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DOING IT THE HARD WAY:

A walking disabled student's experiences and reflections on coping with university without disability assistance.

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ABSTRACT:

This paper is presented by me, Julie-Ann Allen. I wrote it about myself and my experiences at Curtin University in my first two years of attendance. During this time, I did not ask for disability assistance. In this paper, I introduce myself, and explain my disorders, why I did not ask for assistance, and what eventually led me to ask. I also relate some key experiences, some of them are quite humorous. I then raise some of the issues and implications I believe relevant to my situation, and to the situation of other students who may have a mobility problem.

DOING IT THE HARD WAY: A WALKING DISABLED STUDENT'S EXPERIENCES AND REFLECTIONS ON COPING WITH UNIVERSITY WITHOUT DISABILITY ASSISTANCE.

Hi. My name is Julie-Ann Allen, and I am here, basically, to tell you my story. I am 29 years old, and I am currently a Nursing student at Curtin University. I wanted to study Nursing at Curtin (or W.A.I.T., as it was known then) when I left school after my TEE. Unfortunately, we lived in the country then, and with four kids, my family basically couldn't afford to send me to university. So, I tried a few different jobs, and then finally settled down to a career in a bank.

How I fell into Nursing is actually a funny story. I wanted to be an engineer. Artificial life, robots and computer systems fascinated me. So I packed up my resume, Adult Admission Test results and other things, and I went with my mother to Curtin one day, so I could ask about the courses. Being of a practical mind, I decided to ask the people in the Engineering School "what exactly does an engineer do?" No one could tell me. This actually put me off a bit.

My mother is also studying Nursing at Curtin. She had to go and visit the Nursing School for something, so I went too. Out of blind curiosity, and with Mum's encouragement, I gave the lady at the desk my bundle of information. They accepted me as a student right then and there. I was, to put it mildly, flabbergasted.

The bank let me go part time, but my illness was making life a bit hard for me then. So, I left that bank after nine years. I used to hang onto that job like a drowning man to a stick. Now I think the only thing I miss is the money.

The disability I have is actually the sum of a couple of disorders. My main problem is autoimmune arthritis, which most likely is Systemic Lupus Erythmatosis (SLE). This is causing a problem known as fibromyalgia. Not many people have heard of fibromyalgia, and quite frankly, some doctors flat out believe that it doesn't exist. I once had a doctor tell me that I didn't have a specified disorder, I was just too overweight, lonely because I didn't have a boyfriend, and depressed because I had to live with my mother. She tried to put me on Prozac.

SLE is a chronic inflammatory disease that can strike any part of the body. It is a varied disease, with groups of symptoms that can range from a rash and kidney disease, fatigue and arthritis, to seizures and dementia. To be diagnosed, there is a list of eleven criteria, of which a patient usually has to have four or more. SLE used to be considered fatal. Now, most sufferers, with careful management, can live normal, long lives.

Fibromyalgia is a debilitating condition for me. It involves all consuming fatigue and pain. There are also other "interesting" symptoms, such as an irritable bowel like syndrome, transient numbness in certain body areas, and tenderpoints.

I also get labyrinthitis, which is a problem with your balancing system. It basically means that I walk around for a week every couple of months, feeling constantly nauseous and hanging onto walls. Often, I end up in bed for the whole week, at doctor's orders. Being in bed for a whole week can drive me crazy!

The first problem I had with my disorder is that I kept getting diagnosed and then undiagnosed. I quite literally had to threaten to harm myself before anyone would listen to my complaints and do any tests. Even then, it has taken the medical fraternity over two years to decide what exactly is the problem with me. I have seen three GP's, two Immunologists, one Orthopaedic specialist, one Pain Management specialist and numerous physiotherapists.

The second problem I have with my disorder is that I have no positive outward signs. A neon sign saying "Lupus sufferer" does not pop out of the top of my head. The parts of me that are hurting for that day do not glow bright red. This has interesting consequences, which I will go into later.

The third and most overwhelming problem I have with my disorders is the life changes that it made to me. As I am sure any person who develops a disability can tell you, the limitations and changes made to the way you like to live your life are terrible. I can't get through the day without an afternoon nap any more. I can't run up two flights of stairs like I used to. My Great Dane dog now walks me. It used to be the other way around.

I cope with these changes in a number of ways. At university, my friends are always amazed at the routes I take to get from A to B. Some of my routes go through some fairly amazing places. This is because I will walk a mile to avoid a flight of steps on the bad days. Ramps are good, I keep telling my friends.

Another thing that I am famous for is persuasion. I will beg people to take books back to the library for me. I photocopy everyone else's notes, especially when I have been away for a week.

There are a couple of reasons why I managed to get through two years of university life without disability assistance. The first was that I kept telling myself that I was not disabled. I was merely ill, and that there are others worse off than me, and that I should be grateful for the things I had. My doctor also strengthened these beliefs. When I asked her for a disabled parking permit, she told me I was not disabled enough, even though I am permanently stiff from the waist down. When I asked her about the disability pension, she told me to be happy with Austudy. Consequently, I have changed doctors, and now I have my permit and my pension.

The second reason why I did not ask for assistance was lack of awareness. The only thing I had seen was on the enrolment form. There is a little box that asks if you need assistance. On the first form, I ticked "no". Then, on the next, I ticked "yes", and got all these pamphlets that I didn't read, but no followup.

I finally asked for assistance when a friend of mine showed me the Equity Room on the entrance level at the main library on Curtin's Bentley campus. My friend had a back problem, and told me of all the help she received. It was at her encouragement that I went to see the Disability Services Officer. Word of mouth was much more valuable than any pamphlet, to me.

My disorders have made my experience of university colourful, if nothing else. I'd like to share some of the things that have happened to me:

With SLE, my immunity is very low. Consequently, each time I get a cold, I end up with "viral trigger cough". I cough constantly. When I cough too much, the doctor sometime prescribes me codeine linctus, which is a very good cough suppressant. When I am ill, my pain levels go up quite a bit. So, before I went to my end of semester practical exam, I took a dose of linctus. I also took some panadeine forte, which is a very strong painkiller. Unfortunately, I forgot that panadeine forte also has codeine in it. Consequently, I was high as a kite. An obvious end to this story is that I failed the practical exam. The miracle was, only by a little bit. When I got my marks back, I was devastated. I rang and wrote to the unit controller, explaining to her my situation, and what had occurred. To my relief, she let me re-sit the exam, and this time, clearheaded, I passed with flying colours.

Another time, I was suffering a bit with my labyrinthitis. When you add dizziness onto pain and fatigue, you get a day that is not really going your way. I, however, was not going to let this thing beat me. I went to university anyway. In our Human Physiology lab that day, we were doing tests to see how the heart and circulatory system reacts to stress. No one wanted to volunteer for this test where you put your hand into icy water for five minutes, so I said, “Oh, alright, I’ll do it.” My blood pressure before I put my hand in the bucket was 160 over 110. When I put my hand in the bucket, it went up to 180 over 140. Obviously my heart was not enjoying this. Obviously I wasn’t, either.

After the test was over, I told my fellow students that I was not feeling well, and went to get a drink. When I returned to the lab, much to the tutor’s surprise, I couldn’t stand up anymore. We had to call the medical centre and get them to come and pick me up. The tutor was this lovely lady who was about four feet nothing high, and of rather slim build. She said to me “Lean on me.” I said to her “No way, I’ll snap you in half”.

On other occasions, I have had people criticise me as “fat and lazy” for taking elevators up one floor. This is not my own perception, this is fact. A fellow student, even last month, stood in front of the elevator doors as they were closing and wagged his finger at me. I opened the doors again, shouted “I have Lupus, you idiot” at him, and then shut them again. I’m sure he got a shock.

The last experience I want to share with you is the fact that, on my very worst days, I take my walking stick to university. The first time I did it, even the people in my class were shocked. I only take my stick when I have to. Even though it helps me walk, I find it distressing and inconvenient to use it. It does improve my day, though. People make allowances for you, they hold open doors and wait for you. You don’t get stares for going up one floor in the lift. So, even though I dislike my stick in many ways, in other ways, I love it. It’s a visible sign of my disability.

There are some issues and implications I think my experiences build. From a student’s point of view, there are some changes, which I think should be made.

From the ground up, the design of some of the buildings and lecture theatres leaves a lot to be desired. I spent, in the last semester, all day every Tuesday in a lecture theatre, which had rows of seats that were a nightmare, and a fire risk. You had to sidle into the row, pull down the padded steel framed plank they called a seat, sit down and then pull down the desk. Anyone over five feet tall could kiss his or her kneecaps goodbye, and say hello to curvature of the spine. Anyone like me, who was well built, could not pull down the desk. And these applied to able-bodied students. What about those who can’t deal with rows of stairs? What about wheelchair access?

I acknowledge the limited financial resources of our universities: we can’t pull down the existing buildings and rebuild them, no matter how much we’d like to. Some of the lecture theatres can surely be refitted, though.

Elevators: some of them are extremely well hidden. I know that it saves power to actively encourage students to use stairs, but signposting would be appreciated. Curtin have produced a large map showing the location of elevators for those with mobility problems.

Overall, the greatest issue for me is awareness of services. Not just for those that need them, but staff and able bodied students as well. At Curtin, I feel that awareness of the fact that the glass door in the library is for disabled access may stop students sitting in front of the door to eat lunch. Something as fundamental as that improves my university experience.

The suggestions specific to awareness I would like to make are:

- Information packs available at all Student Affairs Offices, or at least with the school secretary.
- Most schools hold orientation days for new students. Disability Officers should be encouraged to make presentations at these days, showing the services available and encouraging them to be used.
- Information days and promotions. There are Condom Weeks and Heart Health Weeks: why not Students with a Disability Week? Curtin constantly has health promotions, this topic could make a huge difference.
- Nominate a Disability Services Contact Officer in all schools. These people could help promote awareness of services and help students with a disability. They may not necessarily have to be a full time Disability Services officer, but being available for those who need them is essential.
- Follow up on the little box on the enrolment forms. If I had been telephoned a few days or a couple of weeks after I received that bundle of pamphlets in the mail, I probably would have taken advantages of services much earlier.
- Rest rooms. More and more students are suffering from fatigue causing illnesses: there are limited rest room facilities on campus. Maybe the existing facilities could be upgraded, and the student access card issued to students like me could unlock them.

Finally, I would like to make a wish list. These are things that would happen in the perfect university for me, the student with a mobility problem:

- Electric gophers available for the bad days. When my pain and fatigue are high, the use of a gopher, just for the day would be wonderful.
- A shuttle bus that circles the university every fifteen minutes. I am tired of having to run across campus to get to a lecture. It’s a big place!
- The schools should keep their classes closer together. It would mean I wouldn’t have to ask for the bus.

I am sure that there are a million and one recommendations that any walking disabled student could make, but these are mine.

I know that since I actually asked for assistance, it has been like gifts from heaven. I love my special disability parking permit for university (even though some friends think it’s a big scam). I adore my special access card for the library. I think it’s wonderful that there is someone who will help me by providing a decent chair and desk for those long exams. After some of my exams on those hard chairs, I can’t stand up. I would like to say thank you to all Disability Services Officers. You do make a difference. Keep up the good work.

U.N.T.I.E.D. - USING NEW TECHNOLOGIES FOR INDEPENDENCE, EMPOWERMENT, AND DEVELOPMENT

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Before I start, I want to make three confessions. Firstly, this will not be a scholarly paper, with detailed research and references. It will be a very personal, subjective view of the future of Disability Support in education, particularly tertiary education. Secondly, I am confessing that I am a Technophile who loves technology like computers, videos, and all the new toys for girls and boys that our world is blessed or cursed with, depending on your viewpoint.

Finally, I am an RDLO, and I speak from the perspective of one who is aware of the role, functions and potential of the RDLO Initiative.

This paper unashamedly comes from these perspectives, but I hope that it will provide you with some ideas for the future provision of disability support in education.

Today, I intend to talk on three main aspects of disability support,

1. Some problems associated with disability support
2. Some principles of disability support
3. Some means of addressing these problems within principles outlined, with particular reference to roles technology, both assistive and mainstream, can play.

1. THE PROBLEMS ASSOCIATED WITH DISABILITY SUPPORT

a) More students, less money

There is an ancient Chinese curse: "May you live in interesting times." We certainly live in interesting times. Increasing numbers of students with disabilities, decreasing or static funding and staffing all are placing greater pressure on available staffing and resources, and it doesn’t appear likely that this situation will change dramatically in the near future.

b) Changing Technology

There is a whole range of constantly changing and developing new forms of Assistive Technologies to enable students with a disability more equal access to education, information and employment. This opens some exciting possibilities for students and staff, but it also creates some problems. One is the need to constantly update our skills and knowledge of this technology. This becomes especially difficult when new computer programs are being released just as, or before, we are coming to terms with the existing programs.

Another is cost. Each time a new product comes onto the market, it costs more money from increasingly pressured budgets. That’s why Bill Gates is now one of the richest people on the planet. If we are to provide an effective support to our students, we need to access the latest technology. If we don’t, their skills, their ability to access and develop information, their independence and ultimate employability is compromised.

A third implication is time. Each new product requires someone, usually staff and students, to spend some time understanding and mastering the potential of the new technology. If they don’t, it tends to sit on a shelf somewhere, gathering very expensive dust, while staff and students struggle on with often outmoded and inefficient existing practices.

c) Lack of Disability-related Resources

There are a great many disability-related resources available today. Using the Internet, email, computerised journal and Library searches, List Servers and so on, we can access vast amounts of the latest information on a variety of often obscure subjects. However accessible this information may be, the reality is that people frequently do not have the time to search, analyse, evaluate and sift through the vast amounts of information available to us today. Sometimes there is just too much, and at other times there is just not enough.

d) Lack of a Support Structure

Many Disability Support Workers are isolated and quarantined from collegiate support and training and development. There is very little training available in the field of disability support, and cost and time pressures limit the accessibility of what is available. I see a need for the development of some effective training and support mechanisms so that Disability Support Staff are able to efficiently and effectively learn about the latest developments in their field.

e) Legal Issues

The Disability Discrimination Act, and various State Anti-Discrimination Acts have changed the Social, Political, Education and Employment landscape for people with disabilities in Australia. However, along with the new rights and opportunities to redress examples of discrimination, has come a whole range of associated issues and problems. Things like the costs of litigation, the time, stress and pressure associated with pursuing a case and the lack of precedents all impact on people with a disability and their opportunities to knock down some of the barriers which currently exist to equal access and opportunity.

f) Variations Between Institutions

Because of differing resourcing, staffing & regulations, the type and extent of disability support offered by different institutions and sectors varies widely. Universities in particular, because of their autonomous status, have a variety of structures, systems and procedures. Often the disability support offered in a particular institution is a product of history and the efforts of particular individuals' efforts. If people are prepared to fight for improvements, and they have a sympathetic administration, then things get done. If not, then people make do with the bare minimum.

g) *Lack of a Philosophy of Disability Support*

The growth of Disability Support has been primarily one of ad hoc reactions to legislation, available resources and needs. The DDA has provided a basic philosophical framework, and attempts have been made to codify existing practices with a view to promoting the development of best practices *(e.g. TIPD Students with Disabilities: Code of Practice for Tertiary Institutions, 1998)* and there are moves to develop Education Standards under the DDA, but there is a need for the development of an underlying philosophy of disability support in education that will provide the WHY for what we are doing.

These problems are only some of those faced by People with a Disability and Disability Support Staff. However, they are sufficient to give us a perspective on what we are facing as we approach the next millenium. What I would like to do now, is to examine what I consider to be some of the major Principles which should underly the provision of Disability Support in Education, in the light of these problems I have outlined.

2. PRINCIPLES OF DISABILITY SUPPORT

To develop some fundamental principles of Disability Support in Education, we need to look firstly at what should be the overall objectives of such support. To me, these should be:

To ensure that students with a disability are able to access education services without significant disadvantage, but in a manner which will maximise their independence from outside support, provide the maximum control of their own education and develop the skills necessary to perform the functions associated with their study and future employment.

The nett effect of this is to reduce the level of support as appropriate over time, so that the student becomes more and more independent. For example, when a student first enrols in a course, their need to access Lecture notes may be met by an employed Note-taker, but by the end of the first Semester, they may have been trained to access part of their course notes through electronic means, such as a Screen Reader reading a disk or Web copy of the notes. As their skills in accessing this technology increases, so would the amount of the course notes accessed in this manner. Other means may be developed, such as using Voice Recognition technology to enable the student to access the notes more independently and immediately.

Principles of Support for Students with a Disability

With this objective in mind, I would argue that the following principles should be fundamental to all educational institutions. Many of these principles are already included in the thinking of many educational institutions, but I believe it is valuable to consider them as totality, rather than individual principles. By seeing this totality, we can develop an overall philosophy of support for Students with a Disability, and examine methods of addressing the needs within this philosophy. Some Principles to consider are:

- ***Equal & Effective Access*** to all aspects of Education for students with a disability
- ***Respect for the Rights, Dignity & Decision-making capacity*** of students with a disability
- ***No significant disadvantage*** caused by the disability which can be redressed by appropriate accommodations
- ***No significant advantage*** to be gained by students with a disability by accommodations provided
- ***The maximum Independence*** possible for the students
- ***The development of as complete a range of skills*** as possible
- ***The maximum responsibility*** for their own education to be accepted by the students
- ***A Minimum Level of Outside Intervention*** to be provided by staff
- ***Provision of Technological & other resources*** necessary to provide maximum access with minimum dependence

3. ADDRESSING THESE PROBLEMS WITHIN THE PRINCIPLES

The process of addressing the problems outlined, within the principles of providing the most appropriate support for students with a disability is a difficult and continuing issue. Not all of the problems can be solved, not all of the principles can be fully met, and the ground is constantly shifting. However, I do believe that we can get much closer to the solutions than we are at the moment, and by instituting appropriate systems, staffing and resources, we can stay closer to the ever-moving target.

One problem we face is that to a large extent, existing disability support structures are ***T.I.E.S. – Trapped In Existing Systems***. Most educational institutions' support structures are designed to provide fairly labour-intensive support with things such as note-takers, scribes, negotiating accommodations, etc. – fundamentally, a case-work model. Although this system has and does meet very real and important needs of students with a disability, it tends to be very costly and time-consuming. The other major drawback is that it tends to reinforce the students' dependency on outside support. I consider it to be a failure of the system when a student enters an institution requiring a certain level of support, then maintains that level of support during their education, leaving the institution some years later without having increased their independence and skills. They may know much more, but they are still dependent on outside support to be able to function effectively.

Often, students will not be given support to acquire skills which would enable them to operate more independently. They can get a paid note-taker for three years, but can't get someone to teach them how to use a Screen Reader, which could remove the need for the note-taker entirely.

So, to address the problem of *More students, Less money,* the use of Technology can provide more students with access, with a reducing level of outside support. It doesn't completely replace outside support, since people do need training and occasional support, but it can REDUCE that support over time.

The recent developments in Assistive Technology, and computer hardware capabilities has meant that a much greater level of independence is now possible for many people with a disability. The great advantage of this is that if a person is able to independently access, operate and input into a computer, they are able to gain those desirable skills with a reducing level of outside support. Using this new technology can UNTIE people from that dependence. It can also be cost effective, in that expenditure tends to be more one-off, rather than ongoing.

When we look at the issue of *Changing Technology* we come up against an issue that is often difficult to resolve within existing staffing and resources. It is usually unrealistic to expect the existing disability support staff to be able to keep on top of the developments in technology, particularly the fast-changing world of computers. Many staff members do not have the required time, training or skills to be able to keep up with the latest developments in what is a very specialised field. There are a number of ways to address some of these issues. One is to have some staff members with the requisite knowledge, skills and time to be able to keep up with developments. This means someone with Computer skills and training, allied with an understanding of disability issues. It is, I believe, unreasonable to expect people like DLOs, Disability Teacher/Consultants and Special Education Teachers to be able to spend the time or have the training necessary to comprehensively cover this field. In education systems like Schools and TAFEs, it is possible to have centralised specialists who are able to follow developments, advise people on appropriate technology and assist with implementation, but in autonomous institutions like universities, it becomes more difficult, but not impossible.

I have been fortunate to work at the University of Newcastle, which has one of the very few Specialist Assistive Technology units in the country, and indeed in the world. They have a full-time Adtech Centre Manager, and a Full-time assistant, and their job is to specialise in providing Assistive Technology support & advice to the students and staff of the university. I believe that this system is close to the ideal, but there are ways of addressing the issue without having full-time staff. One is to have part-time support from a member of the Information Technology staff, or other staff member with expertise in the area. Another is to use the RDLOs, if the Initiative continues. We have had established some precedents in NSW with the Education to Employment, Voice Recognition, Learning Disabilities and ME/CFS Projects, in providing a centralised resource to all sectors, including universities. These projects have produced valuable and accessible resources that have provided benefits to a wide range of people involved in Disability in Education.

I have also been able, through the Voice Recognition Project, to provide demonstrations, answer technical and application questions, investigate possible uses, and provide follow-up advice for staff and students who are interested in the application of Continuous Voice Recognition technology for students with a disability. By providing one person with the time and resources to develop an understanding of, and to test the application of a particular technology, many people were able to benefit from these developments. This type of approach is very efficient and cost-effective, and I can see a strong future for similar projects in the future.

(Short Demo of VR Software)

Another strategy may be to make use of existing resources, adapting them for Assistive Technology use. For example, when visiting the Learning Resource Centre at the Coffs Harbour campus of Southern Cross University, I noticed that much of the technology available, such as computers, large screen monitors and scanners, could be readily adapted for use by and for students with a disability. By linking the DLO and the Manager of the Learning Centre, and providing some advice on the use of this technology for students with a disability, we have very easily and cheaply established the basis of an effective Assistive Technology Centre, with built-in staffing. At the University of Newcastle, The Manager of the Adtech Centre negotiated with the IT Department to buy a Site Licence for ZoomText, a Screen Magnification program, which is now able to be accessed by students who have the relevant password, from any computer on the campus. Mainstream Resources may be relatively easy and cheap to make accessible.

If it is part of a person’s job to keep up to date with Assistive Technology, and to understand their operation and use, this technology becomes more accessible and useful for students. Often barriers to the students’ effective use may be quickly and easily addressed by someone who knows the equipment and how it works. I came across one situation where students were only able to print from one computer out of 6 in an Access Room at a university. The problem was quickly and easily solved by loading the relevant printer drivers on the other computers which were already connected to the network printer. All it took was a few minutes and a few mouse clicks to fix the problem, which had plagued students for a year and a half.

