to meet on Monday, 24 November in the Council Room at Lincoln University. Grant and Catriona invited Inclusive Education Coordinators, Coordinators of Students with Disabilities and Student Learning Centre staff from Canterbury University, Christchurch Polytechnic Institute of Technology (CPIT) and the Christchurch College of Education to this original meeting. This was prior to the appointment of a full-time Coordinator's position at the University of Canterbury.

This one-day meeting set the scene for the meetings to follow. The morning session dealt with inclusive education issues and each coordinator gave a run-down on the services provided for students with disabilities, injuries and illnesses.

2. KEY ISSUES IDENTIFIED

The key issues identified included:

2.1 Costs

The high cost of support needs was increasing across the institutions.

2.2 Obtaining funding:

By this time we knew that the Government was going to provide a Special Supplementary Grant to meet the needs to students with disabilities with high cost support needs. These funds were to be allocated on an EFTS (Equivalent Full Time Student) basis and the difficulties associated with this type of allocation were noted. The need to secure funding from outside agencies and the fact

that institutions needed to know the agencies who could fund, and what information they required was also discussed.

2.3   Ethics of equity

The question of *how should the funding allocation be distributed*? was raised. We also discussed the various methods of funding that had been put forward at the Gathering for Students with Disabilities and Coordinators held at Lincoln the previous August. At this gathering Vince Catherwood from the Ministry of Education had talked about the Tertiary Student with Disability Supplementary Grant (TSD SSG) and how it would be allocated. A strong case had been made for the funding to be allocated to the student who could then take the money to the institution of choice.

2.4   Interpreter Services

The lack of sufficient sign language interpreters to meet student needs was discussed.   The use of communicators was not recommended for tertiary education courses. We looked at collectively employing interpreters for the education sector but this was considered not to be feasible because of the "bunching" of peak demands, that is, wanting to use interpreters at the same time.

2.5   Trained Notetakers

We identified the need for notetakers to be trained. CPIT had organised formal training courses for their notetakers but other institutions had not.   Trained notetakers were paid more than untrained notetakers.

2.6   Reader/Writers

The need for trained reader/writers was also noted.

3. OUTCOMES

This meeting alerted us to the fact that we were all spending time, energy and money on developing the same appropriate resources for students with disabilities. We were all doing some kind of training for our notetakers and reader/writers. We were all taking time to find the best-priced but most efficient equipment to assist student and to source the best adaptive technology.

4. SHARING RESOURCES

The major outcome of the meeting was that we started to look at options where we could combine our efforts to reduce costs.   Proposed areas for sharing included:

- Organising twice yearly courses for notetakers from all four institutions
- Sign language courses – we were looking to extend training in this area to include at least one person from key departments within our institutions – e.g. registry, library, etc.
- Training for reader/writers.   The Learning Services Coordinator from CPIT offered to advise on training reader writers.

- Formal staff development sessions on students with disabilities/inclusive education issues using staff expertise from each of the different institutions.
- Equipment. We considered compiling a database of equipment, so that students could have access to expensive and under-used equipment at another institution.

5. WHERE TO FROM THERE?

We agreed to meet four times a year with the next meeting to be held in the first term of 1998 at the College of Education. By the time this meeting was held Shonagh had taken up the position of Inclusive Education Coordinator at CPIT and the University of Canterbury had advertised the Disabilities Coordinator job. Prior to this responsibility for students with disabilities at Canterbury had been a very small part of a senior Registry manager's job. The following meeting was held at CPIT and in then in 1999, when Gill was appointed, we began to meet regularly on a monthly basis.

We also agreed that we would contact each other whenever our institutions provided training that might be of interest to staff in other institutions. Late in 1998 Shonagh organised a notetakers training course and the other institutions were invited to send notetakers for training. This was the first time we actively shared resources.

This is the history of how we in Christchurch began our journey down the road of collaboration in search of 'best practice'

6. BEST PRACTICE

6.1 Best practice

Best practice is a concept that is considered a cornerstone of professional practice. Best practice can be seen in terms of a set of operational standards which exceed baseline standards. The setting of operational standards must firstly be underpinned by the philosophy of the individual professional or service provider and the concomitant values clarified. In the field of disability we have competing models of disability which include the medical, social, charity, and independence models of disability. Each of these models informs a particular style of working and associated best practice.

6.2 Why do we need to have a concept of best practice?

6.2.1. Best practice provides a measure by which we can evaluate our own practice, evaluate the performance of the disability support services we provide, and evaluate feedback from clients, other services, and the institutions we work in. It provides a measure of accountability to students, institutions and funding bodies.

6.2.2. Objective 3.8 of the *New Zealand Disability Strategy (2001)* specifically requires us to "Improve post-compulsory education options for disabled people, including: promoting best practice, providing career guidance, increasing lifelong opportunities for learning and better aligning financial support with educational opportunities".

How to determine what is best practice?