The Lack of Disability-Related Resources, the Lack of a Support Structure and Variations between Institutions has been addressed to a certain extent by the RDLO Initiative. This Initiative has seen some substantial progress in providing some of the resources, support, communication and development that have been lacking in the past. The establishment of a number of Email List Servers, the development of networks and communication across education sectors and with community and government services, the development of resources such as the Education to Employment Package, the Learning Disabilities & ME/CFS Resources, DIRECT Directory of Disability Contacts, Web Sites, Data bases, etc. have all contributed substantially to disability support in education. The participation by RDLOs in committees, networks, Policy development & discussions *(such as the Education Standards)* has assisted in the development of support and network structures. Also resources such as Disability Training Packages, publications, conferences and papers such as these have contributed to an awareness and understanding of disability issues in education and the community. I have been an RDLO for less than two years, and in that time I have seen many valuable contributions made by the RDLOs across Australia which have enhanced disability support and contributed to improvements in all the areas mentioned above.

I believe that it is vital that the RDLO Initiative is continued and even expanded, with greater national co-ordination and sharing of resources. It is only through a multi-layered, flexible type of structure such as the RDLO Initiative, that many of these issues can be addressed effectively. This is a program which has an input and output function on Individual, Institutional, Regional, State & National levels, and when you begin to see the extent of the contribution RDLOs have had across this country in a very short time, you begin to see the true value of the Initiative. To me, the greatest tragedy is the wide range of talents, knowledge, skills, contacts and expertise which has already been lost through delays in re-funding this initiative.

I have a vision for the RDLO Program of the future. My vision has the RDLO program continuing with its present mix of Individual, Institutional, Regional & State layers of responsibility, with the ability & flexibility to be responsive to identified needs within the Institutions and individuals in their regions. On top of this I would like to see much more effective National co-operation & co-ordination, so that projects have more of a National focus and application. They would have access to the necessary funding to be able to produce resources, training & projects which would have positive impact across the country, probably by working with the CPHESD Co-op projects. A secure and ongoing National RDLO Initiative would address many of the problems I have previously outlined. The structure exists. The personnel with their skills, knowledge, networks and experience exist. A positive evaluation of the Initiative exists. The need exists. All that is lacking is the funding. The proposed program involves a relatively small outlay for the potential benefits. The question we must ask the Federal Government is “Do you have a genuine commitment to improving the accessibility of education for people with a disability?” If you do, then the continued funding of the RDLO Initiative is an efficient and cost-effective means of contributing to that Accessibility

ON OR OFF THE RECORD

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ABSTRACT

Australian Disability Liaison Officers (DLO's) come from a diverse range of professional backgrounds including teaching, nursing, therapies and psychology. It is therefore likely that the form and extent of records kept by DLO's will also be diverse. Accurate and comprehensive recording of interactions with, or activities done on behalf of, clients is required for accountability. It is also needed for tracking the course and efficacy of service provision. There are other circumstances in which detailed records are essential as records may be requested under subpoena, writ of third party or freedom of information claim. In these circumstances a complete record is necessary in order to demonstrate accountability to a broader audience. What exactly comprises a comprehensive record? What details must be included and what details may be left out? Should records contain references to process in addition to content? The objective of this paper is to explore some general principles of record keeping and to propose a format for DLO record-keeping.

ON OR OFF THE RECORD!

Australian universities employ disability personnel who come from a range of professional disciplines. All professionals receive training in appropriate record keeping during the course of their academic studies. This training includes guidelines on both the content and the format of the record. Content and format of recording data related to client interaction, service provision and evaluation and outcome varies according to professional discipline.

The profession of "disability advising", within the context of assuring access to the tertiary environment, is a relatively new profession in Australia. This profession has emerged mainly since enactment of disability discrimination legislation. The role and the tasks carried out by Disability Liaison Officers are different from the role and tasks of other professions.

Determining what to record and the format of the record may present a challenge to professionals working in this "new" profession. Apart from the disability officers' professional background other factors which will influence the content and format of the record will be the services offered to students with a disability and the administration practices of the institution in which disability officers work. These factors combine to guarantee that the kinds of records kept by disability officers will vary to some extent.

However, there are some elements of the record which will be common to all institutions. The task is to find a system of recording which suits the disability officer and the institution in which they work. The record must be sufficiently detailed to document all relevant components while also maintaining clarity.

WHY KEEP RECORDS?

The practice of record-keeping allows both student and disability officer to document all of the circumstances and conditions which may have an impact on, or are presently affecting, educational access. Recording details of interactions and decisions instils confidence in the student; their right to access is formalised through the documentation of their requirements. Recording details of interactions, decisions and actions instils confidence in the disability officer; she/he has a record against which accountability can be measured. Further, both student and disability officer have immediate access to a record of their interactions, of the options they have explored and of the decisions they have taken. If there are staff changes among disability personnel the incoming officer has access to a complete record, saving time for the student and “new” disability officer.

In all professions one commonly used measure of quality assurance is the record kept by the professional. The record may be examined and used to determine if the professional has acted in a manner consistent with what is deemed to be good practice by her/his peers. Hospitals, public health facilities and government funded agencies use audits of records as a quality assurance measure. The record provides an excellent tool for disability officer performance review, by the student, by the officer’s supervisor and by any external agent or agency.

WHAT COMPRISES A COMPREHENSIVE RECORD?

What details should be included?

A comprehensive record will include elements related to the content and the process of the interaction between the student and the disability officer.

Content:

Essential content elements are:

- Date of consultation
- Reason for consultation
- Record of how the interview was conducted, in person, by telephone or by electronic mail
- Options explored to resolve the presenting issue
- Consultation with other persons
- Decision taken regarding an action to address the presenting issue
- Rationale for selection of this action over any other action

- Reference to any concerns or risks associated with the particular action (concerns may be expressed by the student or by the disability officer.)
- Details of actions taken (copies of correspondence should be kept in the record file)
- Proposed follow-up actions
- Date for review of outcome

Process:

The question of whether or not to include process comment (information on the tone of the interaction) in the record is one which can present a dilemma for the professional. In circumstances where the interview has been difficult, for the student or disability officer, failure to record process would render the record incomplete. To illustrate, if the interaction commenced on an amicable, cooperative tone and proceeded to a situation where either student or disability officer became angry, failure to document this process would mean that the record was incomplete. In this circumstance it would also be necessary to document the outcome of the interaction, for example “we reached an understanding” or “I was feeling very frustrated as I did not feel that I was able to explain the situation to the student”. When recording process comments it is appropriate to comment on both your own feelings and behaviours while making comment based only on the behaviour you have observed in the student. Comments based on the disability officer’s supposition or assumption are not appropriate. Acceptable process comment would be “the student was visibly upset and crying on presentation”. Unacceptable process comment would be “the student seemed to be very angry”.

What Details Should Be Left Out?

Records cannot be presumed to be entirely confidential between the student and the disability officer. Records may be requested by the disability officer’s supervisor, they may be requested under subpoena, writ of third party, or freedom of information claim. Any information of a personal or sensitive nature which may cause harm or embarrassment to the student should not be included within the record. Some professionals choose to keep “personal notes” in addition to the formal record. The decision to keep personal notes, commonly referred to as “dual records”, is one which must rest with the individual disability officer practitioner.

The final judgment as to the composition of a “comprehensive” record lies with the student and the disability officer. At a minimum the record must be an accurate representation of their interaction (content and process) and of decisions reached, actions taken, and outcomes resulting from these actions.

WHO SHOULD HAVE ACCESS TO THE RECORDS?

Disability officers may have different practices regarding student access to the records. The practice at the University of Queensland Disability Program is to provide students with access to the records compiled by the disability officer. Commencing or newly registered students are given a copy of the record of the “intake” interview. The first interview with students is necessarily lengthy. It is during this interview that the “working” Access Plan is developed. Students are required to provide the disability officer with a detailed history and, in turn, are provided with comprehensive information by the officer. The practice of providing the students with a copy of the record enables them to review the information at will.

EXAMPLE FORMAT FOR DISABILITY OFFICER RECORD-KEEPING

The use of a template which lists the essential areas to be covered at interview, in particular during the intake interview, may be of use to disability advisers. The example which follows covers the elements which are included at the intake interview at the University of Queensland. The use of a template helps to ensure that all essential information is covered during the interview

ON OR OFF THE RECORD!

INTAKE INTERVIEW

NAME: ____

Date of Interview: __________ **Recommended follow-up date:** __________

Appointment made: **Yes** ☐ **No** ☐

Interview: Personal ☐ **Telephone** ☐ **Email** ☐

Initiated by: **Student** ☐ **DLO** ☐ **Other** ☐
(Parent, Teacher, Staff)

Reason for Interview:

____

____

____

____

____

____

Disability Category:

Hearing ☐ **Learning** ☐ **Mobility** ☐ **Vision** ☐
Medical ☐ **Other** ☐

____

____

____

Documentation: ____

Date of Documentation: ____________________

Recommended Review Date:

ON OR OFF THE RECORD?

Services and facilities provided at previous educational institution:

____

____

____

Further assessment required: **Yes** ☐ **No** ☐

____

____

____

Consultation with:
Academic Staff: **Yes** ☐ **No** ☐

____

____

____

____

Consultation with:
General Staff: **Yes** ☐ **No** ☐

____

____

____

____

Referral:

Careers ☐ **Learning** ☐ **Health Services** ☐ **Student Loans** ☐ **Other** ☐

ON OR OFF THE RECORD!

ACCESS PLAN

Date:________________________________**Review Date:**____________________

Services and Facilitie	**Action**	**Review Date**
Peer Notetaker		
Participation Assistant		
Personal Reader		
Alternative Print Service		
Equipment		
Examination – PV, AA		
Computer Access		
Advocacy – Academic/General		
Other		

ON OR OFF THE RECORD!

Relevant Information:

Explanation Of University Policy And Procedures

Rights and: Document provided and explained Yes ☐
No ☐
Responsibilities

Grievance Procedures: Document provided and explained Yes ☐
No ☐

Confidentiality: Information given about circumstances in which confidentiality may be breached Yes ☐
No ☐

Consent to Release Information Form:

Signed: No ☐

Yes ☐ (list persons with access to information)

Other:

Matters	
Part-time or Full-time:	
Withdrawal without Academic Penalt	
Remission of HECS:	
Abstudy/Austudy	
Merit Based HECS Exemption Scholarships For Commencing Students:	
Student Loan Scheme:	

Other Student Support Services:	
Personal Safety: **Campus Security Bus,** **Escorts, Security Call Points**	
University Student charter : **Sexual Harassment,** **Racial Discrimination Policies:**	

THE NEXT STEP:

INCLUSIVE UNIVERSITY EDUCATION FOR PEOPLE WITH AN INTELLECTUAL DISABILITY.

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ABSTRACT

A person with an intellectual disability being able to access a university education seems like an oxymoron, after all in today's society most people think that only the elite should enter university. A university education means getting a degree and improving employment prospects, but is this really what a university education should be all about? A university is a place of higher education and learning, it is also a community based institution and therefore should be available to all in the community.

People with an intellectual disability are not encouraged to access universities under the current Australian blueprint of university access. Historically, for adults with an intellectual disability the opportunity to access university has been denied with the exception of some programs in North America.

A Pilot Study where four people with an intellectual disability were given the opportunity to audit a topic within the school of Special Education and Disability Studies at Flinders University (South Australia) was undertaken in 1997. The aim of the study was to investigates the possibility of people with an intellectual disability joining their peers at university in the quest of continuing their search for knowledge, developing social networks and becoming more involved in their local community. The progress of the four auditing students was documented throughout a semester and an indication of the attitudes, opinions and reactions of their classmates was gained. The results of the Pilot Study suggested positive outcomes for individuals, and trends that provided direction for further research in the field of post secondary education for people with an intellectual disability.

THE NEXT STEP:

INCLUSIVE UNIVERSITY EDUCATION FOR PEOPLE WITH AN INTELLECTUAL DISABILITY.

INTRODUCTION

For many young people, accessing a university education means much more than attending a place where they gain marketable skills (Bowman & Skinner, 1994). University is the place in a young adult's life where he or she "comes of age", begins developing his or her own identity, and makes the transition from being a child, to an adult with dreams and plans. Historically, for adults with an intellectual disability this opportunity has been denied with the exception of some programs operating in North America and Canada (Bowman & Skinner, 1994). Inclusive university education has not been among the options available to the vast majority of young adults with an intellectual disability (Uditsky, Frank, Hart, & Jeffery, 1988). Comparable with other members of the community, people with an intellectual disability can obtain a drivers licence, marry, have children, join sporting clubs and organisations, and gain employment, yet they are denied access to university education.

As part of maturation and development most people grow through a series of educational and vocational steps during adolescence and youth in preparation for adult life (Westwood, 1987). Adults potentially have a vast array of continuing educational options that are taken for granted. University calendars and course guides are evidence of the variety of opportunities available to them. In stark contrast are the limited options available to adults with an intellectual disability (McElwaine, 1993).

The majority of students with an intellectual disability finish school with few dreams or career aspirations (Uditsky et al., 1988). One reason for this state of affairs is the current lack of post school options. An estimated 3,176,700 people or 18% of the Australian population has one or more disabilities (as defined by the ABS, 1993, disability survey) and 4.6% of the population have an intellectual or learning disability (Australian Institute of Health and Welfare Team, 1996).

The current service model available to young adults with an intellectual disability when they complete their schooling, is a model largely composed of sheltered workshops, supported employment, and bridging programs or community life skills courses (McElwaine, 1993; Uditsky et al., 1988). It is a restrictive and narrow view to think that the only option available to young adults leaving school is work. This is one possibility, but there is certainly more to life than work. When employment is limited, alternatives to paid employment must be found that are acceptable and important to the individual with an intellectual disability and the community (Westwood, 1987).

University education can provide a series of vocational and social experiences that can assist students to develop the social skills necessary for community living and future employment options and also assist to develop skills and knowledge in leisure and recreation activities (Westwood, 1987; The Roeher Institute, 1996; Uditsky et al., 1988).

Participating in university education can provide many experiences, both academic and non academic. The non academic experiences include joining a club, playing sport, gaining marketable skills, forming friendships, experimentation with alcohol, smoking, and participating in demonstrations and protests about students rights (Dey & Hurtado, 1995). Attending university can assist some people with an intellectual disability in meeting a need for self esteem, expression of individuality, belonging to a group, experiencing friendships and building relationship networks. Friendships provide people with a self identity, a support system with which to share good and bad times. University is one community setting where the possibility exists of forming life-long friendships (Uditsky, 1988).

BACKGROUND

Universities have for centuries been the ivory towers of excellence, gate keeping knowledge exclusively preserved for the social elite (Ramsey, 1994). It is time to challenge this way of thinking. The beliefs that people labelled as having an intellectual disability cannot learn or achieve in the area of further education are clearly inadequate, because it has been shown that with the right supports and enabling environments, they can achieve (Newell, 1995). Uditsky et al. (1988) and McDonald et al. (1994) argue that not only people with an intellectual disability can benefit from inclusion in a university environment, but also fellow students, lecturers and academic staff.

Inclusive post secondary education for students with an intellectual disability modelled on the practices that have been developed over the past ten years at the On Campus program at the University of Alberta in Canada (the first integrated post secondary educational option at the university level), is demonstrating that continuing education for people with an intellectual disability in more generic educational environments is an extremely beneficial practice (Weikauf & Bowman, 1995). Using natural pathways and educational resources already available in some Canadian universities, three inclusive post secondary education programs in Alberta (On Campus, College Connections at Grant MacEwan community college, Varsity Education at the University of Calgary), and now one in Finland, are using innovative and creative ways to adapt elite learning environments to meet the dreams and educational demands of some young adults with an intellectual disability. Equally important, the programs demonstrate that individuals with an intellectual disability can make an important contribution to the university environment (Uditsky et al., 1988). The On Campus Program, for example, is responsible for changing the way society perceives higher education and the rights to access. The focus of the program is social integration and inclusion (McDonald et al., 1994; Panitch, 1988).

The intent of inclusive university education is to provide a learning experience that has outcomes for students with an intellectual disability similar to those for non disabled students. For people with an intellectual disability post secondary education may provide the means and experiences to develop career related skill and aptitudes, as well as to provide the individual with life experiences that will assist in the transition into adulthood and community life (Weinkauf & Bowman, 1995). Inclusive education challenges the way society looks at education. People with an intellectual disability have a need for a similar quality of life as individuals without disabilities which includes the right to life long learning options (Dailey, 1982).

The Policy Environment.

The Canadian Charter of Rights and Freedoms of 1982 and the North American Rehabilitation Act of 1973, promoting accessibility of education to all persons, places inclusive post secondary education firmly on the social policy agenda (The Roeher Institute, 1996). No parallels of the American and Canadian acts exist in Australia. However Australia does have legislation that deals with the domain of education. This includes the Commonwealth Disability Discrimination Act (DDA) 1992, and state Equal Opportunities legislation (Glanville, 1996).

While much progress has been achieved in improving access for people with a disability, there still remains an area of access not currently being met by universities throughout Australia. That is, the area of access to university education for people with an intellectual disability. The current policy for access to university education is based on a academic ability, for example, university entrance scores determined by Year 12 examination results, special entry applicants who complete a STAT Test (Special Tertiary Admissions Test) or participation in pre-entry courses (e.g., The Flinders University Foundation Course provides a possible point of entry to formal degree study for students who have experienced educational disadvantage). Academic ability is the primary basis for participation in higher education and students with disabilities are expected to meet these entrance criteria. However, adjustments can be negotiated to ensure that such students are provided with equal opportunities to achieve their academic potential. This means that reasonable accommodations must be made in the teaching process, ongoing assessment and curriculum for people with a disability (The Flinders University of South Australia et al., 1994).

Although much has been done to improve the quality of basic (primary and secondary) education for children with an intellectual disability in the western world, less of this commitment has been carried forward to develop effective post school programs and to encourage greater acceptance of adults with an intellectual disability in the mainstream of society (Wills, 1985, cited in Westwood, 1987). Westwood (1987) suggests if society wishes to convert the gains in earlier education into meaningful employment and community living options for adults with an intellectual disability then the development of effective post school programs must occur.

The Benefits of an inclusive university setting.

People with an intellectual disability have a need for a similar quality of life to that experienced by individuals without disability. Choice is paramount to an individual’s lifestyle, and choice of adult lifestyle is a part of a good quality of life (Brown & Hughson, 1993). Choice of an inclusive post secondary education and continued learning may be one of the options preferred by people with an intellectual disability. Students with an intellectual disability who graduate from school should expect to interact with people who are not labelled intellectually disabled, and to take advantage of all community opportunities, including a university education (Blandy, 1993). Some of the most important influences that inclusive education has for persons with an intellectual disability are, the awareness of their rights to exercise choice, development of self advocacy skills, and most importantly the enhancement of self determination (The Roeher Institute, 1996). Universities hold a respected academic position in society, and often set the trend for societal change. If a person with an intellectual disability can succeed at university, Uditsky (1988) argues, which doors in society can remain closed?

A university is like a small community providing a vast array of resources, activities, associations, clubs, recreation facilities, learning opportunities, and peers (Hill, 1992). Universities provide community support services in addition to traditional academic instruction and can assist a person with an intellectual disability with some of the vital ingredients for personal growth and development, ranging from attending classes to relaxing in the cafeteria (Weinkauf, 1995). Continued re-evaluation and experimentation is also encouraged at university. For example, if a subject is not interesting to the individual, he or she has the chance to revise course selection (Bowman, 1994).

The population at university is diverse, with people of different backgrounds attending for a multitude of reasons. The opportunity for friendships and relationship building is extensive and invaluable in such a setting. Spending time with friends talking about classes, and relationships in a person's life, is central to defining an adult identity. Relationships are one of the most satisfying facets of life (Amado, 1993). Relationships are integrated into the fabric of day-to-day existence. Friendships can provide people with warmth, trust, companionship, guidance and a chance for self development. Friendships are important to both people with and without disabilities. Community inclusion provides people with an intellectual disability, with the possibility of friendships. For relationships to become more open and more interactive for people with an intellectual disability, the environment in which they participate must be unrestricted and inclusive (Rittenhouse & Dance, 1995). To assist relationships to evolve naturally Uditsky (1988, cited in Amado, 1993) suggests following typical pathways with support, including access and inclusion in a university education.

AIMS OF THE RESEARCH

The overall purpose of the research was to explore the features and structures required to enable people with an intellectual disability to access a South Australian university. The specific aims of the research were established and are stated as follows:-

1. To explore the desires, attitudes, expectations and feelings, of a select group of people with an intellectual disability towards attending university.
2. To explore the benefits gained by a select group of people with an intellectual disability from attending university.
3. To document the opportunities for people with an intellectual disability to develop social networks and continue their education in areas of interests.
4. To identify the barriers and obstacles that may impact on the attendance of people with an intellectual disability at university.
5. To survey the attitudes and beliefs of a group of university students towards the inclusion of a select group of people with an intellectual disability studying in the same university topic.
6. To examine the attitudes and beliefs of a group of parents and professionals towards the inclusion of people with an intellectual disability in university.
7. To develop a set of recommendations for a future university based post school option, for some people with an intellectual disability.

THE PILOT PROJECT

A Pilot Project was developed in which four people with an intellectual disability would audit one university topic. This allowed relevant data to be collected using both participant observation and questionnaires.

Participants and Setting

The Pilot Study was conducted at the Flinders University of South Australia. The topic the auditing students accessed was *Management of Groups and Organisations,* a third year topic within the Bachelor of Applied Science (Disability Studies).

The topic

The topic *Management of Groups and Organisations* was selected for the auditing students due to the large component of practical based learning (hands on exercises), group work and class presentations. The topic enabled the class to divide into four groups in which members stayed for the duration of the semester. Groups of students were randomly selected and one auditing student was placed in each group. The class consisted of the group of 21 university students chosen as the sample for the study and the 4 auditing students.

The auditing students

For the purpose of this study it was necessary to target the population who would eventually benefit from the research. The participants (with an intellectual disability) who took part in this study were referred to as the auditing students. The term auditing student was chosen to alleviate any embarrassment felt by the selected students when introduced to fellow university students. Four auditing students were selected to become involved in the Pilot Study. These were two males and two females ranging in age from 21 to 28 years.

University students

The target population for the research was a class of third year university students participating in the topic *Management of Groups and Organisations* on Tuesday mornings (the group was one of two class groups). The class consisted of the group of 21university students chosen as the sample for the study and the 4 auditing students.

Selection criteria

The following criteria were applied in the selection of the auditing students.

- Availability of the person to attend class on a regular basis.
- The communication skills of the person (including both good receptive and expressive language ability).
- The enthusiasm of the person towards attending university.
- The level of support required by the person auditing the topic (minimal support required, independent in the areas of self care, transport and mobility).

When full agreement of the terms and conditions was obtained, a consent form was issued to each person to be signed. The people with an intellectual disability selected for the study were supplied with the following materials by the researcher before the commencement of the topic:-

- A map of the university
- A timetable of the university term
- A weekly schedule of the class activities
- An outline of each tutorial topic
- A student diary, (donated by the Flinders University Student union) (See Appendix F).

In general, an auditing student is one who is registered as taking a given course but not given credit for his/her work. Auditing students are not required to undertake any usual assessment requirements such as written assignments or examinations.

The auditing students involved in the current research project were expected to:-

- attend class every week of term, (a general requirement of all university students undertaking the topic)
- take part in class activities
- utilise the campus facilities
- pay the Flinders University specified auditing fee of $50 per topic (on this occasion the fee was waived as part of a research study at the discretion of the Dean of the School of Special Education and Disability Studies)

The auditing students were not required to

- participate in the assessment process
- be examined on course work
- be registered as a student
- pay university fees or charges

It was made clear to the auditing students that they would not receive accreditation for their involvement in the topic.

Questionnaires

Two versions of the student questionnaire were used and distributed to the class of third year university students within the topic *Management of Groups and Organisations*. The first version of the questionnaire was distributed one week after the commencement of semester one. The second version was distributed at the end of semester one. Both versions focused on the attitudes and concerns university students may have towards the inclusion of people with an intellectual disability in university.

Journal and Field Notes

Throughout the duration of the Pilot Project the researcher kept a research journal containing descriptions of daily events and people, and transcriptions of conversations.

Interviews

Unstructured interviews were conducted throughout the duration of the Study to obtain information from the Auditing students about their involvement in university life and to allow the researcher to seek personal information about each auditor.

Acquiescence (the tendency to respond affirmatively regardless of a question’s content) was considered when interviewing respondents with an intellectual disability (Sigelman, Budd, Winer, Schoenrock & Martin 1982).

Observations

Part of the methodology involved the observation of the auditing students during class time and in social settings at university, including library, cafeteria and entertainment facilities. The strategy used was participant-observation (Burns, 1994). During this study the researcher took part in the class *Management of Groups and Organisations* as a support person for the auditing students. The role taken was to participate in class activities and mix with the auditing students during breaks and in social settings.

RESULTS

The researcher's journal entries provided insight into the time lines associated with the development of interactions between the university students and the auditing students. For example, during the first two to three weeks of attendance the auditing students would look to the researcher for guidance and company during breaks and lunch times. Initially the majority of the class appeared apathetic towards the Pilot Study.

The researcher noted after the mid semester break that the class had accepted the auditing students within the classroom setting and six more university students began socialising with them. The confidence of the auditing group grew throughout the semester: the support provided by the researcher during class activities was gradually replaced by natural supports of class peers, (for example the auditing students would ask for assistance regarding the class activities from fellow students not the researcher) and auditing students began to initiate conversations and social interactions.

One of the major criticisms anecdotally recorded from conversations with university students regarding the inclusion of people with an intellectual disability in university was the uncertainty of their behaviours in a university classroom setting. To analyse the behaviour patterns of each auditing student, observational charts were used which recorded both appropriate and inappropriate behaviours of each auditing student and the number of times each was performed during a class session. The observations were conducted over weeks four through to week six of the semester.

Days of Attendance by Auditing students

Table 1 shows the attendance rates for auditing students. The explanations for days absent by auditing students were similar to those of university students, these included illness and family bereavements.

Table-1. Total % of Days in Attendance by Auditing Students

auditing student	**% of total Attendance**
Keith	100%
Ruth	93%
Sam	79%
Carol	14%

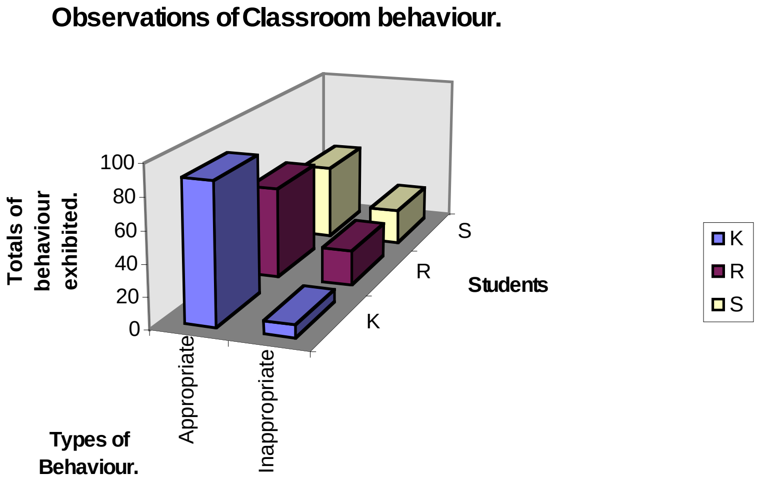


Figure-1. Observations of class room behaviours displayed by auditing students over a four week period.

Figure 1 shows the overall behaviour patterns of the auditing students. The graph indicates that more appropriate behaviours were displayed by the auditing students than inappropriate behaviours. It should however be noted that all university students took part in appropriate and inappropriate behaviours including talking and eating during lecturers.

An unstructured interview was also held with each auditing student at the completion of the final class. During conversation the researcher sought answers from the auditing students as to what they liked/disliked about attending university, what they gained, and their experiences. The following includes answers given by the auditing students to a series of questions.

What do you like about attending university?

- “It was good to go somewhere different”
- “Trying something different with my life”
- “Good to learn new skills”
- “I’m not in a disability setting”
- “People talk to me as a real person not a person who has a disability”
- “I felt like everyone else”
- “Good to feel Special”
- “Good to attend a higher education level”

What did you gain from attending class?

- “It was fun”
- “Increased my knowledge”
- “enjoyment”
- “I felt part of my group”
- “I liked the activities”
- “I had support from classmates with my transport”
- “I felt like everyone else”

Tell me about your experiences outside class

- “I made friends”
- “We talked about my interests”
- “I enjoyed the coffee breaks”
- “I felt like I belonged”
- “I had someone to hang out with”
- “I liked the togetherness of people”
- “I talked about my love life”
- “I got picked up by a class mate and taken to uni”

Tell me about your class presentation.

- “People helped me”
- “I enjoyed it”
- “I felt good being able to stand up in class”
- “I felt part of brainstorming sessions”
- “I felt I belonged as part my group”
- “I liked peoples bright ideas”
- “I liked peoples friendly smiles”

Observations of Behaviours and Class Attendance.

Over the duration of the semester the auditing students became aware of their own behaviours and appearance as they compared themselves to other students. During lectures the auditing students developed behaviours that reflected the *norms* of a university class room setting. For example auditing students brought coffee into the lectures after class breaks, shared humorous interchanges with the lecturer and chatted with class peers. university students' mode of dress was also adopted by the auditing students; more formal attire was replaced by comfortable casual clothing.

The researcher's journal entries made towards the end of the Pilot Study stressed how obvious it was that every auditing student considered themselves to be similar to other students in the class and behaved accordingly.

Teaching Adaptations and Inclusive Strategies used by the Class Lecturer

It would appear that one of the factors that promoted the success of the Pilot project was the extensive experience the university lecturer had in Special Education. The following techniques were used:-

- careful clarification of class handouts
- directing questions to auditing students
- encouraging auditing students to contribute to class discussion
- praising contributions made by auditors
- precise instructions related to activity requirements
- patience
- allocation of extra time to complete tasks

The strategies used by the class room lecturer did not hinder the learning ability of the majority of university students.

Favourable comments included

> "No, it increased my learning, slowing down lectures aided students
> and more detail helped everyone."

Certainly the inclusion of students with an intellectual disability in university has challenges for lecturers to instruct in practical and dynamic ways to accommodate the different learning abilities of all students. Training may be necessary for academic staff not familiar with working with people with an intellectual disability.

Social Networks

The development of friendships between university students and auditing students was reported by the auditing students to have occurred during breaks and lunch time. Although a 14 week period was not enough time to quantify or even qualify such friendships in a meaningful way, it became apparent from the comments such as *"I made friends" and "I had someone to hangout with"* that social networks were developing. Examples of friendships being reciprocated by some university students include, university students offering to transport auditing students to university during wet weather and meeting auditing students for coffee prior to class.

Due to the short period of time in which the research was conducted, it is difficult to determine if these friendships would be maintained in the long term. On reflection, during the class feedback session some university students indicated that increased social interaction, such as inviting auditing students to lunch and socialising during break times, would have ensured that the auditing students felt welcomed at university.

Benefits for Auditing students.

The Pilot Study produced many benefits for the auditing students. Examples of intangible benefits for people with an intellectual disability that appear to have emerged during the Pilot study include personal growth, self discipline, building self confidence and self esteem. The auditing students participated in group discussions by asking questions, making decisions and offering suggestions during problem solving activities. Auditing students developed a sense of belonging to a group, contributing to class presentations and being an important member of the group. The commitment of the auditing students to attend university was a major contributor to their personal development and independence.

Examples of possible tangible benefits for the auditing students are as follows:-
- development of job related skills (conversation skills, following a time table)
- class presentations (public speaking)
- group work (learning to work as part of a group- a team member)
- learning how to participate in a meeting and the procedures of a formal meeting in the presence of valued role models (university students and academic staff)
- evidence of skill development (listening, asking questions, problem solving, debating)

Clear examples of tangible benefits were observed in a) the ability of the auditing students to stand up in class and give presentations to the group, b) their involvement as members of problem solving exercises and brainstorming sessions.

During the class feedback sessions the auditing students described their time spent at university as positive. The outcomes of this session indicated that each auditing student had gained educational, social and personal experiences. Each felt they had made new friends, *("I made friends")* and learnt a great deal, *("Trying something different with my life")* which would benefit them in the future.

FUTURE RECOMMENDATION

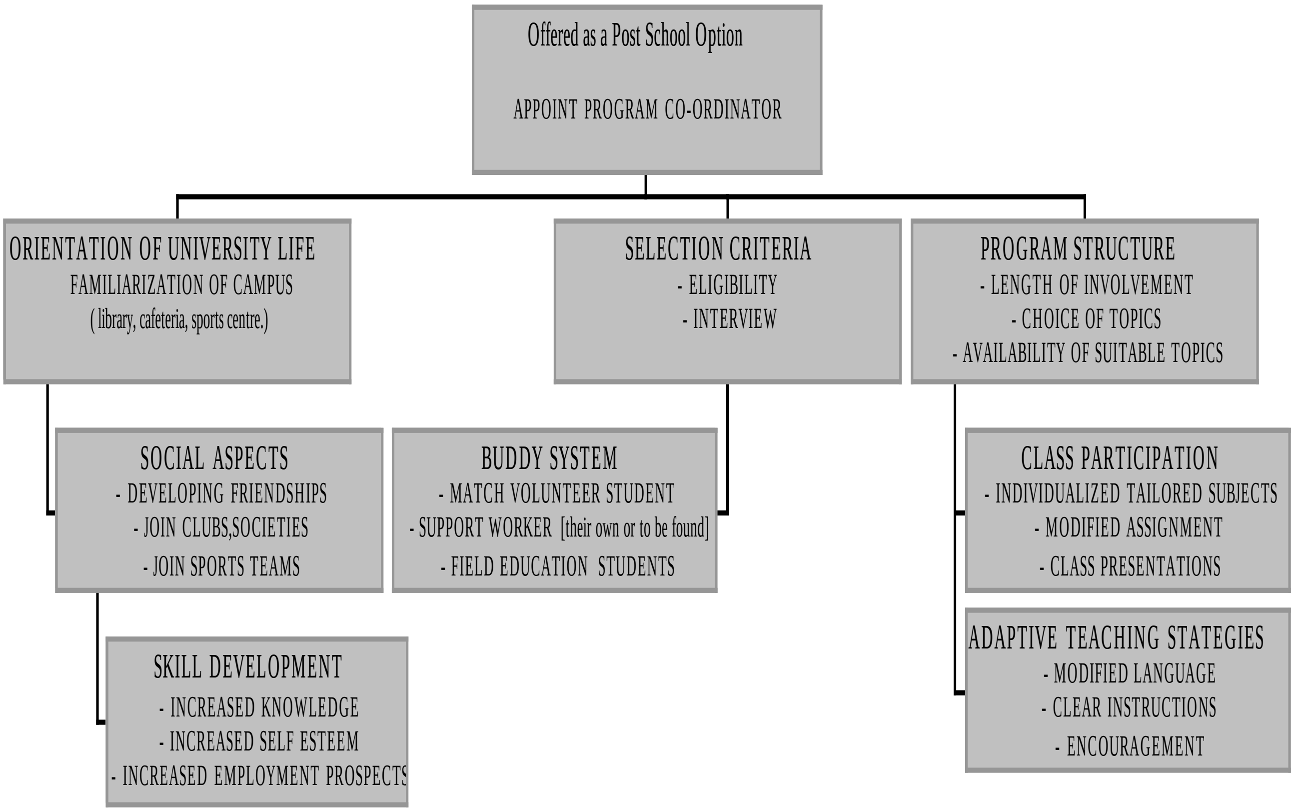
It is proposed that people with an intellectual disability audit topics offered throughout the University. In addition there will be a range of specialist subjects offered by competent and interested staff and students. The participation of people with an intellectual disability will be supported initially by students doing Practica topics within the school of Special Education and Disability Studies and hopefully in the long term by students from the schools across the University.

Although the intention is to include students with an intellectual disability in all aspects of the University classes, i.e. Modified activities, assignments, practica and associated experiences, the primary aim is for them to audit topics for which they will be required to pay a topic audit fee. The students with an intellectual disability will receive Certificates of Attendance and Achievement in acknowledgement of their participation. Formal assessment will not be required. However modifications to class assignments and requirements could be requested and arranged with assistance and approval from course facilitators.

An equally important part of the university experience is to participate in social groups in the University; meet other students for coffee and lunch breaks, recreation activities, club membership and the wide range of functions and events. To gain access to all University facilities will require the payment of a service fee by the students involved in the project.

It is proposed that the period of participation in the project by an individual student extend from a period from three to five years, to coincide with the approximate length of an undergraduate degree. On enrolment in the University the student will be assisted to develop a three year tentative study plan. The student will be encouraged to participate in university life during his or her scholastic involvement. In preparation for departure or graduation from the project, the student will e assisted by the Co-ordinator and mentors to prepare for transition and return to non-student life. This will include preparation for the work force, development of letter of recommendation and curriculum vitae and career counselling. This transition will also be facilitated throughout the student's university experience by the development and engagement in inter-semester supported employment. This employment will be attained using the same methods as currently enrolled students, including registering with the Student Employment Service, writing and submitting applications and interview. This will also be supported by mentors, and the Co-ordinator.

Model for Inclusion



CONCLUSION

If inclusive university education is to become a reality it would seem that parents need to challenge universities and strive for inclusive university education for their children.

A collaborative approach is required between parents, government, universities and Human Service agencies such as Options Co-ordination (in South Australia) to ensure that inclusive university education is considered as a Post School Option for some people with an intellectual disability.

The Pilot Study has indicated that when given the opportunity to attend university, some people with an intellectual disability not only wanted to be included but showed enthusiasm, commitment and benefited from their involvement. The results of the student questionnaires provided the researcher with many valuable insights into the attitudes and opinions of a group of university students towards the inclusion of people with an intellectual disability in university. This research has also paved the way for future research with recommendations for practical considerations in the area of post school options for young people with an intellectual disability.

If the goal is to support people with an intellectual disability in preparing them for life as adults, the normal pathways non disabled young people take to become encultured in the adult world should be similar for people with an intellectual disability (Uditsky, 1988). Inclusive university education is one means of addressing many life long experiences integral to well being; after all learning can be a life long occupation (Uditsky, 1988).

The elitist view of university education must be challenged. Society needs to be receptive to the opportunities and experiences needed by all of its members, as well as realising that the educational environments created in today's society will influence future generations. Inclusive educational settings from the primary school level up, demonstrate the possibility of accommodating the difference people perceive in one another (The Roeher Institute, 1996). Bringing adults with an intellectual disability into the university setting is a means of letting them know that options exist for them to learn and live in their communities. Although continuous education is a human right, the struggle to promote inclusion in universities for people with an intellectual disability will continue.

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DEVELOPING HIGH QUALITY SUPPORT FOR STUDENTS WITH DISABILITIES AND LEARNING DIFFICULTIES IN UNIVERSITIES IN THE THIRD MILLENNIUM –

A PERSPECTIVE FROM ENGLAND

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INTRODUCTION

Educational policies and provision underwent radical changes during the sequence of Conservative governments from 1979. These had a major impact on all sectors from pre-school through to higher education. The policies were based around a number of fundamental principles which the Conservatives tried to introduce into all aspects of life in the United Kingdom. These included competition and the effects of market forces, wider choices, cost-effectiveness, efficiency, and the transfer of funding away from central government to other sources. All can be seen in the changes to higher education including those affecting students with disabilities and learning difficulties. Since the coming to power of the Labour government in May 1997 there have been further developments. Many of these stem from the report of the Dearing Committee which will be mentioned later.

A major characteristic of the higher education system in the past twenty years or so has been a concern to ensure that under-represented groups are given more opportunities to participate if they wish. Several initiatives were introduced to support this policy although in many instances, the focus did seem to be more on issues relating to social background, gender, and ethnic origin rather than disability. A limited knowledge of the situation in Australia suggests that there are strong parallels between the two countries. In fact, throughout what follows, it will be possible to discern commonalities and differences between our two countries. However, before going further, it could be useful to provide a brief summary of the current system of tertiary education in England.

SOME GENERAL POINTS

1. The Changing Language and Terminology

To begin with, perhaps it is appropriate to comment on the changes in terminology which have occurred. With the concern for more politically-correct language, and encouraged by the activities of disabled people themselves, the issue of terminology has become more important. It is also one which colleagues in other countries should recognise. In this connection, for example, the use of the definite article ‘the’ prefacing a descriptor such as ‘disabled’ is no longer acceptable; it is preferable to use ‘disabled people’. Within education, until around 1980, the term ‘handicapped’ was the one most often employed. Following the report of the Warnock Committee in 1978(DES 1978), this group of learners within the school sector were referred to as having ‘special educational needs’ and this label spread to the higher education sector. However, this could be interpreted very broadly to encompass a wide range of learners and so there has been a move back towards a clear focus on disability. This has been modified somewhat following changes in terminology from within the further education sector where reference began to be made to ‘students with learning difficulties and disabilities’. Certainly, in 1998, this is the term used by the Higher Education Funding Council. It will be interesting to see whether the report on policy and provision in further education (the Tomlinson Report) also has an influence more generally and references appear to ‘inclusive learning’ and to distinctions between ‘learner support’ and ‘learning support’, ideas which stem directly from Tomlinson. (FEFC 1996) (See Corbett 1996 for a fuller discussion of language.)

2. The Structure of Higher Education in The United Kingdom

Having outlined the wider context, it is appropriate now to consider, in brief, the structure of higher education in the United Kingdom so that it is possible to understand more clearly issues associated with the development of policy and provision for students with disabilities and learning difficulties.

a) types of institutions - prior to the Further and Higher Education Act 1992 there was a binary system comprising traditional universities, and the newer polytechnics, and colleges of higher education. Since 1992, the sector has been unified, certainly for funding purposes although there remains the legacy of a very marked status hierarchy.

b) types of student - whilst there are the clear differences between full-time and part-time students, it is interesting to note that there is evidence of a shift from the traditional pattern of entry at age 18 after obtaining passes in General Certificate of Education ‘Advanced Level’ examinations (G.C.E. ‘A’levels). Today more than half of the undergraduates are “mature” (i.e. over twenty one years old) or gain entry by non-traditional routes. For some universities and some courses, entry is still competitive and students must secure the highest possible grades. The system does use a standard application form on which it is possible to indicate the presence of and nature of an impairment. The guidance notes encourage students with disabilities to complete this section, there are still some who choose not to because they fear it might impede the offer of a place.

c) courses - undergraduate first-degree courses are usually three years long. A recent trend has been to organise these on a modular basis within a credit accumulation structure, and a semester-based calendar.

d) funding - course tuition fees are paid directly to the institutions by the students' local education authority in the case of full-time courses but since Autumn 1998 most students have had to pay the sum of £1000 when enrolling for a course. Also to cover daily living costs, students can apply to their local education authorities for a grant. This is subject to a means test which relates to the income of their parents. The government has also been concerned about this expenditure and in 1990, it introduced a system of top-up loans. These were not taken up in the numbers expected and over time, the government has frozen the level of the maintenance award so that more students are forced to take out loans, repayable once they are in full-time employment and earning a particular salary. It is much more common now to find that full-time students have jobs which take up much of the time which in the past could have been used for reading etc. There are also more students choosing to study at a place where they can live at or near home since for them this is less expensive. Part-time students do not have access to any of these sources of money and so they have to fund themselves.