This is one of the challenges for us as service providers. How do we decide upon what constitutes best practice? Is it determined by:

- The majority of practitioners agreeing on what constitutes best practice?
- A set of service specifications established by a professional or funding body?
- As an outcome of educational achievement surveys?
- ? Other

6.3   What are the key elements of best practice?

I would suggest that there are three key elements that constitute best practice:

- Establishment of a set of operational standards for all service providers
- Monitoring of standards
- Provision of opportunities for professional development , making use of the best in current knowledge, skills, technology

6.4   How can best practice be established?

As Disability Coordinators we are only just starting to develop and explore the range of possibilities for best practice for Disability Support Services in tertiary education in New Zealand. Nationally there has been a period of rapid development in disability support services in tertiary education with the provision of the TSD Special Supplementary Grant in 1998 with the expansion of existing services and the establishment of new disability support services in institutions that had not previously had them.

Now we are moving into a new and exciting era of maturity of service development - with many, if not most, tertiary institutions now having a Disability Support Service, and there is a growing number of Coordinators and other Disability Support Staff who have been working in the field for some years and having amassed considerable experience in supporting students with disabilities in tertiary education.

The establishment of a Code of Practice is the first stage in this process of service development. But a Code of Practice by itself is not enough in achieving, maintaining and monitoring best practice. What else is needed?

As with competing models of disability, there are competing models of service provision and, thankfully, we are emerging out of the competitive model into a collaborative one. In Christchurch we believe that we have established a collaborative model that promotes good practice and our aim is to continue to develop our collaborative approach so that we go from good practice to best practice .

Isabel has provided us with the historical background as to how things came about, a process that has evolved rather than been planned. Some of the important elements mentioned above that underpin our implementation of best practice are as follows:

- Collegiality – reducing isolation and providing professional and personal support
- Good communication – by email, in person, by phone

- Sharing of information
- Professional development - in the form of peer supervision with activities such as the monitoring of each other's practice through problem-solving, debriefing, case presentation and analysis,
- Openness – essential in the development of trust between colleagues
- Preserving collective knowledge and experience – as people move on their knowledge and experience does not disappear with them.

We will now go on to describe in more detail the model of collaborative working that we have established in Christchurch.

7. PUTTING INTO PRACTICE

- Our format for putting collaboration into practice has included:
- Regular meetings, usually monthly
- Meet at each other's institution.
- Agenda items set and discussed
- Useful information provided and shared
- We have also had regional meetings

8. BENEFITS

There have been various benefits from this for all our institutions…

8.1 Training:

- Joint Notetaker training - provided by University and CPIT
- Computer systems for students with visual impairments
- Peer Supervision has also provided informal training opportunities.

8.2 Lobbying:

- Joint meetings with Workbridge and ACC to discuss our relationship
- Two members on ACHIEVE Executive Committee means that other Coordinators are kept up to date.

8.3 Peer Supervision:

- MOE objectives and reports compared
- Shared ways that we collect data
- Problem solving issues (e.g. Strategies for working with students who have mental illness, support for Deaf students).
- The Boundaries of Advocacy: When and how to get involved with students.
- Discussion regarding employing Sign Language Interpreters
- Issues such as disclosure and confidentiality.
- How student groups were set up.

8.4 Collaborative Projects:

- Share reader/writers for exams and notetakers for lectures.
- Tried to have a regional student group (didn't work)

8.5 Sharing of Systems/Resources:

- Experiences with equipment and technology-what works well and what doesn't (e.g. Difficulties with workstations, computers).
- Shared use of facilities (e.g. Student uses copy centre at one place, which charges the other, making it easier for the students).
- Meeting at each other's institution means that we get to see how other places have been set up (e.g. Looked at door openers, height-adjustable desks, and software in use, exam systems).
- Sharing marketing and communication strategies that work with teaching staff and students (e.g. Lecturer contact letter, student contact letter, student email list, student registration forms).
- Sharing costs between institutions (e.g.. Notetaker provided by the College of Education, table provided by Canterbury University).

9. FUTURE DIRECTIONS

Isabel has discussed the beginnings of our collaboration. Gill has discussed the concept and elements of best practice and Grant has summarised how we have put the principle of best practice to use by working collaboratively. What shape will our collaboration take in the future?

Some possibilities for future directions include:

- The setting up of an equipment database and the sharing of equipment, particularly expensive equipment.
- The joint development of disability-awareness training package. This would target academic and front-line staff working in our respective tertiary institutions.
- The continuation of shared notetaker training with the possible addition of exam reader/writer training.
- Shared promotion/marketing. The four coordinators have discussed visiting schools as a group to promote tertiary education as an option for disabled students. We have also discussed a combined advertising campaign to include perhaps a half-page advertisement and articles with student success stories.
- The employment of an educational sign language interpreter(s) to work across the four institutions. A notetaker has already been employed in a similar way. The notetaker was originally employed to notetake for a student at CPIT. When the student left this course and enrolled at the University of Canterbury, the notetaker moved with her and continued as her notetaker.
- Shared web resources and links
- Investigation of assessment and support for students with specific learning disability.

10. REFERENCE

Ministry of Health (2001). *The New Zealand Disability Strategy: Making a World of Difference Whakanui Oranga.* Ministry of Health , Wellington, New Zealand.