Full time students with disabilities and/or learning difficulties can claim some additional financial support. These are called the Disabled Students Allowances and comprise three separate items. Firstly, there is the general allowance intended to cover the costs of any additional expenses incurred as a result of the impairment. For example, because of access difficulties to the library, some students might need to buy more books or obtain more photo-copied materials. In 1998-99, a maximum of £1315 can be claimed for each year of the course. Secondly, students can claim a maximum of £10,000 per year to purchase non-medical personal assistance. The best example of how this money is used is the payment of sign language interpreters and notetakers for deaf students. Thirdly, it is possible to obtain up to £3955 to purchase special equipment which it is assumed will be useful for the duration of the course. Funding for these allowances comes from central government but the system is administered by the local education authorities. This is a constant source of anguish since the local education authorities have adopted very different practices and there are clear inconsistencies in the ways in which finances are distributed. The helpful ones will ensure that the money is available prior to the start of the course whilst others either ask students to send two or three estimates of costs before agreeing to give out funds or others ask students to buy the service or equipment and then reclaim costs later. There are sometimes problems arising from students' inability to manage the money prudently and from institutions trying to take unfair advantage of the system. In 1998 the Department for Education and Employment issued a useful free booklet about DSA(DfEE 1998).

e) Income for the institutions - student fees are a major source of income for the institutions and until recently, they tried to admit as many students as they could to maximise this. However, entry to the different subjects is now controlled more tightly and there are penalties both for over- and under-recruiting. The money for higher education comes from the government via the national Higher Education Funding Councils for England(HEFCE), Scotland (SHEFC), and Wales (HEFCW).

3. *The number of students with disabilities and/or learning difficulties in higher education*

Applications for Places 1995 (source : UCAS Statistics)

	Applicants No.	Applicants %	Accepted No.	Accepted %
no disability	403,445	96.19	279,506	96.18
dyslexia	3,446	0.82	2,433	0.84
blind/p.sighted	418	0.10.	279	0.10
deaf/p.hearing	646	0.15	450	0.15
mobility diffs.	443	0.11	298	0.10
personal care	73	0.02	28	0.01
mental health	183	0.04	101	0.03
unseen disabs.	9,062	2.16	6,348	2.18
multiple disabs.	580	0.14	376	0.13
other disabs.	1,146	0.27	777	0.27
total with dis.	15,997	3.81	11,090	3.82
overall total	419,442	100	290,596	100

Making progress for disabled students has been hindered by the lack of reliable information about numbers (see O'Hanlon and Manning 1995 and NCIHE 1997) and about the quality of the students' experience (Hurst 1993). Probably the best currently available are those which are collected at the applications stage. However, they probably offer an under-estimate of the position since a significant number of students (especially those with a specific learning difficulty) become known only after their courses have started.

Having outlined the system of tertiary education in England, it is time to move on to the main body of the paper. Let me begin by stating what I think our aim should be - it is to provide an experience of higher education for students with disabilities and/or learning difficulties which is of the highest quality and exemplifies best possible practice in all facets of student life.

Now we have our aim, we need to consider how we achieve it. To facilitate discussion the paper makes the distinction between factors over which tertiary education has no control and those over which it can exercise considerable influence. It then moves on to explore indications of progress, both within English society in general and also within the sector.

FACTORS OUTSIDE THE CONTROL OF THE TERTIARY EDUCATION SECTOR

1. Lack of knowledge
Within England it would be true to say that in 1998 we know much more now about the number of people officially registering as "disabled" and also about the medical aspects of disability. For example it is possible to detect the presence of an impairment of a foetus and if requested the pregnancy can be terminated, thus preventing the birth of the child. There are also developments in relation to improving the quality of life for people with impairments, for example the efforts being made to assist paraplegics to regain the ability to walk. However, set against this, I would argue that socially the general population actually knows very little about disability and its impact on individuals.

2. Attitudes and prejudices
Overall, the United Kingdom remains far from being an inclusive society. Many citizens do not have personal contact with disabled people in the course of their daily lives and so are unable to acquire first hand knowledge of issues facing disabled people. Because of this, the information on which their knowledge is based comes from other sources, especially the media. This leads to action based on a range of possible stereotypes of impaired people. In order to understand how certain attitudes arise and why prejudices persist, it is necessary to consider the information which people are exposed to. One could ask about the portrayal of disabled people in our daily newspapers and magazines, or on radio and television. For example, one commonly found approach is the "triumph over tragedy story" where the disabled person is seen as having achieved something which in some cases would be quite routine for an individual without an impairment. There are also images of disability in books and films. To vary the example, sometimes the disability is associated with evil or villainy, witness some of those with whom James Bond had to tangle. In relation to books, a particular crucial time in the formation of attitudes is childhood and so we ought to look carefully at the images of disability found in the books which our children read. The old traditional fairy stories contain some rather negative images ("Heidi" and "Treasure Island") but fortunately many of the modern children's authors are writing much more realistic accounts. Finally, there is the whole cultural tradition of the society in which disability is located. In some religions, for instance, the birth of a child with an impairment is regarded as a sign of displeasure from the gods.

3. Lack of specialist support

The best example where the need for support is difficult to meet because of the lack of of specialists is the shortage of qualified, trained sign-language interpreters to work with deaf students. In the United Kingdom, working in education does not have the status or rewards which interpreters can get by choosing to work in the media or in legal practices. This means that students often have to make do with “second best” although there are some indications that attempts are being made to tackle the shortage. My own university is involved in a programme with an organisation called Sign Language International to produce skilled interpreters and to persuade more of them to work in higher education.

4. Low educational expectations

Until recent times, many children received their compulsory education in special, segregated schools. Some research studies carried out within these schools suggested that the educational expectations were low and that the children were not pressed to succeed. Thus, when competing for places in higher education, they lacked the qualifications necessary. With the move to more inclusive primary and secondary education, together with other educational reforms aimed at raising overall standards, learners with disabilities and learning difficulties will encounter the same level of expectations as their non-disabled peers. However, simply being located within a mainstream setting might not be sufficient and it might be necessary to take a more pro-active approach to ensure that the expectations of the learners themselves, their teachers, and their families are also raised.

FACTORS WITHIN THE CONTROL OF THE TERTIARY SECTOR

1. Different levels of control

Within the higher education system in England there are different levels of control. The system is hierarchical with the government at the top. It is government which decides how much it can afford to spend on education each year. The money is passed on to the national funding councils who then distribute it to the institutions. In terms of developing provision for students with disabilities, it is necessary to try to exercise influence at all three levels. However perhaps the level which carries the possibility for greatest impact is the second, the national funding councils since they are in a position to indicate to the institutions how any allocated funding should be spent. As will be mentioned below, the funding councils are also in a position to allocate additional funding if they choose. I will return to national policy matters later.

2. Institutional factors

Following the evaluation of two special funding initiatives the HEFCE published a report which, in addition to summarising all the funded projects, identified several factors associated with high quality policy and provision (HEFCE 1996). In fact there were eight of these but my own experience suggests that five others should be added if the list is to be fully comprehensive. I wonder about the extent to which they apply in other contexts - such as here in Australia. Deliberately I have listed them in alphabetical order since I think it would be an interesting task for everyone to try to draw up and justify their own list of priorities:

a) accessible applications and admissions procedures - potential students need up-to-date, accurate, relevant information and in a range of formats to meet their needs (Braille, cassette tape, large print). The language needs to adopt an appropriate tone and make use of acceptable terminology. Much of this information will be produced “in house” but it is also important to respond to requests for materials for publication by others. For example, in the United Kingdom, Skill often asks institutions to provide copy for a variety of leaflets and booklets. Since 1997 all institutions have been required to produce and publish a Disability Statement in which contact names have to be listed and something has to be said about overall policy, current provision, and future plans. These were the only guidelines provided and so there is considerable variety in what has been produced. Looking at some of the Statements one can see easily the kind of information which is helpful and that which is of questionable value. For instance, one institution includes the following in its Statement:

“ University Policy for Admission of Students with Disabilities - this policy is included in our Staff Handbook and was last updated in July 1995”

Almost all of the Disability Statements can be seen on the internet using the CANDO site at the University of Lancaster.

b) administration of the work from a central service or from a high status part of the institution - in many institutions in the UK, this has been associated with student welfare services although in more recent times there has been a shift towards establishing comprehensive learning support services. Whilst current evidence suggests that this is an important factor, it does have some less positive dimensions. Clearly, in many institutions, staff who work with students with disabilities have acquired considerable knowledge and experience and so it is entirely appropriate that they are involved. However, the presence of such a known pool of expertise is a temptation for others to try to abdicate their own personal responsibilities. In the United Kingdom, there are clear parallels with the school sector where the key to developing more effective support has been to get rid of the Special Needs Department and to move towards what has been called a “whole school” approach in which working with learners with disabilities and learning difficulties becomes the responsibility of everyone. My own project at the University of Central Lancashire is intended to achieve this end although making progress is slow and far from easy.

c) appropriate allocation of funds/ a proper budget to support the work - although money is not always the answer, it is needed for staffing costs, for equipment, for environmental adaptations and so on. There are different approaches to this in different institutions and in different countries. I have always been somewhat envious of your own Equity Plans in Australia and I look forward to finding out more about both their strengths and shortcomings. Nearer to the United Kingdom, I look also to Sweden where the national system insists that each university sets aside 0.15% of its total undergraduate budget to support students with disabilities (although this money cannot be used to cover staffing costs). Perhaps in the near future, changes to the student funding system which I will mention later will ensure that a budget is available in every institution

d)clear lines of responsibility/clear procedures - it is important to ensure that everyone knows what they have to do, especially when there are moves to embed provision in the routine procedures of the institution. For example, adopting an inclusive approach (or a “whole institution” strategy) should mean that whoever makes arrangements for end-of-course student examinations has the responsibility for ensuring that the needs of students with different impairments are met.

e) effective monitoring of policy and provision - again this can be linked to adopting a “whole institution” approach . Whilst there is a place for regular reviews of policy and provision for students with disabilities (and indeed the requirement to update Disability Statements every three years will prompt this) it is important to ensure that support for students with disabilities is a part of all standard procedures. In the UK, there is a new Quality Assurance Agency for Higher Education (QAA) and meetings are taking place to promote the idea that when external panels visit institutions to check on quality assurance, they should consider the quality of what is provided for students with disabilities. As a precursor to this, the QAA is discussing the possibility of publishing a Code of Practice and they have been made fully aware of the Code of Practice which is in place already here in Australia. Again, those of us working with the QAA see a Code of Practice as a necessary first step but we hope that it will become superfluous once disability issues become part-and-parcel of all QAA activities.

f) experienced, specialist staff - clearly the need to appoint staff relates to the size of the institution but what is not in question is the need for every institution to ensure that someone is identified as having responsibility for working with students with disabilities. This has been a policy promoted by Skill for many years now and in fact there seems to be only a small minority of places now where it would be difficult to find out who has the responsibility. With the increased focus on developing policy and provision, the number of people employed specifically to work in this field has grown. This has raised the issue of training and indeed of staff development opportunities for more experienced staff. In fact such opportunities are very limited. Colleagues at the University of Plymouth have developed modules which are a part of their higher degree programme and which focus in the main on using technology to support disabled students. The only other programme was developed at my own university. We worked with experienced colleagues from many other institutions to validate a comprehensive programme which provides opportunities ranging from an initial introductory course and qualification through to post-graduate level. To our knowledge our approach is unique and colleagues here in Australia might be keen to know more about it. Experiences so far suggest that the programme is generalisable and transferable to other contexts since earlier this year, the introductory course was delivered successfully on a short intensive basis to Disabled Students Advisers from universities in Sweden. Discussions have also taken place about possibilities for colleagues in Belgium and the Netherlands. If colleagues are interested, I am happy to say more about it - or even discuss the possibility of developing it further on a joint basis.

g) flexibility and creativity to meet unpredictable and changing demands - having employed staff and adapted facilities, there is then the anxiety about what happens if there are no students with disabilities taking up places. What my colleague, Catherine Badminton, the University's Senior Adviser, has done is to establish a system of registers which list local people whom we can call on for different kinds of support - tutorial help for dyslexic students, readers for blind students, note-takers for deaf students and so. In October 1998, there are eighty-seven people on our registers. Given the system of student finance in the UK (the DSA) where it is the student who is given the money with which to purchase the support, this system is appropriate. It is also practical from the University's point of view since these people are not employees. In order to monitor quality, those applying to join the registers are interviewed.

h) genuine interest and active, committed support from very senior managers who are involved in the institution's policy making - taking the example of my own university, the progress which we have made could not have been achieved without the interest and participation of the Vice Chancellor and his colleagues. Given the importance of this, the need to include the name of the senior manager responsible for this work on the institution's Disability Statement was one strategy employed by the HEFCE to prompt closer involvement.

i) good strategic planning, especially for the longer term and knowing students' needs - it will be recalled from an earlier comment that all Disability Statements must include something about future plans. However, some of the changes made to the system in recent times do appear to have led to additional difficulties. For example, the shift from a single academic year to a two semester system has doubled the work needed on some aspects of provision, for example end-of-module exams. Also, changes to the academic calendar and the earlier start of the academic year have cut short the period when detailed planning of support needs can take place especially for students who obtain a place through the applications clearing system rather than as a result of deliberate planning. The recent extensive review of higher education conducted by Sir Ron Dearing discusses the possibilities of having a system in which entry occurs after applicants have gained the necessary qualifications as opposed to the current system where offers are made prior to the publication of exam results. From the point of view of those of us working with students with disabilities, this would allow for more efficient use of time and more effective planning so that when the student does eventually arrive, all systems are in place right from the start.

j) integrating disability throughout the institution with policies and procedures embedded into standard operating practices - I have mentioned already our own attempts to move towards this "whole institution" approach and so there is no need to say much more. A good example of embedding is the way in which course leaders are asked to comment on how students with disabilities and/or learning difficulties are supported both in any proposals for new courses and also in their annual course reviews. For much of the time this does happen but in order to achieve total success, there is a need to ensure that all staff are aware of their duties and responsibilities. An important and helpful development comes from the recommendations of the Dearing Report which proposes the setting up of an Institute for Learning and Teaching (ILT). This will have several responsibilities including the accreditation of training courses for staff about to start teaching in higher education. Dearing recommends that all courses recognised by the ILT should include a section/module about how the classroom needs of students with disabilities and/or learning difficulties can be addressed. This point leads me logically to consider the induction of new staff, staff training and staff development.

k) opportunities for staff development - staff working with students with disabilities are at different stages of their careers and their needs for continuing professional development vary. For some, the most appropriate strategies involve attendance at meetings and conferences whilst for others registering for a higher degree and conducting research meet their needs best.

l) strong links with local/regional/national/international networks - the exchanging and disseminating of ideas and good practice is crucial. In the UK this has been facilitated by the activities of Skill. Within a number of regions in England, staff working with students with disabilities meet once each term to discuss the latest developments. Skill also has a national higher education working party whose limited membership ensures that it acts as a conduit for information from experienced practitioners to policy makers and government and vice versa. International networks are growing too.(Hurst 1998). In Europe there is a strong group organised within a forum for student advice and guidance and which holds an annual meeting. Links with the USA are helpful and it is pleasing to see our connections with yourselves developing through participation in this conference. Communication is now much easier thanks to advances in IT and the e-mail although for many of us the face-to-face contacts remain of primary importance.

m) willingness, enthusiasm, and involvement of other staff - in many institutions this operates on many levels. Formally, there are the various committees and working groups whilst informally there are staff friendships and connections. Perhaps it is here where mention should be made of the invaluable contribution which can be made by members of staff who have impairments. In my own university, much of our progress in supporting more effectively our deaf students has come through those members of the academic staff who are also deaf. Very recently and in connection with the project on disability-awareness for which I am responsible, some staff have felt able to “come out” and reveal either a hidden disability or perhaps more significantly, that they have some form of dyslexia. These colleagues have become involved in a dyslexia working group.

INFLUENCING POLICY AND PROVISION - THE ROLE OF SKILL : NATIONAL BUREAU FOR STUDENTS WITH DISABILITIES

In a presentation such as this, it would be neglectful not to mention the role and work of Skill in promoting the interests of students with disabilities and staff who work with them in tertiary education. Perhaps, for some people Skill is well-known already. Indeed, some of those here today might have had the pleasure of meeting Skill's former Director, Deborah Cooper, when she addressed the conference a few years ago. However, for those unfamiliar with it, I must offer a brief description.

Skill was a small national charity which emerged from a meeting in 1974 organised by some staff and students with disabilities, mainly from universities. It called itself the National Bureau for Handicapped Students. Incidentally, some of the original group are still active including some of those who in 1974 were the first student members. Since then it has undergone a change of name and image and has become a medium sized organisation, embracing all aspects of post-compulsory education irrespective of the nature of impairment. Policy is decided during the thrice-yearly meetings of the elected Governing Council whilst responsibility for ensuring that the policies are carried out rests with a small Executive Committee including an Honorary Chair, Vice-Chair and Treasurer. The policy is implemented under the leadership of the Director and the two Assistant Directors. It has a full-time paid staff of around 20 people with an office in London and other smaller bases in Scotland and Northern Ireland (The latter have become of greater significance given the moves towards devolution.) It is a membership organisation with different constituent categories. Members pay subscriptions for which they receive various publications on a regular basis including newsheets aimed at staff and another aimed at students. Skill is also responsible for a range of publications, all of which are recognised for their quality. Perhaps, the one which has the highest regard is the "Co-ordinator's Handbook" for staff working with students with disabilities in universities. Whilst much of the financial support comes from membership subscriptions, profits from sales of publications, conference income and so on, a substantial sum comes directly from central government and the Department for Education and Employment. This is a further indication of the value placed upon Skill and although this dependency on a government grant might seem to compromise the organisation somewhat, in reality this has not been the case. Skill has not been afraid to challenge government when appropriate and in a suitable manner. The government consults Skill on many issues. Without doubt, the influence of Skill can be seen in much of the progress made in recent years. Again, if anyone would like more information about Skill its activities and publications, please let me know either during the conference or later via e-mail or letter. (For more details about Skill's work in recent years see Cooper and Corlett 1996)

TOWARDS THE MILLENNIUM - HOW MUCH PROGRESS HAS BEEN MADE?

In this part of the presentation, I want to mention three points which I think indicate that the process of change in the wider society is underway and which will have an impact on higher education.

a) anti-discrimination legislation - despite many previous attempts, it was only in 1995 that the Disability Discrimination Act became law. There is no time to explore the background to this but it is important to note that many activists in the disability movement demanded human rights legislation which they felt would be mush more powerful. Compared to laws in other countries, most notably the United States of America, the law is felt to be weak. The 1995 Act is concerned with access to employment, goods facilities and services. It does not apply to access to education. However, some changes were made to existing education laws - for instance the national funding councils for both further and higher education had to ensure that institutions published Disability Statements. Implementation of the law has been a staged process with the focus first of all on employment. When the Labour government was elected in May 1997, it claimed to be committed to extending the law although so far progress has been slow. The next stage will be to improve access to goods and services. Many of us including Skill are committed to full anti-discrimination legislation which would include education. This proposal was considered by the Dearing Committee but the recommendation was that higher education institutions should be allowed to comply on a voluntary basis. However, as with other laws intended to prevent discrimination based on gender or ethnic background, it seems likely that in the future, higher education will not remain exempt. They will not be able to refuse admission to courses on grounds of impairment and they will have to make some changes to ensure that there is access to their facilities and services.

b) more inclusive schooling - as mentioned earlier, within the compulsory education sector and despite progress since 1981, many learners with disabilities and/or learning difficulties are educated in segregated special schools. Further progress towards inclusion was threatened by the Education Reform Act 1988 which introduced the National Curriculum and national testing together with opportunities for schools to obtain their running costs directly from the government as opposed to via the local education authority. The government remained aware of the threats and monitored what was happening through the school inspection service. However, in order to ensure that more was done by mainstream schools to ensure that children with additional needs are retained in the mainstream system, the Education Act 1993 introduced the “Code of Practice on the Identification and Assessment of Children with Special Educational Needs”. Without going into too much detail, this move involves schools implementing a five stage process of assessment prior to any attempt to transfer a child to a segregated school. The system has been operational since 1994 and it could lead to the raising of educational expectations and levels of performance for all children. This the could impact upon those providing education subsequently.

c) changes in the post-compulsory education sector - in the United Kingdom, learners can leave formal education when they reach the age of sixteen. However, the vast majority stay on in the system pursuing more advanced qualifications, often of a vocational nature. This part of the process is known as further education and much of it is provided in further education colleges. Policy and provision for students with disabilities and/or learning difficulties has been of variable quality and was threatened also by the move towards greater vocational relevance from the 1980’s. In order to investigate what was occurring and to make recommendations for future policy, the government set up a committee of inquiry chaired by Professor John Tomlinson. His report was published in 1996 and was called “Inclusive Learning”. A lot of the discussion and many of the recommendations apply equally to higher education, especially since the borders between the two sectors are becoming increasingly blurred In the UK, one development which has resulted from initiatives to widen participation and improve access for under-represented groups, has been the provision of higher education courses in the more localised further education colleges. As can be inferred from its title, the recommendations from Tomlinson explore the importance of matching the needs of the student with the appropriate strategy of learning. Again, there is no space to discuss this further in this presentation. Since the report was published, some important initiatives have been taken up although at this point in time it is too soon to assess their implications for higher education. There have since been two more committee report published - one from the Kennedy committee which has looked yet again at widening participation (FEFC 1997) and one from the Fryer committee on lifelong learning (DfEE 1997). In a recent address at a national conference organised by Skill, Fryer proposed that a radical cultural shift is need to move away from a system based on exclusion, failure and hierarchy if the concept of lifelong learning is to be effective. Clearly this has implications for the student group with whom we work.

PROGRESS WITHIN THE HIGHER EDUCATION SECTOR

In moving into this, the final major section of the presentation, I want to say a little about six significant developments which have occurred in the last two years or so. Some of this will expand upon and reinforce points made earlier.

1. the Dearing Report ”Higher Education in the Learning Society ” (NCIHE 1997a)
-when the government announced the setting up of a committee to consider the size, shape, function and funding of higher education, many people were concerned to see that although some under-represented groups were mentioned in the committee’s terms of reference, no reference was made to people with disabilities. Accordingly, many of us used all means possible to alert the committee to the needs of this important minority group. Written evidence was submitted, conferences and seminars were attended, and eventually the committee met a delegation from Skill. Given the committee’s potential influence, it was clear that everyone wanted something from the committee and certainly in my case, I was not hopeful that much would be said about the situation of this group of students.

When the report was published in July 1997, it was a gratifying surprise to see that the efforts made to win the committee’s attention had been successful. As with other matters, there is not really time to go into detail about the findings and recommendations. For those interested in the details, I have written a lengthy paper which is to be published in the journal “Disability and Society” in January (Hurst 1999). There is time here only for some brief indicative comments.
Within the report, firstly, there are some specific recommendations about developing policy and provision for students with disabilities and/or learning difficulties. These appear mainly in the chapter about widening participation where there are several paragraphs about supporting students with disabilities and/or learning difficulties. One of these has been mentioned already and is about the inclusion of support for disabled students in tutor training courses accredited by the ILT. Another urges the ending of the means test on the DSA and also the extension of these to include part-time students. Secondly, there are many of the more general recommendations which have implications for students with disabilities. In order to analyse these more succinctly, I have structured my discussion around a series of questions:

a) what are the implications for students with disabilities and learning difficulties of features of the current context - for example the impact of increased staff workloads and the decline of traditional approaches to pastoral support. If staff have less time, students who might require some additional assistance might be seen as a burden to be avoided.

b) who is envisaged to be participating in higher education in the future - one suggestion is that there will be more older learners. Since the incidence of disability increases with age, it seems possible that there might be more disabled students in the system. Another suggestion is that there will be more part-time students. This could be helpful since many people with disabilities choose to study by this mode because of the impact of their impairment. However, there are financial implications which we will return to later.

c) when will people wish to participate in higher education in the future - the report promotes a more flexible system and the possibility of moving to a post-qualification entry system. Certainly, this could be helpful for disabled students and the institutions at which they choose to study since it could remove much of the uncertainty about detailed advance planning which the current system inhibits.

d) where will students pursue their higher education courses - the report suggests that the trend to studying near to home will continue. The corollary of this for students with disabilities is that their local institutions must be accessible in the broadest sense of the term. This is relevant to the continuing debate in the UK about creating “centres of excellence” which advocates provision for students with impairments on a regional basis with institutions specialising in the support of groups with particular impairments. Many of us oppose this for a variety of reasons, for example in relation to principles of choice and equality of opportunity.

e) what are some key features of programmes of study in higher education in the future - taking two examples, firstly it is suggested that increased use of information technology can overcome difficulties of travelling to institutions. Clearly, making greater use of -e-mail, the internet and so on could avoid some of the difficulties of physical access faced by some students with disabilities. Secondly, there is a proposal that most programmes should include an element of work experience/work placement. This could present difficulties for disabled students, some of which result from the rather negative attitudes of many employers towards disability.

f) what other aspects need to be considered - from the point of view of our concern with disabled students, there appear to be a number of issues but I will mention only two: the need for staff training and staff development, and the need to explore different ways of financing higher education. The question of funding was highlighted in my opening remarks and will be mentioned again shortly since there have been changes since the report was published..

Thirdly, a number of supplementary papers were made available alongside the main report, some of which were used by the committee to inform their recommendations. One short report was concerned specifically with students with disabilities (NCIHE 1997b). It has two parts. One describes the status quo and mentions a number of problems including the difficulty of getting accurate statistical information. The other part makes a number of recommendations, especially about funding. Not all of these are helpful. For example, there is a proposal that money be allocated to students on a pro rata basis according to the nature of the impairment (Paragraph 5.12). This seems to ignore totally individual differences; basing funding around an impairment seems to return to the medical model of disability.

a) The special initiatives taken by the national funding councils - since their establishment following the Further and Higher Education Act 1992, the national funding councils have provided additional financial support to institutions. Each one has approached this in a different way. Arguably, greatest progress has been made in Scotland where there is now a national co-ordinator in post and where policy in most institutions has developed from what was a relatively low baseline. However, being the largest of the three councils, what has happened in England has had greatest publicity. In both 1993-94 and 1994-95 the HEFCE set aside £3M to support projects in individual institutions. The money was allocated following the submission of bids which were considered by the HEFCE's Advisory Group on Students with Disabilities and Learning Difficulties. Over 70 projects were supported and the entire approach subjected to an evaluation by an experienced external consultant. The report stemming from this has been mentioned already. One of the criticisms made was that funding for one year projects offered too short a time span. When more funds were made available in 1996, invitations to bid made it clear that projects were for a three year period and so currently those involved with these are approximately half way through.

b) national co-ordination and development - following the example set by Scotland, the HEFCE chose to try to co-ordinate and develop policy and provision on a national scale by appointing staff to take responsibility for this. In fact, a team of three experienced staff have been seconded from their permanent posts in universities to work in a co-ordinating role, each on a half-time basis. They are known as the EQuIP team - Extending Quality in Provision. Much of their focus has been on bringing together those current projects which have the same concerns (e.g. staff development, provision for students with mental health difficulties, etc.). They have also worked to ensure that information deriving from the projects is disseminated effectively to the non-project funded institutions and the rest of the sector. Thirdly, they have tried to work with the HEFCE itself to ensure that disability issues are included in all other aspects of the Council's work.
Not only has the HEFCE established the co-ordinating team, it has funded two small research projects. One of these has examined how students with disabilities have made use of the Disability Statements (HEFCE 1998a). The other has worked with the institutions to try to establish a baseline of provision - what every institution should be able to provide(HEFCE 1998b). The latter was eagerly awaited since it has several potential consequences. For example, on the basis of the findings, the Council might wish to allocate any additional funds to those institutions which do not yet reach this baseline. Also, it might be possible to determine which services should be provided without costs and which should be financed from the DSA which the students have responsibility for spending. Both studies were to be published in November 1998.
A final development proposed by the HEFCE concerns the provision of additional funding to institutions on a more permanent basis to recognise the additional expenses which might be incurred in developing policy and provision for students with disabilities. Preferably, the money will be allocated as part of the routine annual allocation. The major barrier preventing the early implementation of this is the difficulty of counting the number of disabled students. After much discussion some months ago which was unproductive, the latest proposal is to base the allocation on

the number of students receiving the additional DSA. Previously this strategy has been unacceptable but some recent changes mean that it will become much more accurate in reflecting student numbers(see point f below).

c) developments following the Dearing Report - it is appropriate to mention again that the proposed Institute for Learning and Teaching has been created and that it has set up a small advisory group to consider how issues relating to students with disabilities can be incorporated into its work .

d) the work of the Quality Assurance Agency - this too was mentioned earlier. A consultative group is meeting in November to consider devising a code of practice relating to students with disabilities and/or learning difficulties.

e) extending the DSA - following a recommendation from the Dearing Committee, the government abolished the means test on these awards. However, what it could not do as quickly was to extend them to include students taking courses on a part-time basis. Since many students do have to adopt this approach, often because of the nature of their impairment and its effects on study patterns, using DSA as an indicator for institutional funding was inappropriate. However, the government is taking seriously the proposal to extend DSA and that it is likely to do this once it has some knowledge of how much this might cost. When this happens, then basing any additional student capitation allocation given to the institutions on numbers receiving DSA becomes more realistic, although with some serious shortcomings still.

CLOSING COMMENTS

I shall begin my closing comments by quoting directly from the Dearing Report:

“To be a successful nation in a competitive world and to maintain a cohesive society and a rich culture, we must invest in education to develop our greatest resource, our people. The challenge to achieve this through the excellence and effectiveness of education is great.” (paragraph 2) I assume that this does include people with disabilities and learning difficulties.

In 1963 I myself started my undergraduate course. My studies began in late September, about one month after the famous speech made by Martin Luther King during a civil rights demonstration in Washington D.C. The speech has become famous - “ I have a dream...” I often reflect on how this speech describes my own position today.

When I first became a member of Skill around twenty years ago, and then became much more closely involved with disabled students at my own university in the 1980’s, much of what is happening today was the kind of thing that many of us could only dream about. Certainly in the UK, there are strong reasons for feeling optimistic. I think that we are seeing policy and provision for our students with disabilities moving away from being an optional welfare activity to becoming something which is an accepted dimension of all aspects of life in higher education institutions. Putting this another way, policy and provision is moving from the fringes to the core. There is still much to be done - most certainly there is no room for complacency. There are some delicate issue to resolve - which is the prime mover in change, providing the funds to support change or being so ardently in favour of change that money is provided? What is the most effective balance between rewarding institutions for making progress and penalising those which appear to be taking no action - between carrots and sticks? How much should institutions be allowed to preserve and retain autonomy and how much might be achieved with more central intervention? Changing tack, we still know very little about the real life daily experience of our students, we know little about the quality of that experience, we know nothing about staff with disabilities who work in higher education. In the UK there are some courses where entry for people with disabilities is difficult still - a good example of that are courses of initial teacher training.

One way in which we can increase our knowledge is to find out what is happening in other places, both at national and international levels That is why I value the opportunity that Pathways IV has given me to meet you and find out more at first hand about policies and provision for students with disabilities in Australia. I thank you for inviting me to be here, I thank you for listening to me. I hope that you have found what I have said interesting, relevant, helpful, and useful.

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DISABILITY AWARENESS-RAISING AND DISABILITY AWARENESS-TRAINING IN HIGHER EDUCATION

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INTRODUCTION

As might be inferred from the title, this paper examines two distinct but inter-related matters concerned with disability and the initial and continuing professional development of staff. There is also another important dimension to the paper. This concerns provision of continuing professional development for those working with disabled students in all higher education institutions throughout the sector as opposed to opportunities for training and development for non-specialist staff within a single institution. The paper will start by looking at issues about the development of training opportunities for the sector and then look at what is happening in one institution, the University of Central Lancashire.

PART ONE : THE NATIONAL LEVEL

THE CONTEXT AND THE NEED FOR A NATIONAL STAFF DEVELOPMENT PROGRAMME

It is possible to identify several factors indicating not only the need for a programme of professional development for staff working with disabled students but also that the time is right to promote such a development.

Within the national context there have been some important changes. Firstly, since late 1995, the Disability Discrimination Act has become law. The focus of this is to ensure that disabled people do not encounter discrimination based on their disabilities when applying for jobs or when seeking access to a range of services (e.g. shops, entertainment centres, public transport). The government decided to exclude ‘education’ from its provisions. However, universities and other institutions will have to comply with the law in their roles as employers. This could bring benefits and progress for disabled students as well as disabled staff. The decision to exclude education met with opposition from many sources, including Skill : National Bureau for Students with Disabilities. Perhaps as a result of these protests the government did make changes within education, the most significant being the requirement that all institutions must produce and publish a Disability Statement.

Responsibility for the implementation was passed to the national higher education funding councils, each of which approached the issue slightly differently. The Higher Education Funding Council for England (HEFCE) had already established a small Advisory Group on Students with Learning Difficulties and Disabilities (more comments about this follow below) and this acted as a consultative group about the form and content of the proposed Disability Statements. After discussions with the sector, the formal requirement was communicated to the institutions in Summer 1996 indicating that the Statements should be sent to the HEFCE by early January 1997. For the purposes of the discussion on staff development, the important point to note is that the specified content ensured that the compilation of the Statement involved many staff, thereby making them more aware of disability issues. More significantly perhaps, the format necessitated the is made where this close involvement of very senior staff. Past experience has suggested that progress occurs and where there is a lack of involvement, there is a corresponding lack of progress(see Skill 1996a).

The Disability Discrimination Act and the Disability Statements were really two factors which contributed to a continuation of the momentum already started as a result of the activities of the national funding councils. Discussion of this is available already (see Hurst 1996 and Cooper and Corlett 1996). In brief, in both 1993-94 and 1994-95, additional funding was made available to support projects to widen the participation of disabled people in higher education. Part of the successful bid from the University of Central Lancashire in 1994-95 was for financial support for the development of the training programme to be discussed below. Having paused for a short time to evaluate the progress made, the HEFCE allocated a further £6M to the work. Of the eighty seven bids, thirty one were selected (see HEFCE 1996 for details.). As with the earlier bid, the concern of the project being undertaken at the University of Central Lancashire is the focus of this paper and will be discussed later. The point to make about all three special initiatives and the projects which were funded is that many of them have involved the recruitment of a significant number of staff, a lot of whom were coming to this work without a strong foundation of knowledge or experience. Hence, the need to provide opportunities for initial and on-going training and professional development became more crucial.

Apart from these system-wide policy-based stimuli, there were other compelling reasons indicating the need for staff training and staff development. These are linked with the desirability of ensuring that whatever provision was being made, it was of high quality. Secondly there is the importance of the status accorded to working with disabled students. One way in which status could be gained is via the successful completion of an accredited programme of training. Certainly, this was the case for staff working to support students in other ways. For example student counsellors have their own professionally-recognised training courses as do staff offering careers guidance. Many staff supporting disabled students are based within their institution’s student services section. For many, this means working alongside carers advisers and student counsellors. Both of the latter groups have means of obtaining professional recognition for their work through the availability of courses and qualifications. There were no similar opportunities for staff in disability services.

It should be noted that the roles and responsibilities of staff working with disabled students are wide-ranging. Services and support are offered prior to entry, during the course, and at the point of leaving higher education. The kinds of services offered to students include: advising about learning support strategies, proposing modifications to assessment regimes, managing staff, working with other agencies, developing policies and provision, raising disability awareness, and initiating and participating in staff training. As stated earlier, apart from the desirability of professional recognition, a major issue concerns the importance of monitoring the work done, ensuring that the practices employed are of good quality and that the knowledge and experiences are disseminated widely. These aspects can be facilitated by the creation of specialist courses and qualifications.

Having outlined the context and demonstrated the need for and the potential value of a specialist course and qualification, it is appropriate to look next at how the programme of courses was devised.

THE DEVELOPMENT OF THE PROGRAMME OF SPECIALIST COURSES AND QUALIFICATIONS

As stated already, financial support for the development of the programme came from the HEFCE. The way in which the development moved forward was something rather unusual. In a period when the emphasis in higher education appeared to be more on institutional competition and rivalry, the programme was created as a result of colleagues from many institutions and organisations working together. The University of Central Lancashire acted as leader and co-ordinator but the meetings to discuss the proposals were funded by the HEFCE. The involvement of colleagues from outside the University was seen as being of particular importance and was intended to give the programme credibility and respect throughout the sector. It was an open acknowledgement that high quality expertise existed in a number of places and for everyone to benefit, this pool of practices needed to be used.

The actual method of involving others used systems in place already, Firstly, in England, Skill : National Bureau for Students with Disabilities plays an important role working for progress for disabled students in all forms of education after the end of compulsory schooling. Skill’s Higher Education Working Party is composed of colleagues from institutions throughout the United Kingdom who are regarded as being at the leading edge of policy and provision. Hence, members of this national group were invited to participate. Secondly, Skill operates throughout the country at regional level in that staff working with disabled students in these regions meet each other once each term to discuss matters of mutual interest and to share ideas and experiences. Thus, members of the group in which the University of Central Lancashire participates, were also invited to join the course development group. All travel and subsistence costs were paid for by the funding received by the University from the HEFCE.

Normally, when course developments are proposed within the University, a course development committee is established and a series of regular meetings follows usually for two hours or so weekly or fortnightly. Clearly, given the close involvement of other colleagues from outside the University, many of whom would have to travel great distances to participate, this pattern was inappropriate and inefficient. Instead, the course development group met for intensive discussions on a number of week-ends in a hotel in Preston. At the initial meeting the structure of the University's system of awards and qualifications was outlined and decisions taken about how any proposals would need to fit in with the modular structure. Putting the courses and programme together took around six months and so it was in late October 1995 that the programme underwent the final stage of its development, namely validation. This involved the course development group in a day-long meeting with staff from within the University plus two external representatives with knowledge and experience of disabilities. At this meeting, the group was asked to justify and explain the reasons for its decisions etc. This was completed successfully and the programme was given formal approval to operate for five years from January 1996.

THE HIGHER EDUCATION DISABILITY SERVICES PROGRAMME : CLIENTELE AND STRUCTURE

It is possible to identify two different client groups for whom the availability of the programme should prove attractive. Bearing in mind the developments in policy outlined at the start of the paper, there are many staff being recruited to working with disabled students who need a basic introduction to what is involved. Hence, within the programme, there is the opportunity to gain an initial qualification. There are also many staff already in post who wish to seek formal recognition and accreditation for the work that they have done previously and are continuing to do. The flexibility of the University's modular structure allows those interested in the programme to join and leave at points suitable to their own needs and career paths. The highest level of qualification is the Post-Graduate Diploma. For some, this is seen as an important marker in terms of moving on to even further advanced study since the completion of the Post-Graduate Diploma can be regarded as the half-way point on the route towards a Master's degree.

It is possible to provide some other illustrative examples of the flexibility of the programme. For example a disabled students adviser with some experience but who changes jobs before completing the full programme might leave with the award of a University Advanced Certificate(completion of two modules plus the introductory one). A disabled students adviser who seeks accreditation only for what has been achieved already could be awarded a University Diploma (completion of four modules). For all those coming to the programme with some prior experience, there is a system in place through which they can seek accreditation for this and thereby exemption from some of the modules. In particular, it is anticipated that many experienced staff will seek and be granted exemption from the introductory overview module at the very least.

THE HIGHER EDUCATION AND DISABILITY SERVICES PROGRAMME : AIMS AND CONTENT

The overall aim of the programme is to produce competent practitioners who offer advice and support to disabled students in higher education and who co-ordinate services and develop policy and provision for disabled students efficiently and effectively. The overall learning outcomes include both the theoretically-based and the practically-oriented, the intention throughout the course being to promote the inter-relationship of the two. Having completed the full programme, course members will be able to:

a) analyse logically and make informed judgements about issues relating to disabled students

b) assess critically the nature of the processes involved in developing policies and provision for disabled students

c) examine critically the nature of the relationships between policy and provision for disabled students and other aspects of policy and provision both institutionally and nationally

d) establish mutually supportive relationships with others working with disabled students in higher education

e) contribute to the embedding of policy and practice regarding disabled students within the institution

f) participate in improving the quality of the student experience by initiating change in the institutional structures, systems, culture and environment.

The programme consists of six modules in total. Within the University's academic programmes, the introductory module is seen as being at a level commensurate with the second level of undergraduate studies whilst four other modules are at the level commensurate with final year undergraduate honours degree work. The sixth module involves an individual investigation/project and this is seen as having the status equivalent to post-graduate research.

The six modules are:

Module One - Higher Education and Disability : An Introduction and Overview

(offering an introduction and overview of both the individual and institutional aspects of developing policy and provision for disabled students in higher education.)

Module Two - Disability and Society

(exploring issues relating to definitions and meanings of ‘disability’, the importance of language both to the development of the individual’s self-concept and group identity, and also as the major force in the creation of social reality; reference is made to rights and equal opportunities and to developments concerned with an inclusive society and the ending of discrimination)

Module Three - Disabled Students in Higher Education

(considering aspects of policy and provision from the perspective of students at undergraduate and post-graduate levels and including both academic and non-academic concerns)

Module Four - Disabled Students: Institutional and National Policies and Provision

(looking at the development of policy and provision in institutions, and set within the context of national policy; trends and change in educational policy are examined in terms of their effects on disabled students e.g. changes to student funding)

Module Five - Developing Professional, Managerial, and Interpersonal Skills

(reflecting on the roles of staff as professionals working within a particular context, looking a their strengths and identifying aspects of their work for which they need further development)

Module Six Project/Dissertation

(providing the opportunity to undertake independent study in an area of choice and personal relevance)

Each module is assessed to the same extent (i.e. assignments equivalent to 5,000 words). However, the assessment strategy differs for each module and is intended to be whatever is the most appropriate. The project/dissertation is between 15,000 and 20,000 words long.

THE HIGHER EDUCATION AND DISABILITY SERVICES PROGRAMME : ORGANISATION AND DELIVERY

The organisation and delivery of the modules does vary but underpinning everything is recognition that the programme is aimed at a national rather than a local market. Hence strategies have been devised which provide for efficient and effective use of time both for those involved as tutors and those participating as course members.

The semester structure provides greater flexibility for clients to join and leave the programme in that it is possible to start at two points rather than one during an academic year. For those who take all modules and who cannot gain accreditation/module exemption on the grounds of prior work, the normal duration of the programme is five semesters minimum. Offering two modules simultaneously each semester can mean that some course members who have been granted the maximum exemption can complete the programme to Post Graduate Diploma level in eighteen months(three semesters).

Each module is covered during two weekend residential meetings, one towards the start of the module/semester, the other towards the close. Attendance at these weekends is compulsory. During the weekend there are formal inputs from visiting tutors, there are opportunities to meet with tutors on an individual basis to discuss progress on assignments, and there are seminars, workshops, and other small-group learning activities. The actual teaching and learning makes use of a range of approaches - the focus being more on learning rather than teaching and thus the strategies employed try to involve the course members actively in their own learning.

Throughout the period of their enrolment as a course member, individuals are allocated to a mentor. This person is someone who already has some experience of working with disabled students in higher education and who is based in an institution near to that of the course member. The overall role of the mentor is to offer help and advice particularly with the assessed assignments.

The introductory module is organised differently. Because of the limited background of the course members, it is necessary for meetings to be held on a more regular basis and to adopt a more formal classroom approach (but this does not imply a more presentational strategy). Those enrolled for this module are required to attend the University for six half-day sessions over the period of one academic year. The longer duration of this module is to allow course members more opportunities to gain experience whilst taking the module.

In terms of administration, there is a Programme Leader and an External Examiner - both of these are in accordance with standard University procedures. In relation to monitoring and quality control, a course steering group is responsible, membership of this comprising course members, University-based staff, and representatives from other institutions and organisations.

THE HIGHER EDUCATION DISABILITY SERVICES PROGRAMME – RESOURCES AND COSTS

Whilst the University of Central Lancashire has adequate resources, it should be remembered that the nature of the Programme means that course members will be in a position to draw upon whatever is available to them at their workbase. Hence the customary issues of library books, access to IT, etc. which are important when securing course validation had to be treated on a more general basis. Course member are encouraged also to explore and use the materials available in print and via computer networks.

The Programme is delivered on a full-cost basis. This means that the fees (£400 per module) have to incorporate the costs of two residential weekends, a contribution towards the payment of the expenses of visiting speakers, a sum to cover the cost of the fee paid to those colleagues acting as mentors, and all other costs associated with the administration, support, and assessment of courses in continuing professional development. There might be other additional costs relating to the provision of special services (e.g. personal assistants for disabled course members, sign-language interpreters, etc.)

THE HIGHER EDUCATION DISABILITY SERVICES PROGRAMME – PROGRESS REPORT

Unfortunately, since being validated, it has not proved possible to start the Programme. There are a number of reasons for this:

a) whilst there have been applications from a number of individuals, the total overall number has not reached the level deemed by the University to make the courses viable; this shortfall has been created by the effort to be flexible and to allow for a significant level of accreditation of prior experience/learning; the effect has been to subdivide an already small overall total;

b) some of the shortfall in numbers might result from the lack of widespread publicity when the programme was first announced - only in March 1997 were the official, standard University information sheets ready for distribution;

c) without doubt, a major issue is the cost of the Programme which has been developed at a time when there is a growing effort to cut expenditure in institutions;

d) one way in which costs might be reduced and also viable groups created would be to obtain recognition from the European Commission and to open the Programme to colleagues working in Europe - although this might require some amendments being made to what has been validated;

e) the delivery of the introductory module was modified to enable it to be offered on a short intensive basis - this action resulted from an approach from colleagues in Sweden who wished to undertake professional development; a group of disabled students advisers spent four days at the University in Spring and this was followed up when staff from the University spent time in Sweden in Autumn;

f) one short-term strategy which is being introduced is the use of the Introductory Module as part of the staff development programme within the University of Central Lancashire itself - which leads into the second part of this paper.

PART TWO : THE INSTITUTIONAL CONTEXT

STAFF TRAINING AND STAFF DEVELOPMENT WITHIN AN INSTITUTION : A CASE STUDY

BACKGROUND

Earlier in this paper, reference was made to the additional funding made available by the HEFCE. The project put forward for consideration from the University of Central Lancashire involved support for a programme which aims to approach staff training and staff development on a much more systematic, developmental way than has been the case previously. Currently, several key staff are involved with offering sessions usually in the lunch break and in the form of single “one off” events with no further follow-up. Also, given the sudden growth in the number of students whose first language is British Sign Language (BSL - currently there are around 15) it was decided to include a specific dimension about Deafness. The title of the project submitted was “Towards a ‘Whole Institution’ Approach on Disability and Deafness”. The University was informed in late November 1996 that the HEFCE had agreed to give financial support of £166,000 for the three-year project. However, prior to discussing this, it is important to note that within the UK there are some important general issues concerned with staff development and disability.

DISABILITY AWARENESS-RAISING AND TRAINING : SOME ISSUES

One method of considering these issues is to use a number of questions:

a) who needs awareness-raising/training?

One answer to this is that everyone needs it - from the most senior to the most junior staff irrespective of their work responsibilities. However, this might seem to be a formidable task and so another answer is that those who need it can be targeted, perhaps because they are in a situation where they encounter disabled people (e.g. tutors on particular courses, staff in student accommodation, etc.)

b) who should be involved in awareness-raising/training?

There are several possible sources of expertise: individual specialists within the institution itself, staff within the institution responsible for all other staff training, individual outsiders with knowledge and expertise, outside organisations, and disabled people themselves. Within the UK, there is a very strong view that the last-mentioned are the most appropriate sources of knowledge, expertise, and experience - although this leads on to questions about the training of these trainers.

c) when should the awareness-raising/training occur?

Awareness-raising/training could be provided before the first contact with disabled students but this might mean that the limited background and lack of prior experience is a problem. On the other hand, it has the advantage that people are well-prepared before this first encounter. Alternatively, if awareness-raising/training occurs after people have had some experience of disability, it could mean that they themselves can identify issues they would like to find out more about. The disadvantage with this is that action at this point might come too late.

Another important dimension is how the timing of sessions is allocated. A series of regular, developmental sessions should accomplish more than the repetition of single, very basic sessions. The likelihood is that there will be a need for both the ‘one-off’ and the progressive approaches.

d) what methods and strategies can be used in disability awareness-raising/training?

In the past, some trainers have used simulation exercises - and feedback from participants has suggested that this has had some success. However, more recently, there has been some reluctance to employ this approach (see French 1992). Also, today, more and more commercially-produced resources are available but these might need to be supplemented by materials produced in-house with a specific context in mind.

e) what should be included in disability awareness-raising/training?

The debate here is between a more general coverage where the emphasis is on the ‘education’ of the participants and a more specific programme which provided ‘training’.

THE HEFCE PROJECT AT THE UNIVERSITY OF CENTRAL LANCASHIRE 1996-1999

Both the 1993-94 and the 1994-95 HEFCE-funded projects were subject to regular internal monitoring and end of-year external evaluation. The latter made use of an experienced, external consultant and her recommendations were used to direct future actions, including the 1996-99 project. Whilst a key to the successful implementation of policy and provision at the University has been the high level of specialist staff allocated to this work, if the underlying philosophy of a “whole institution” approach is to be successful and if the progress made is to endure, it is important to ensure that staff in all sections and departments are fully aware of the needs of students with disabilities and/or learning difficulties. In her 1994-95 report, the consultant commented several times on the need for staff training and staff development. For example she stated that ”there is still a need to continue to seek ways and means of improving the general levels of awareness of all staff in the University”.

It would be misleading to give the impression that little was being done to provide staff training and staff development opportunities. On the contrary, within the broader context, the University has an effective policy for individual staff development which affirms the institution’s intentions to develop its human resources. The major responsibility for ensuring that this policy is implemented lies with the Training and Development Section(TDS) of Personnel Services. TDS provides a number of routes through which this can take place including in-house courses, conferences, workshops, and so on. With regard to “disability”, and as stated above, sessions have been provided in a fairly ‘ad hoc’ manner primarily because the specialist staff who are best qualified to deliver them do not have training and staff development as their primary role and thus can fit in these sessions only when they themselves have free time. Given this, prior to the HEFCE project, there was a lack of progression in terms of depth of knowledge. Again, this is not to deny that training and development does take place in a systematic and organised way. Indeed, there are induction programmes for new staff along with equal opportunities training in a number of formats, all of which do include references to disability issues.

Apart from the need for these general and broad-based programmes, there was a more specific need for training resulting directly from the University’s success in recruiting increasing numbers of Deaf students. This has several dimensions: where the Deaf student is expected to learn from non-Deaf lecturers via the mediation of an interpreter/communicator, all three participants require situation-specific advice and training in order to make the most effective use of classroom learning opportunities. Experience gained at the University can be supported by evidence from elsewhere.

The application for financial support from HEFCE, then, had two strands which might be described as “generalist” and “specialist”. The focus of this paper is mainly on the former and so the latter will be described and discussed only briefly when appropriate.

The need for a more effective approach has been outlined already. It should be recalled too that the passing of the Disability Discrimination Act (1995) gave added importance to disability issues. Much of the basic content of a systematic, developmental programme is already available in the form of the Introductory Module within the Higher Education and Disability Services Programme described earlier. What this new project proposes is to refine and adapt this in conjunction with staff from the Disabilities Office in Student Services, staff from TDS, and representatives from every academic department and service in the University. This builds on a structure which is already starting to emerge as a result of an initiative taken by the Property Services Section which has designated one of its staff as having responsibility for disability issues.

In connection with the design and delivery of the training programme, the University wanted to make more effective use of an important staff resource, namely the writer of this paper. Over the years I have gained knowledge and expertise relating to disability issues in higher education. My background as a teacher and my work within the University's Department of Education Studies has meant that I am aware of educational principles about course design etc. Prior to the start of the project, I was seconded to the Disabilities Office for the equivalent of one day each week. In order to provide time to participate fully in the staff development programme, arrangements have been made to take away most of my duties within the Department. Thus, the bid to HEFCE was for financial support to facilitate my secondment almost full time to the Disabilities Office. Money was needed also for the appointment of two full-time project officers to implement the more specialist dimension relating to Deaf students. The three staff intend to work closely to create a training package concerning Deaf students. This will be based on some initial research and will then be implemented and tested at the University of Central Lancashire before it is made available to a wider audience.

THE HEFCE PROJECT : THE FIRST HALF (JANUARY 1997 - JULY 1998)

The University was informed in late November that its application for financial support had been successful. Since term ended in mid-December followed by the Christmas vacation, there was little that could be done until January. In fact, much of what has happened since then has taken the form of planning and administration and it will be from the start of the next academic year that any signs of clear progress become evident. However, it is important to report on what has happened so far and to point out what the plans are for the immediate future.

Apart from the more practical issues like moving rooms and appointing someone to take over my teaching in Education Studies, an important matter was to set down some key principles on which the staff awareness-raising/training was to be based. These principles are used here as a framework for within which a progress report can be presented:

a) working with colleagues already involved with students with disabilities and/or learning difficulties

There is a very experienced team of people working within the Disabilities Office and within the Specialised Learning Resources Unit in the Library. There is also the team of staff associated with courses in Deaf Studies. The project aimed to secure their participation and to utilise their skills but so far this has not been fully achieved. Staff from these sections have attended and participated in some of the sessions but the demands on their limited time have meant that they have had to give priority to other matters.

b) working with colleagues already involved in aspects of training and development for academic and support service staff

In achieving a major aim of the project, namely the embedding of any gains made within the routine, standard operating practices, it was intended that the current coverage of disability issues in all staff induction programme would continue and develop. This is happening and there are opportunities for further progress following changes which have occurred since the project began. For example, the University has reviewed its provision for new academic staff who do not have a formal teaching qualification. Within the new programme, which has been made compulsory for all new appointees, sessions will be presented which explore working with students with disabilities in the classroom. This action by the University was timely in that following the recommendation from the Dearing Committee, the proposed Institute for Learning and Teaching (ILT) will take into account coverage of disability issues in the higher education institutions' teacher training programmes which it accredits. the staff training and development aspect which was included in the project proposal and which has still to be implemented fully is the programme of specialist professional courses described in the first part of this paper. This has been publicised during all disability awareness-raising sessions and some staff have shown interest but still not in numbers deemed to constitute a viable cohort.

c) working with colleagues with relevant special expertise

Within the University there are individuals and groups of staff whose academic interests and work relates to disability issues - for example within the Department of Organisation Studies, at least two colleagues have already run workshops on the anti-discrimination legislation in relation to human resource management and personnel matters. Involving colleague such as these has yet to happen in the ways envisaged. However, there has been very close co-operation with staff in Deaf Studies in elation to sessions on working with students who are deaf or hard-of-hearing.

d) working with colleagues and with students who have first-hand experience of disability

A number of staff known to have disabilities were approached when the original proposal was submitted and agreed to become involved; the close involvement of students has been more problematic since whatever they do must not harm their studies; as a result of some sessions, a small number of staff have been willing to disclose their impairment or learning difficulty. In particular, following a one day seminar on dyslexia, colleagues with dyslexia have been willing to “ come out” and to offer their support. As a result a dyslexia working group has been established.

e) working with Faculties, Departments, and services to devise programmes to meet the needs as they themselves define them

Rather than try to impose something from the centre, the strategy adopted has been to notify the various sections about the project with the intention that they would respond with invitations to deliver sessions. This “voluntary” approach had mixed success and at the start of the 1998 academic year, reminders were sent to those sections which had not been in touch with the project team. This s led to a significant rise in the number of planned sessions. However, the question remains about what to do about those sections which still make no attempt to arrange sessions since the project was funded on the basis of its reaching all staff and students. Introducing an element of compulsion runs counter to the prevailing culture of the institution.

The original plan also involved preliminary meetings with representatives from the sections to identify what they felt would be most appropriate for their situation and would best meet their needs - for example, if they are encountering Deaf students for the first time, they might decide that the focus first of all should be on Deafness. In some instances, discussions did occur prior to the session. Sometimes, the content of the session was altered to anticipate the interests of the particular group - for example with the Department of History, some use was made of video materials on disability in the past whilst with the Department of Languages, attention was directed towards differences in culture and terminology.

f) developing a programme which is progressive and which leads to the award of certification/qualification

It was envisaged originally that an incentive for some colleagues could be that by completing a short course, they could be awarded a certificate which itself might be useful in relation to future career plans. This has not happened so far although many of those present in the sessions have expressed interest in making further progress.

g) developing materials which can be used by others both within the University and outside it

An important aspect of the application for funds from the HEFCE was the commitment to create materials in various formats which can be made available for use elsewhere, either in conjunction with staff from the University of Central Lancashire acting as paid consultants/facilitators, or independently. The project team can claim some success with this. A range of materials has been used in sessions. In addition, invitations to participate in conferences/workshops/seminars elsewhere have allowed the team to test the transferability of the materials.

h) developing a programme which is congruent with the University calendar

As an initial strategy, it was suggested that a programme should be made available to various sections within the University at particular points in time which fit with the annual cycle of events - for example, given that new students arrive at the University in September, it might be appropriate that a programme is targeted at the accommodation Service just in advance of this time. This has not proved possible to implement.

i) working in co-operation with other institutions

Another important agreement set down in the original application was to keep in close contact with other institutions both those whose projects were funded by the HEFCE and those who were either unsuccessful or made no application. There are systems and structures in place already to accomplish this (for example the regional and national work of Skill and the HEFCE-appointed national co-ordination and development team - EQuIP). Many other institutions both in the UK and in other countries have expressed interest and been in touch with the project team. Some have requested examples of the materials produced and some have asked for members of the project team to deliver sessions for them.

Having reached the half-way stage, it is possible also to reflect critically on several other matters: recruiting staff for limited-life projects, format, structure, content, and timing of the sessions themselves, and monitoring and evaluation. Within the confines of this paper, there is no opportunity to say more than this but those interested are invited to contact the project team for further information.

CLOSING COMMENTS

Higher education in the UK in 1997 was the subject of a government committee of inquiry (NCIHE 1997). The committee looked at and made recommendations on the future scope of higher education(i.e. size), the future structure, future standards and quality, and future funding. All of these have implications for staff and students with disabilities and/or learning difficulties and in many ways these were recognised in the report and recommendations (Hurst 1999). In the year which has passed since the report was published, further developments have occurred which suggest that progress is being made in relation to policy and provision for students with disabilities. In order to ensure that this progress is not jeopardised, there seem to be two crucial variables. Firstly, that all staff are aware of disability issues and secondly, that staff who work most closely with this group of students have some opportunities to train and to add to their professional knowledge and skills. I hope that this paper makes a contribution towards addressing these two matters.

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IMPLICATIONS OF ARTIFICIAL INTELLIGENCE AND EXPERT SYSTEMS IN IMPROVING THE EDUCATIONAL AND CAREER OPTIONS OF PEOPLE WITH DISABILITIES

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INTRODUCTION

Since the initial developments in the late 1950’s and early 1960’s, there has been rapid advances in the field of artificial intelligence and expert systems. This has brought the potential to significantly enhance the educational, career, and lifestyle potential of people with disabilities through the use of the computer. Devices which synthesize speech and enable alternative access to computers have been available for a long time. However, the areas of natural language processing, voice recognition and understanding, artificial vision, knowledge engineering, intelligent software, and virtual reality appear to have the most promise in creating a new and brighter future for people with disabilities. As a result of these developments, students will be enabled to choose subjects which they wish to pursue, providing a greater range of alternate options for post-secondary education. These developments will also promote a community attitude change on what constitutes a physical limitation for people with disabilities.

GENERAL APPLICATIONS OF ARTIFICIAL INTELLIGENCE PRINCIPLES

Artificial intelligence is the study of how to make machines perform tasks which, at present, are performed better by people. AI is a general term for a range of technologies which perform functions normally associated with human intelligence. There are three main areas of artificial intelligence: machines which can speak and understand natural language; machines which can interpret information provided by sensors from its environment and make decisions based on these interpretations; and simulation of the knowledge of human experts as demonstrated by expert systems. This discussion will primarily concentrate on aspects from these three areas such as voice recognition and understanding systems, artificial vision systems, and expert systems.

An expert system is basically a computer program that consists of knowledge in the form of facts and heuristics (educated guesses or rules by experts in a particular field) from which inference procedures are used to solve problems which would otherwise require human expertise for their solution.

The field of Artificial Intelligence is a fascinating and diverse one, with developments over the years being incorporated into many of the products which we utilise in our everyday life.

Washing machines, kitchen appliances (cooktops, microwave ovens, refridgerators) automatic transmissions, home entertainment systems, security systems, computer systems, translation systems, and diagnostic systems are just some of the areas where manufacturers have included the principles of AI into selected models.

Many of these developments were regarded as science fiction a few short years ago. Consider some of the old favourite TV shows such as Lost in Space and Star Trek. Computers controlled the space craft. Commands were issued orally through an interactive interface while crew members were able to retrieve information instantly on any query. Today many of these science fiction devices are viewed as science fact and are now a part of our everyday reality.

People with disabilities should be the big winners from these developments. For example, ***"Voice recognition allows people with mobility impairments to interface with their computers orally. People with sight deficits can monitor what is happening with their computer through text-to-speech devices. In isolation, these devices are each one component of the computer on the Enterprise, but the convergence of the two provides an interactive interface."*** (Thompson, 1996:1) As a result of these developments, people with disabilities now have a greater empowerment over their lives than at any other time in history, and this empowerment over their lives will continue to grow as further developments turn current science fiction into everyday reality.

TECHNICAL DETAILS RELATED TO OCR AND TTSS

There are many products on the market now, such as *Dragon Naturally Speaking*, *Voice Direct Standard*, *Voice Direct Professional*, *Kurzweil Voice Plus*, *Conversa Web*, and the *Galileo Reading System*, which use technologies which incorporate artificial intelligence principles. Three of these technologies are optical character recognition (OCR), text-to-speech synthesis (TTSS), and speech-to-text technology (STT). Each of these technologies heavily rely on pattern recognition techniques and expert systems.

OCR uses pattern recognition to determine the meaning of individual characters, with some degree of probability through the implementation of Fuzzy Logic Theory for the purpose of initial image analysis. Fuzzy logic is utilised as it can simulate human reasoning by allowing for uncertainty and approximation - in other words it can take the "grey areas" into account. According to Chivers et al. (1995:110), ***"The pattern recognition capability of artificial neural networks, together with their ability to apply different weights or levels of importance to different rules depending on the conditions, make them well suited to implement fuzzy logic systems."***

Once the meaning of the individual characters has been determined, the expert system then attempts to combine the characters into meaningful phrases by utilising semantic rules of a given language. Many of the advanced expert systems that employ fuzzy logic also make use of certainty factors in the *Action* part of the rule to indicate the level of certainty of each rule.

TTSS employs a rule-based expert system which translates phrases into strings of phonemes (or rather their positional variants called allophones), which are in turn passed to yet another expert system which superimposes an inflection pattern on the sentence (this process is called prosody). As a result of this process, the natural flow of human speech can be approximated.

The translation of speech into text (STT), utilises four distinct procedures: acoustic processing, acoustic matching, adaptive language modelling, and hypothesis searching. The first procedure filters out background noise and extracts usable information from raw audio data. A statistical model called the Hidden Markov Model, is used to predict which feature vectors will probably represent subphonetic sounds (eg *t* or *a* etc.) The subphonemes are called labels.

Acoustic matching is then used to compare ***"the extracted labels to the acoustic models in the dictionary. Every word in the dictionary is broken down into these subphonetic labels, so the labels generated through acoustic processing can be matched to the dictionary entires."*** (Diehl, 1994:2) To enhance the recognition accuracy, adaptive language modelling based on single words, sets of two words, and sets of three words is performed. This language model ***"maintains data on word usage and knows the probability that any single word or set of words will be used."*** (Diehl, 1994:2) The system continually refines its recognition of a particular word by working forward and back as the user speaks.

The final step in the process is the hypothesis search which ***"combines the results of both the acoustic matching and the language model to determine the most probable word string."*** (Diehl, 1994:2) Apart from being able to add new words to the inbuilt dictionary, these systems can update the probability models to reflect the word-usage pattern of the user. Being adaptive, these systems become more accurate with use.

BENEFITS OF AI RESEARCH FOR PEOPLE WITH DISABILITIES

Technology has brought society, significant changes in the educational process. The ability to participate in, and the manner in which education is accessed and delivered will be important considerations for all people in the future, whether disabled or not. The future quality of life and, career and lifestyle choices of an individual depend upon the development of a skill base which enables the person to be productive and independent. This in turn can lead to the development of a positive self-image and feelings of high self-esteem. The utilisation of the principles of artificial intelligence in technological developments has contributed to, and will continue to contribute to, these desired outcomes.

Many of the current developments in artificial intelligence can be utilised to improve the educational potential and career choices of people with disabilities. The main areas of research applicable to students with disabilities include: natural language processing, voice recognition and understanding, artificial vision, knowledge engineering, and intelligent software. Students with disabilities such as fine or gross motor skill impairments, speech and language difficulties, paraplegia and quadraplegia, cerebal palsy, vision impairment, dyslexia, restricted mobility, and arthritis can all benefit to some extent from these developments.

It is crucial that students be informed of products which employ these technologies, and instructed in the use of these technologies at the earliest possible age. By the time the students leave high school and enter the post secondary stage of their education, they should be able to successfully engage in satisfying the specific requirements of the courses which they will be studying. Failure to provide students with access to this technology will severely limit their educational potential and subsequent career aspirations.

Products or applications which implement Artificial Intelligence principles in their design can increase the educational, career and lifestyle opportunities for people with a range of disabilities by empowering these individuals to control and access their environments. Speech recognition and understanding is one application of artificial intelligence principles which provides significant benefits for people with disabilities.

In 1996, the Commonwealth Department of Health and Family Services, funded a national survey of people with disabilities who used speech recognition systems to control their computers. The duration of the study was from June 1996 to March 1997. The experiences of 52 people with disabilities were examined during the study. Spinal injuries accounted for more than half of the participants, while the majority of the remainder had occupational overuse injuries.

A summary of the results indicated that the benefits obtained through the use of speech recognition were significant and substantial. According to the ***Ability Newsletter***, (Nov. 97:1): ***"Most of those who were current users of speech recognition reported that it had made a "big difference" (51.2%) or a "reasonable difference" (32.6%) to their lives. The vast majority of this group (83.7%) claimed that speech recognition had made a positive difference in productivity, independence, participation or confidence. Of those who were employed, 73% said that speech recognition had made a positive difference to their employment; of those who were studying, 70% said that speech recognition had made a positive difference to their education."*** It is clear from these results that whether at home, in the office, or at school, the implementation of artificial intelligence principles into applications such as speech recognition can produce significant benefits for people with a range of disabilities.

EDUCATIONAL USES WHICH INCORPORATE ARTIFICIAL INTELLIGENCE PRINCIPLES

With many disabilities, an individual has limited or no use of their hands, fingers, toes, eyes, and consequently cannot easily, or in many cases adequately, use a keyboard or any one of a number of alternate access devices to control a computer or environmental device. However, in circumstances where the individual is able to communicate with their voice, either through the spoken word or being able to make some sounds, the technology is available to enable these individuals to control their computer equipment and participate in text generating based activities, research or environmental control. The products which enable this are generally software based and incorporate artificial intelligence principles in their design.

These hands-free, eyes-free systems are generally referred to as voice recognition systems and are ideal for people with disabilities such as fine or gross motor skill impairments, paraplegia and quadraplegia, cerebal palsy, vision impairment, dyslexia, restricted mobility, arthritis, and learning disabilities. These systems are of two types, continuous speech recognition systems or discrete speech recognition systems. Continuous speech means that dictation can be fluent rather than spoken word by word as with a discrete voice recognition system. With these types of systems, users use their voice to create, edit, format and print documents. These systems work best where background noise can be controlled and would be ideal for people working from home or while at home.

Students can generate reports, write essays, do note taking, prepare seminars and presentations all in the comfort of their own home. The system can also read back the documents which have been created. If a word is incorrect the system will list possible alternatives. Many systems will also allow voice macros to be created. When creating formal documents (as opposed to free-form prose), that abide by a consistent language structure, many of these systems will "predict" what words will be used, thus helping with the creation of the document.

For students who are vision impairment, there are "text" readers available which allow documents such as letters, books, magazines and newspapers to be read; research to be conducted; documents to be stored and retrieved; and text to be read aloud in a high-quality voice. These systems thus empower students with disabilities to become independent and productive and increase their own feelings of self-worth.

A recent development aimed at providing access for visually impaired people to the resources of the Internet, are browsers such as "pwWebSpeak" and "Conversa Web". These browsers allow access to the Internet in a non-visual or combination auditory/visual way and are ideal for people who are ***"blind or visually impaired users, users with dyslexia or other learning disorders, and users who are learning new languages."*** (The Productivity Works, 1998:1) In particular, the designers felt that ***"keyboard literate blind users, sighted and non-sighted quadriplegics"*** (The Productivity Works, 1998:2), who needed to access the Web in a hands-free manner would really benefit from this development. Students are empowered to be more productive as they can ***"control their Internet browsing experience by interacting with their computer by voice."*** (Conversa Web, 1998:2)

Another technology which utilises principles of artificial intelligence is Virtual Reality (VR). When people think of VR they imagine a person wearing a special glove and head mounted display immersed in a computer generated environment. This, however, is just one example of a range of VR systems which focusses on the method of delivery to the user. Primarily, a VR system will allow a participant to:

* Immerse themselves in a computer generated environment;
* Develop an awareness of presence within this environment;
* Acquire a degree of interaction which may not be achievable in the real world;
* Interact intuitively and naturally in this computer generated environment;
* Experience situations in fast or slow time;

* Participate in a safe and non-threatening environment;
* Continually perform a task until a desired competency has been achieved.

The potential applications of VR in educational situations are considerable and it is conceivable that VR techniques will influence the educational process in the future. However, it is likely that VR applications will mainly predominate in tertiary institutions. This is due to the fact that a more in depth treatment of subject matter is required at a tertiary level, while at a secondary level, teaching is based on the development of more general concepts. The cost of the technology will also be a major obstacle for schools.

A projection-based virtual reality interface called the CAVE (CAVE Automatic Virtual Environment), has been developed by the Electronic Visualisation Laboratory at the University of Illinois at Chicago, for people with disabilities. The CAVE ***"surrounds the viewer with projected images of a virtual environment. Three rear-projection screens make up three walls of a ten-foot cube that all but disappear when illuminated with computer graphics. A fourth data projector illuminates the floor for complete immersion. The viewer can move around the virtual environment and see his own body as he interacts with real and virtual objects."*** (Browning, 1993:1) The advantages of this type of environment for people with disabilities include: a range of experiences, both shared and guided; the ability to physically access the technology; and the use of real world objects within the environment.

The issue of access to virtual reality interfaces by people with disabilities is similar to access issues for computing technology in general. Many adaptive input devices such as joysticks, trackballs, or simple switches can be used with VR systems. However, a technique which is becoming more common and makes use of artificial intelligence develpments is speech recognition. Gesture recognition techniques could also be used as an alternative input method.

An important application of this technology is to create a virtual laboratory for students who can conduct chemistry experiments, physics experiments or anatomical experiments in a safe and non-threatening environment. In this environment students with a range of physical disabilities can participate in such courses as medical, scientific, or engineering, which may otherwise be difficult for them to satisfy the necessary practical requirements, and gain the necessary "hands-on" experience.

FUTURE APPLICATIONS OF ARTIFICIAL INTELLIGENCE AND EXPERT SYSTEMS

The future is that place which we have never been but to which we will all ultimately go. It is not inconceivable that through the use of artificial intelligence principles in technological developments, people with a range of disabilities will be able to function in the same manner as someone who does not have the same disability. Environmental controls will be such that an intelligent system will be able to learn the routine of an individual and anticipate their every move. Through voice activation, just like the computer aboard the USS Enterprise on Star Trek, all requirements will be satisfied. For example, giving commands to turn on the lights in a room, activate the computer, select a TV or radio channel, or even boil the jug or make a meal. Just as the hearing impaired are able to hear today as a result of the bionic ear, the physically disabled, developmentally delayed, or visually impaired may be able to function as if they did not have any disability. Real time conferencing to anywhere in the world is a definite possibility with any spoken or written language automatically converted to the language of the recipient. No longer will individuals with a physical disability be penalised because they cannot write or spell; no longer will visually impaired individuals be penalised because they cannot see; no longer will hearing impaired individuals be penalised because they cannot hear This will significantly increase the educational choices and career options available to many people. The developments of the last 25 years have produced incredible changes. Only time will tell what the developments of the next 25 years and beyond will bring.

CONCLUSION

It is clear that developments which utilise principles of artificial intelligence and expert systems not only have the potential to, but are increasing, the educational, career, and lifestyle choices of people with a range of disabilities. Speech recognition and understanding systems, optical character recognition systems, and expert systems are all being incorporated into applications which are empowering individuals with a range of disabilities to exercise greater control of their lives and increase their independence and self-esteem. As a direct result of all this, the attitude of the general public towards the educational potential and eventual employability of people with disabilities is also changing. Ultimately, the incorporation of the principles of artificial intelligence and expert systems into developing technologies should enable us to look at the abilities that an individual brings to a situation and not their disabilities.

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THE UNIVERSAL DESIGN APPROACH TO INCLUSIVE AND ACCESSIBLE POST SECONDARY EDUCATION

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INTRODUCTION

In achieving the intent of the DDA in providing equitable access to the designed environment, facilities and services, there needs to be a shift in the way design professionals view equitable access. The current Building Code and Australian Standards are not adequate to ensure compliance with the DDA. Furthermore, design professionals following Codes and Standards are likely to view the provision of access as a ‘special concession’ to a group of people in the community. Access provisions are often a tacked on afterthought, less convenient, less aesthetic, reinforcing stigma and segregation.

Universal Design is an approach that is seamless and inclusive. It is design that is useful to all people regardless of background, age or ability. We can apply the seven principals of universal design in evaluating existing facilities and in planning future facilities to determine the extent to which they are inclusive.

To achieve a change in the existing approach to designing for people with a disability, the University of Western Australia is conducting a DEETYA funded project to develop teaching materials and pilot a Universal Design Studio within the School of Architecture. It brings together Faculty, design students, people with disabilities, the University architects and disability officers. Through real and applicable projects, we aim to promote the value of the universal design approach to achieve a more inclusive campus and through the experiences of our design students, a more inclusive community.

BACKGROUND

At this time the designed environment is more accessible than it has ever been in the past. This is due largely to the Commonwealth Disability Discrimination Act and State legislation such as WA’s Equal; Opportunity Act and Disability Services Act. This legislation has resulted in

- the Human Rights and Equal Opportunity Commission drawing up advisory notes on access to premises,
- a review of the Building Code of Australia,
- research into the need to change the Australian Standards for Access, and
- increased public expectation of being able move easily and safely within the designed environment and to be able to access facilities and services within the community.

Although we have come a long way from the introduction of the first Australian Standard for Access and Mobility in the 1970's and the incorporation of some of those Standards into the Building Code of Australia in the 80's, we still have a long way to go to achieving real equity in the design of the built environment.

Compliance with the Building Code of Australia or other local planning regulations does not necessarily mean premises will comply with the requirements of the DDA. Examples of possible areas of discrimination include:

- *failure to provide equitable physical access to a building or the different levels of a building* (the key point being equitable)
- *inadequate signage for persons with a visual impairment using facilities within a building* (signage is poorly covered in the Standards)
- *failure to ensure facilities such as vending machines or counters within buildings are accessible or useable by people with a disability* (most fixtures and fittings not covered by the Code or Standards)
- *failure to provide visual indicators of emergency situations such as evacuations* (not covered by the Code)
- *requiring a person with a mobility impairment to gain access through a distant side entrance*
- *failure to provide hearing augmentation systems in an auditoriums that have a sound amplification system* (not covered by the Code)

So compliance with the Building Code and Standards at present are quite inadequate to ensure equitable access for people with a disability. Post secondary educational institutions also have to consider areas of the designed environment not covered by Standards and the Code but covered under DDA - the handibank and information kiosks, laundries in residential colleges and shops just to mention a few. In fact., many campuses are mini communities from accommodation and sporting venues to offices and restaurants in addition to the usual educational lecture theatres and laboratories.

So, despite the environment being more accessible than it has been in the past, we still have a long way to go.

WHAT ARE WE FINDING?

Often designers in providing an accessible facility, meet the Codes as a **separate** accommodation for a **specific group of people** which is not part of the core design process. What we then get is separate access and facilities that are different, less convenient, less aesthetic all of which reinforces the stigma and segregation of people with a disability. And, as previously highlighted, meeting Codes and Standards generally does not ensure equitable access.

For example, this illustration is of an accessible toilet far from the male and female toilet block servicing the building. The accessible toilet is unable to be accessed from the inside of the building because egress is through a teaching laboratory which is only open when a class is in progress. Someone needing to use the toilet has to access it from outside the building at a separate entrance adjacent the goods delivery bay. It is obvious that the designer did not incorporate access in the overall design process and places it in the most inappropriate place, very inconvenient and quite impossible to find without prior knowledge of its whereabouts. Hardly equitable, yet it basically complies to Standards.

In some cases the accessible entrance and toilet facilities is intentionally hidden so it does not spoil the façade. One can understand certain considerations in heritage buildings but without adequate signage access cannot be located by people unfamiliar with the building. This example of lift access within a heritage building is segregated, less convenient and hardly equitable but also meet Codes and Standards. signage does not meet Standards as that would have spoilt the façade.

Here are some other examples where access is :

a tacked on afterthought,
less aesthetic,
less convenient,
segregated.

Lets review what Standards are. -

Standards are a set of clear simple specifications for achieving accessibility, but in fact people with disabilities have found that reducing complex variables to single solutions actually result in the solutions excluding some people whose disability falls outside the ‘norm’.

For example, someone with arthritis who does not need the large cubical of the accessible toilet but does need a door without a strong closure mechanism and lever taps and not catered for by Standards.

THE DESIGNED ENVIRONMENT.

WHY ARE WE NOT GETTING IT RIGHT?

I suggest that there needs to be a paradigm shift.

UNIVERSAL DESIGN

Universal Design is ‘The design of products and environments to be usable to the greatest extent possible by people of all ages and abilities’.

Universal design is not simply the latest politically correct term used to describe accessibility for people with a disability. In fact, universal design is something far more interesting, important and difficult to achieve.

It is a process through which products and environments are designed so anyone can use them, regardless of age, stature or ability. This is quite different from accessible design which requires compliance with particular Codes or Standards to eliminate physical barriers for a segment of the population. Where accessible design is primarily concerned with people who have a disability, universal design is concerned with everyone. It is inclusive design.

A simple example of the difference of universal design and accessible design is the position of a mirror in a toilet. Generally mirrors are placed above a handbasin for the average height of a standing person. The Standards suggest a mirror over the handbasin be placed from 900 mm to >1850mm above the finished floor A universal solution would be to place all mirrors above the hand basin to be viewed seated or standings and a full length mirror within the toilet so that all people can see at varying distances the whole of their body to check clothes, hair or makeup irrespective of height or visual acuity.

It is quite unlikely, in reality, that **every** product or place will usable by **everyone** under **all** conditions and because of this universal design is best described as a process rather than an achievement. It is however the next step.

As the population demographics and expectations change the practice of universal design will become more important in providing accessible and inclusive environments in our community. We already have some products that conform to standards and codes that are no longer institutional in appearance, ugly, inconvenient and different. These are products that are useful for all and in most cases preferred by people who do not have a disability. Universal design need not be more expensive but in fact is essentially design solutions that appeal to a wider market.

Some products have features that have become the standard;

- automatic doors at main entrances
- lifts with auditory and visual indicators, hand rails and Braille signage
- lever door handles

These are products that are universal in their design.

THE PRINCIPALS OF UNIVERSAL DESIGN

The Centre for Universal Design has developed the following set of guidelines to measure the usability of design of spaces and products.

The principals of universal design are:

1. Equitable Use.

The design is useful and marketable to people with diverse abilities

- a Provide the same means of use for all users: identical wherever possible; equivalent when not.
- b Avoid segregating or stigmatizing any users
- c Make provisions for privacy, security, and safety equally available to all users
- d Make the design appealing to all users.

2. Flexibility in Use

The design accommodates a wide range of individual preferences and abilities

- a Provide choice in method of use
- b Accommodate right or left-handed access and use
- c Facilitate the users accuracy and precision.
- d Provide adaptability to the user's pace.

3. Simple and Intuitive use

Use of the design is easy to understand regardless of users experience, knowledge, language skills or concentration level

- a Eliminate unnecessary complexity
- b Be consistent with user expectations and intuition
- c Accommodate a wide range of literacy and language skills
- d Arrange information consistent with its importance.
- e Provide effective prompting and feedback during and after the talk

4. Perceptible Information

The design communicates necessary information effectively to the user regardless of ambient conditions or the user's sensory abilities

- a Use different modes (pictorial, verbal, tactile) for redundant presentation of essential information
- b Maximise "legibility" of essential information.
- C Differentiate elements in ways that can be described (i.e. make it easy to give instructions or directions)
- d Provide compatibility with a variety of techniques or devices used by people with sensory limitations.

5. Tolerance for error

The design minimizes hazards and the adverse consequences of accidental or unintended actions.

- a Arrange elements to minimise hazards and errors: most used elements, most accessible; hazardous elements eliminated, isolated or shielded.
- b Provide warnings of hazards and errors.
- c Provide fail safe features.
- d Discourage unconscious action in tasks that require vigilance.

6. Low physical effort

The design can be used efficiently and comfortably and with a minimum of fatigue.

- a Allow user to maintain a neutral body position.
- b Use reasonable operating forces.
- c Minimise repetitive actions
- d Minimise sustained physical effort.

7. Size and space for approach and use

Appropriate size and space is provided for approach, reach, manipulation, and use regardless of users body size, posture or mobility

- a Provide a clear line of sight to important elements for any seated or standing user.
- b Make reach to all components comfortable for any seated or standing user.
- c Accommodate variations in hand grip and size.
- d Provide adequate space for the use of assistive devices or personal assistance.

UNIVERSAL DESIGN ON CAMPUS

Let us look at a few examples of incorporating a universal design approach to one of the most difficult areas on a campus - the scientific laboratory.

Here are some photos of typical laboratories to which we can apply the principals of universal design

1. The Chemistry Laboratory
- Laboratory Bench
- Fume Hood
- Sink
- Emergency Shower and Eyewash
- Storage

Principal 1. Equitable Use
Principal 2. Flexibility in Use
Principal 3. Simple and Intuitive Use
Principal 4. Perceptible Information
Principal 5. Tolerance for Error
Principal 6. Low Physical Effort
Principal 7. Size and Space for Approach and Use

Using a universal design approach how could this laboratory design be improved?

The following designs illustrate alternatives….

WHERE TO NOW?

The key is education.

THE UNIVERSAL DESIGN PROJECT

At the University of Western Australia we are developing teaching materials and will be piloting a design studio in the School of Architecture next semester.

This project involves architects from the University's Design Office, i.e. staff on campus responsible for campus design, academic staff of the School of Architecture, and the University's Disability Officers and most importantly people with disabilities. Key aspects of the studio, run over several weeks include:

- activities on the community as a diverse and vibrant entity - the social, emotional and physical aspects of the designed environment. This will include students with disabilities as 'experts'
- the meaning of universal design including a critique of existing designed environments on campus and off. This is a joint activity with the students and people with a disability.
- a major design project. This will be relevant to the students and the University such as laboratory design, residential design, restaurant design.
- an exhibition of work to extend the awareness to other parts of the University and community.

At the present time we are also looking at choosing the best designs for entry into the WA Civic Design Awards - jointly hosted by the professional bodies of architecture, landscape architecture and engineering. This will provide an opportunity to in part extend the objectives to members of the professions and in doing so extend the notion of universal design more broadly than within the campus itself. it is also felt that recognition of the student's work is an integral part of reinforcing the message to them.

CONCLUSION

To achieve a more inclusive and seamless post secondary educational environment a universal design approach to the environment, facilities and services is needed.

Accessible design is designing to a Standard or Code based on an average or range of specifications for people with a disability. It is often a tacked on afterthought, separate or less aesthetic and often not considered an integral part of the design process or part of the art of design. After all there is little room for creativity in a set of Standards. Furthermore, there is often a real lack of understanding by design professionals as to the reason for the Standards and their limitations.

Universal Design is a process through which environments and products are designed for all people regardless of age or ability. By infusing the universal design principals into the thinking of our design students, academics and design staff on campus we can achieve a more creative, inclusive and seamless campus. Using students and people with disabilities as part of the education process, and projects that are real and relevant I believe we can achieve an understanding that training in the use of Standards alone cannot achieve. The result will be a more inclusive and seamless post secondary experience for people with a disability.

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LOOKING BEHIND THE LABEL

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ABSTRACT

For people with disabilities and people who work in the area of disability, educating society about the rights and the responsibilities of people with disabilities has resulted in the labelling of a group – *the disabled.* The creation of this homogenous group has ignored the fact that people with disabilities are individuals with a distinct age, cultural background, sex, class, and wealth of experience.

This paper looks at how I am working with the UniAbility committee to make our work inclusive of cultures other that the dominant white one. In particular I have focused on how we are including information for and on Aboriginal people with disabilities.

LOOKING BEHIND THE LABEL.

When you are advocating for the rights of a group of people, it is often expedient to classify them under one heading. This is because a 'group' rather than separate 'individuals' is easier to identify, promote, help, simplify and thus ultimately limit. For people with disabilities and people who work in the area of disability, educating society about the rights and the responsibilities of people with disabilities has resulted in the labelling of a group – *the disabled*. In his essay *Changing approaches to the developmentally-disabled* Paul Ashton writes: 'non-disabled people tend to think of people with disabilities as an homogenous group. This is reinforced through various representations of "the disabled"… people "with a disability" are presented as an homogenous impersonal group whose only characteristic worth mentioning is their disability' (Ashton 1995: 141).

In the area of education, lecturers, staff, and students are encouraged to recognise that students with disabilities are individuals, and cannot be grouped together. However, promoting this idea of individuality is particularly hard, as people are extremely busy and want a formula that will show them how to deal appropriately with each disability. To some extent the 'formula' has been provided. Such hints as face the front if you have a student who is Deaf, verbalise written material for students who are blind, allow extra time in examinations for students with specific learning disabilities, and avoid the need to negotiate stairs for students in wheelchairs are regularly given. It is easy to overlook the fact that the student with a disability may also be a parent, be from a low socio-economic background, or have any number of other factors influencing their life as a student. They are a multi faceted individual. It sometimes seems that in universities, as in most large organisations, the individual, whether they have a disability or not, gets lost.

This paper looks at the issues surrounding the journey I have embarked upon in the attempt to make the UniAbility publications and information more inclusive of cultures other than the dominant white one. However, within this paper I have concentrated on how we are including information for and on Aboriginal people with disabilities. UniAbility is the name of the South Australian Cooperative Project for Higher Education Students with Disabilities.

As the UniAbility project officer I decided it was timely to update several of our publications. Many of the original publications had been among the first UniAbility initiatives, and so in some cases were five to six years old. In this time the understanding of the information students with disabilities, lecturers, staff, and people with disabilities considering tertiary study required, had broadened. The language, as language does, had also adapted and changed – terms that were appropriate then are no longer considered the best ones to use now.

When the UniAbility steering committee agreed that the publications needed revision it was assumed that it would be a simple re-write in the form of updating telephone numbers, and the language. One of the first things I realised was that this task was not going to be a quick overnight touch up. If the changes made were little more than cosmetic, then the

UniAbility Committee would be facing the same reworking in about a year's time. The second important issue I recognised was the need to place our work on the World Wide Web (WWW) so that it would be accessible to a much wider range of people. The third of the main issues recognised was the need for our work to be culturally inclusive.

A New Zealand publication *Tertiary Students with Disabilities: A Resource Guide for Staff*, published in 1996, had been influenced by the UniAbility publication *Students with disabilities in higher education: a guide for staff*, published in 1994. I was interested to see what changes the New Zealanders had made. The change that first caught my eye was the design of the cover – the graphic has a Maori design as a border. However, what particularly caught my eye was the page sub-titled C*ultural Factors* (overhead). The idea that your cultural background could affect how you related and studied at university was something I readily understood. However, although I logically understood that someone's culture was important to how they saw, experienced, and lived with their disability, I had never fully engaged in this issue. In her article *A Triple (Dis) Advantage: Women with Disabilities from Non-English Speaking Backgrounds* Lina Geltrude Pane explains that 'Disability has become the commonality of all people with disabilities without the recognition of differences such as NESB, class, gender and sexuality' (Pane 1993: 60). Our UniAbility publications had certainly fallen into this trap.

In understanding how to make UniAbility's work more inclusive I had to begin to think through and unpack the often invisible sub-text, that is, how society sub-consciously limits people, particularly those who are not part of the white, able-bodied, middle class. I would suggest an example of this. If a white person develops or acquires a disability later in life they are often encouraged to consider tertiary study as an option. This encouragement stems from the notion that they still have the right to be productive and to live a full and interesting life. On the other hand, an Aboriginal person who has developed or acquired a disability probably would not be encouraged towards tertiary study as often as their non-Indigenous counterparts, if at all. In the way that society frequently does not expect as much from people who have disabilities, people who are not white and who have a disability may find that even less is expected of them and for them. You only have to look at the numbers of Indigenous people and people with disabilities attending tertiary institutions to see this.

When a person with a disability approaches a lecturer they are faced with the lecturer's assumptions about their disability. If the student is not from a similar cultural background to the lecturer, then there could be other assumptions made by the lecturer for the student to deal with. Many of these assumptions are often based on knowledge (correct or incorrect) that the lecturer has acquired about disability and particular cultures over their lifetime. Although the student is the best source of knowledge about their disability this does not mean they know everything about their disability and how it will affect their time at university. A first year student who does not have a disability would not be expected to understand how the university system works, yet a student with a disability is often faced with unanswerable questions from lecturers: 'So, what do you want me to do?' or 'What is best for you?' If the student does not know, there is little room for negotiation. Universities are not set up for a person to practice and make mistakes. If the student is not a part of the dominant culture that surrounds them, then they can be limited in their ability to access the benefits of that culture. This limited ability to access the assistance offered by universities often goes unrecognised.

As a person with a newly diagnosed disability I was asked what alternative methods would be best for me in regard to assignments – anything I wanted would have been acceptable. The only catch was I had no idea of what I could ask for, and when I did find out I had no idea what worked best for me. This resulted in an extremely stressful start to my university studies whereby I tried out the available options, such as orally presenting an essay, and discovered what worked and what did not. I was lucky in that when I tried an option that was a disaster my other marks were such that I was still able to achieve a good overall mark. Many students with disabilities do not have that luxury, or flexible lecturers to go on the 'journey' with. This has not only been my experience. In conversations with other students with disabilities many common threads emerge. There is the frustration of having to 'educate' the lecturer about your particular disability, often leading to greater disclosure than the student feels comfortable with, as well as being expected to 'know' in advance what all of your needs in regard to study are. Frequently students are left with the unsatisfactory situation of having to repeatedly visit lecturers to adapt procedures put in place as situations evolve. Students with disabilities who are not part of the dominant culture may also find that any problems they face are compounded.

To add another layer of complexity, how often is a person's disability not recognised because of their cultural background? If an Aboriginal person was acting outside the perceived white social norms in the middle of a shopping centre, would a disability be considered, or would alcohol instantly be 'known' to be the cause. The shopping centre custodians, in protecting their customers, would believe themselves to be justified in calling the police to remove the 'danger'. Assumptions are often made about a person based on the colour of their skin, and negative stereotypical images influence the way they are treated. For a white person to be dealt with in the same manner they would probably need to smell of alcohol and be shabbily dressed. Yet research into Aboriginal people and disability emphasises the high incidence of disability in the Aboriginal population, as compared to the level of disability found in the rest of the Australian population. (Gething 1995: 77)

In discussing hearing loss in Indigenous communities in *The Aboriginal Law Bulletin*, Damien Howard, Sue Quinn, Jenny Blokland and Martin Flynn write: 'Those affected by hearing loss are themselves often not aware of their disability, usually ascribing their communicative difficulties to not speaking English properly, cultural differences, or others' antagonism to them personally, or Aborigines generally.' (Howard, Quinn, Blokland, Flynn: 9). This same article *Aboriginal Hearing Loss and the Criminal Justice System* investigates the links between Aboriginal people, hearing loss and prison. The article points out that often the behaviour of Aboriginal people brought before the courts, or in their dealings with police, does not conform to white norms, and because of this they receive harsher sentences or less assistance. The reason, the authors posit, for this behaviour is, in some cases, because the Aboriginal person has an unrecognised hearing loss. However, their uncooperative behaviour or answers are taken to be because of 'badness,' and not an inability to hear and thus understand what is happening. Society sees the person as an 'Aboriginal', expects her/him to be troublesome, and looks no further. The authors have focussed on those people who end up in trouble with the law. However, these people are only one section who come from the 'fifty percent of Aboriginal children at any point in time [who] experience conductive hearing loss.' (Howard, Quinn, Blokland, Flynn: 9) The low numbers of Aboriginal people with or without a disability attending tertiary study begs the question how many of the 'fifty percent' are recognised and receive appropriate assistance in primary school. Without intervention they have little chance of surviving the schooling system, gaining the necessary grammatical and language skills, and graduating to tertiary study.

I began to question *why* a person's background was not automatically recognised in the services universities provided. In this, my New Zealand background gave me a particularly clear view. In New Zealand, I believe, there is far less of a mono-cultural approach to service provision. By unpacking what UniAbility was providing I was able to recognise the cultural imperialism that had underpinned a lot of what the disability field was providing. When students with disabilities approach a staff member they are often treated as simply a *disability* to be *dealt* with, and not as a person with a distinct age, cultural background, sex, class, and wealth of experience. The equity target groups that universities are handed from DEETYA appear to leave little room for lateral thinking. However, if universities are to be truly inclusive in what they provide then focussing on one aspect of a person and excluding others will continue to mean they are creating more barriers for people with disabilities to deal with. I am not sure how we can begin to dismantle the barriers, other than consciously making the effort to recognise that people with disabilities are multi-faceted human beings.

At the same time that I was questioning the assumptions underpinning service provision I also began to investigate other ways we could make our publications more inclusive. I contacted the Multicultural Advocacy & Liaison Service of SA (MALSSA) and the Faculty of Aboriginal and Islander Studies at the University of South Australia, and rather hesitantly explained what UniAbility wanted to do. I was hesitant because as someone from a white Anglo-Celtic background I was concerned that I may inadvertently insult, offend, or simply be investigating an inappropriate or irrelevant issue. The response I got was overwhelmingly positive. MALSSA and the Faculty were quite willing to help me by looking at the draft publications, giving me advice, answering my questions, writing sections, and of particular importance, confirming the relevance of such an endeavour.

I was warned that there was little information to be found in regard to Aboriginal people with disabilities. However, Lindsay Gething was recommended to me as someone who has done some research in the area of Aboriginal people with disabilities. Her work can be found throughout *The Australian Disability Review* and various journals on Aboriginal health. In *The Aboriginal and Islander Health Worker Journal,* I discovered an interesting article by Romlie Mokak. Mokak writes: 'There are many different definitions of disability within Aboriginal communities. Many Aboriginal people do not see themselves as having a disability but rather disability [is] seen as a hardship to be endured as many others. It is also difficult for people to put up what are considered artificial categories and boundaries.' (Mokak 1997: 15) The fact that Aboriginal people, according to Mokak, do not often use the 'labels' to define disability utilised by the government and universities could be one of the reasons for the lack of information on Aboriginal people and disability.

While the lack of Australian literature was a slight surprise there were other barriers which particularly disconcerted me. While most people accepted the need to make our publications and services inclusive of culture, there were a few critics. Comments I received have included:

- We can add in AbStudy and that will be enough
- we don't have the room to put in other stuff
- The only way to be truly inclusive is to translate the publications into all languages and we haven't got the money to do this – anything else is just window dressing
- Do you really want to do this?
- What happens if we miss a group out – won't they be insulted?

The attitude of the very few critics (who have all been from a white background) has tended to be along the lines of: *It is all too hard – so we should do nothing at all.* Coupled with this is the implied attitude that being white I am treading on ground that I should not, and would offend Aboriginal people and people from other cultures. My only response has been to politely explain that I am working with MALSSA and the Aboriginal support units from the three universities to make sure that what we are doing is as inclusive as we can make it. A start must be made. As one of the Aboriginal people helping me said 'If you don't do it – who will?'

One of the first suggestions was to create a separate publication or a section within UniAbility's publications on Aboriginal people who have a disability. The Faculty of Aboriginal and Islander Studies explained that this was inappropriate as it created the idea of Aboriginal people with disabilities as being 'other'. They wanted us to simply include, without making it stand out, information that would assist Aboriginal people with disabilities, or staff who were working with them, which we have done. Amongst the information pertaining to Aboriginal students which UniAbility has included is: AbStudy information; advice about Aboriginal support units; and specific programs for Aboriginal students.

As the land that the three South Australian universities sit on is Kaurna land, it was decided to have a phrase in the Kaurna language appear on the cover of all our publications. I approached the Faculty of Aboriginal and Islander Studies to see if having a Kaurna phrase on our publications was appropriate, and was I was assured that it was a good idea. The Faculty put me in contact with a Kaurna Elder – whom I also asked if our approach was appropriate. He believed that it was acceptable, and was quite happy to translate our phrase *Pathways to education* into the Kaurna language. Translated this is *Tappa yerthoappendi*. However, *yerthoappendi* loosely means to educate, to help grow – so the Kaurna Elder put me onto a Kaurna linguist to check whether '*yerthoappendi*' could also mean 'education', or if not, what we should use. The linguist is currently investigating what term would be appropriate instead of *yerthoappendi*, as abstract terms such as 'education' do not appear in the Kaurna language. It may be that another term that has been proposed for learning may be recommended, or else an entirely different phrase altogether.

Information that is specifically written for teaching staff will advise them to be aware that different cultures have different ways of approaching and dealing with disability. This will mean that a student may not wish to disclose their disability or not accept their disability, although this may also be the case of students from a white background. The balance to be reached in the information on different cultures will be to make sure that any information is given without resorting to stereotypical assumptions such as 'psychiatric disabilities are shameful if you are from a Greek culture'. Staff will also be made aware that other factors such as a persons age and how long they have had their disability may also affect their time at university.

The original UniAbility graphic looked like this (overhead). As you can see the five figures are young and white – except for the figure in the top right corner who *may be* Asian. Originally, UniAbility decided to go the way of the New Zealand publication and put an Aboriginal border around the picture. There was also discussion about manipulating the graphic to age one of the faces, and darken another. However, as part of updating our publications UniAbility decided to have a new and flexible graphic designed (overhead).

The process of making UniAbility's work culturally inclusive continues. We will ensure that we avoid the trap of labelling 'the disabled' as an homogenous group and will embed the notion of diversity in all future publications. At the very least we have started by including Aboriginal and Torres Straight Islander people, and are moving out to include other cultures. In *The Aboriginal and Islander Health Worker Journal* Romlie Mokak succinctly puts the issue: 'Aboriginal people with disabilities can not be seen as a homogeneous group. People with disabilities are a diverse group of people and therefore can not be labelled as the same, having the same needs and having the same worldview.' (Mokak 1997: 15)

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CHALLENGES AND OPTIONS FOR SERVICE PROVISION IN SMALL COMMUNITIES.

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ABSTRACT

Many University and TAFE campuses are operating within small communities. These communities are sometimes considered to be disadvantaged, with high unemployment and reduced government funding, and not always able to provide the full range of services required by students of tertiary studies. The variety of services being requested by students with disabilities is broadening each year. The challenges in meeting these requests is now a feat of ingenuity and often involves considerable entrepreneurial skills on behalf of the staff and students. We all desire to meet the challenges and at the same time ensure the institution does not head into bankruptcy; be so well known in the Commission as to have a permanent booking; and, the staff and students remain friends and partners in education. This workshop will provide options, and a management process, to assist in meeting the challenges.

CHALLENGES AND OPTIONS FOR SERVICE PROVISION IN SMALL COMMUNITIES

Presented by: Barbara Lawrence and Wallis Lenehan, Student Services Centre, University of New England, Armidale, NSW.

The word 'charity' has a certain connotation that makes most of us cringe. We, in Australia should not cringe, nor should we underestimate the power of charity based volunteer organisations or our ability to create these structures and make them work for the good of people with specific needs. Consider the work of the Royal Flying Doctor Service, Red Cross and Amnesty International. These and similar organisations arose because **the odds were against them, the challenges before them, and the needs of others driving them.** Are our aspirations any different?

Many services in small communities have similar beginnings.

This workshop is intended to provide you with a framework that can be moulded to your specific needs. We cannot provide you with a list of resources or easy answers, but the following general process may help you and your community find some alternatives or new innovative ways of meeting the needs of students with disabilities.

The process is basically very simple. We ask ourselves four main questions and branch out from there.

1. What Do We Need?

2. What Assistance and Resources Do We Have?

3. What Can We Do With What We Have?

4. How Can We Do It?

It is important to remind ourselves that whatever we are trying to achieve for our students we must manage the process and the outcome with the essential characteristics of good management. These being:

- vision
- balance
- leadership
- integrity
- commitment, and
- the pursuit of excellence

1. WHAT DO WE NEED?

Identify unmet service.

How does this happen - survey, complaint, or pre-empt need?

What can guide us in strategically identifying the needs? The Disability Discrimination Act, DDA Standards, the institution's Disability Action Plan.

2. WHAT ASSISTANCE AND RESOURCES DO WE HAVE?

You might like to consider this as a good time to do a SWOT analysis (You will find a great deal of information on this in any Management or Marketing text):

Strengths

Weaknesses

Opportunities

Threats

Strengths and weaknesses are the internal aspects; those that may come from your institution or your Unit area. For example, a strength may be that you have committed and competent already stretched for time and the students are about to go into their exam period. Opportunities and threats are the external aspects; those that come from the broader community or outside of your Unit area. For example, an opportunity might be a work for the dole project that would allow members of the community to contribute to the welfare of others, and a threat might be a change of government that prevents the project happening or being made available in this way.

Let's identify the typical small community with limited resources. If we profiled the community what might it look like? (This exercise is ideally done in a quick 20 minute brainstorming session with half a dozen people.)

We might come up with:

- moderate to high unemployment
- high unemployment amongst youth
- small and not a wealthy local council <u>or</u> a satellite area with no local council
- limited social services infrastructure eg. there may not be a Library or adequate places in the Childcare Centre
- maybe problems with local industry and therefore redundancy issues
- maybe a young family area that has grown faster than the infrastructure
- maybe no public transport or it may be inadequate for the needs of the community
- limited local disability services or services that visit the area but are not permanently based in the area

You will be able to make a considerable list in a short time. Each aspect will provide you with a strength, weakness, opportunity, and/or threat. A weakness may actually be a strength. For example, high unemployment may mean that there are a lot of people who have the time and are possibly willing to assist students with disabilities.

3. WHAT CAN WE DO WITH WHAT WE HAVE?

Form a focus group.

Who should we involve? Users, supporters, 'funders', workers and 'friends of the cause'. It is important to think laterally when deciding who to involve, and to carefully consider the work that needs to be done.

Collaboration means working alongside someone else. It is a term that implies equality - working as a partnership. For this to be effective as a means of achieving change, it will therefore need to involve only people who have compatible, or shared, interests in achieving that change.(Parsons, 1994, p 118)

Identify interests of people involved. This is best done through a brief survey form where people state their skills, areas of interest, time available and other relevant information. This is basically a personal SWOT analysis.

4. HOW CAN WE DO IT?

Identify strengths of the community. (It will be helpful to do this by referring back to Section 2 and looking at the positive side of each dot point.)

Identify existing services and community groups. Consider if they should be part of the focus group, or could they be advisers to the focus group. People can contribute in may ways through a variety of roles.

Identify relevant demographics within the community. (Again, some of this may have been considered in Section 2.) Otherwise, quite a large amount of information can be obtained from the Australian Bureau of Statistics (including through their www site), your institution's Geography and Planning, Social Science, and or Marketing areas. It is important that you understand the resources in your community. Once you know what the environment offers then it is easier to approach people, organisations or companies in the most appropriate and productive way. For example, imagine you are in a mining town. Consider your resources and the environment.

Begin 'strategic conversations'/ or public forums to empower individuals and groups; to encourage ownership of the process and the service outcomes; and, to 'sell' the ongoing service. Offer to speak to groups who may be interested in what you are doing. Gather support and commitment.

Identify financial support opportunities, and provide the key players with relevant information. Seek funding or sponsorship if required for the project.

Identify Mentors/Leaders/Co-ordinators/Volunteers - train them eg. Volunteer Notetakers.

Develop strategies on how you will approach others to achieve the desired outcome (ie. the need/s decided upon in Section 1, combined with the desired resources to achieve the needs). Some strategies are:

1. Negotiations

Some important points to remember in negotiations:

- *have confidence in yourself;*
- *maintain a firm commitment to the basic social justice principles that are at stake in the issues with which you are dealing;*
- *aim to safeguard the rights and interests of the people for whom you are advocating;*
- *don't become too focussed on winning an argument;*
- *be clear about what is essential, so that you can e clear about what compromises can be made;*
- *avoid conflicts around personalities;*
- *try to anticipate what the people with whom you are negotiating are likely to say;*
- *try to identify what the other party's interests are in the issues you will be raising;*

- *try to identify ways in which losses for the other party can be convincingly balanced with gains;*
- *try to confine any anger you feel to the actual issues about which you are angry. (Parsons pg 140).*

2. Lobbying

Some important things to remember in lobbying:

- *think about the relative advantages and disadvantages of the different ways of lobbying someone;*
- *try to assess how great a gap there is between your interests and the interests of the people you are wanting to influence;*
- *try to imagine yourself in the other person's shoes and attempt to identify what it would take to persuade them to give in to your demands;*
- *make use of supportive organisations in getting other people to involved in your campaign;*
- *try to identify which people are likely to hold some sway over the people you are wanting to influence, and work to get them onside;*
- *in getting people to support you, be careful to present your issues honestly.*

5. OUTCOMES

At this point we will add a fifth section, titled, 'Outcomes'. You have been through a lot of hard work to reach the outcomes stage. Maybe now you have a Volunteer Readers Scheme, a new Reader/Scanner in the Library, a Volunteer Mentor Scheme, a dedicated group of Disability Contact People, a subsidised sign language interpreter service, a self-funding student newspaper, or some other greatly desired outcome. Look back at what you started out with, consider what you have achieved, respect and publicly congratulate those who worked with you to reach the goal. Congratulate yourselves and don't be afraid of some good publicity! Positive publicity can be considered a reward to acknowledge what people give, but also it should be considered an education tool. Let everyone know what has been achieved - how, when, where and why. It is important for community spirit and ownership.

A final word from a management guru, Lonsdale (in James, pg 170, 1993), to place the process and achievement in the big picture.

Non-profits have shown what can be done with a vision: a world without asthma or arthritis or hunger. I believe industry could achieve something similar, although I accept that it is a lot harder. But I think motivation is something we have to relearn. We need to go back to looking at people.

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ASSISTIVE TECHNOLOGY AND POSTSECONDARY EDUCATION LITERATURE REVIEW

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INTRODUCTION

The increase in numbers of students with disabilities enrolled in postsecondary or tertiary education programs has had an impact on the Australian postsecondary education sector to develop practices, attitudes and supports which enable students with disabilities to participate fully (Loewan, 1993). In their endeavours to meet students' needs, the Australian Vice Chancellors Committee (1996) released guidelines to ensure equitable access and participation of students with disabilities in postsecondary education.

Co-occurring with the increasing numbers of students with disabilities enrolling in postsecondary education has been a technological revolution, especially in the use of computer technology. Computer technology is included within the framework of 'assistive technology,' or technologies which enable human functioning. There has been a tremendous increase in the access and availability of assistive technology and students can "use devices for access to information and computers, for mobility around campuses, for communication, and for control of the environment."(Oddo, 1995,**)**. While assistive technology is in some use, the nature of its use and effectiveness has yet to be determined within Australian postsecondary settings.

LEGISLATION

The use of AT in providing equal access to a postsecondary education is embedded in legislation in Australia. The Commonwealth Disability Strategy of 1994 is based on the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities (StRE) which were developed and adopted by the UN General Assembly in 1993. The goal of the StRE is equalization of opportunities for persons with disabilities in government policies. The Commonwealth Disability Strategy provides a framework to ensure persons with disabilities have equality of opportunity in accessing and having benefit from Commonwealth programs and services (Commonwealth Department of Human Services and Health, 1994). As the Commonwealth funds the higher education sector, equity and access issues are a part of the agenda of Commonwealth Disability Strategy with regard to postsecondary education. In addition to supporting Australia's commitment to the StRE and other international human rights agreements, the Disability Strategy is also supported by Disability Discrimination Act (DDA), (1992). The DDA was introduced as part of the Commonwealth's social justice agenda and was strongly influenced by existing anti-discrimination laws within Australia as well as the Americans with Disabilities Act (1990) of the United States.

Discrimination under the DDA can occur from treating people differently and from treating people the same. Treating a person differently or less favourably because he or she has a disability is ‘direct’ discrimination. An example in education would be the refusal to enrol a student in class only because of a disability. Direct discrimination is prejudicial and obvious. On the other hand, treating people the same where the impact of the treatment disadvantages a person because of their disability can result in ‘indirect’ discrimination. Not providing a student with a visual impairment with materials in a useable format is indirect discrimination. Indirect discrimination may initially appear to be reasonable but the impact is disadvantagement. Indirect discrimination accentuates the difference between same treatment and equal opportunity. The prevention of indirect discrimination requires a shift of focus from the disability to aspects of the environment which can be changed to allow equal opportunity. This means more than just requiring additional assistance or changes to the environment; it means eliminating exclusionary policies and practices.

Until recently disability has been viewed primarily as a medical issue with rehabilitation and prevention the focus of disability policy. But disability issues are increasingly being analysed through a social model that emphasises the role of the environment in excluding people with disabilities from services and activities available to other members of the community. The social model considers differences part of the natural diversity in humans and views many of the disadvantages faced by people with disabilities as resulting from a society which caters for the needs of some but not all citizens (Parsons, 1994). The emphasis of the social model is on changing society to accommodate the needs of all its citizens. People with disabilities have been

Instrumental in this shift from the medical to the social model demanding the same rights and opportunities as other members of the community (Degener, 1995).

Lunt & Thornton (1994) argue that how disability policy is conceptualised impacts on the strategies adopted to promote equality of opportunity. The social model focuses on the social context and barriers to participation rather than attention on changing the individual. The emphasis is on what policies, procedures, physical barriers, etc. restrict the right of the student with a disability to have the same opportunities as other students. The provision of AT within postsecondary education settings is consistent with the social model and with Australian legislative mandates.

ASSISTIVE TECHNOLOGY DEFINED

Assistive technology (AT) is part of the evolution of the use of tools in human history and generally refers to those devices that assist or expand human function or capabilities (Lane and Mann, 1995). A formal definition is found in the Technology Related Assistance for Individuals with Disabilities Act of 1988 passed by the United States Congress with assistive technology described as “any item, piece of equipment, or product system whether acquired commercially off the shelf, modified, or customised, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” For the purpose of this review, we have chosen to target technology that involves accessing a learning or educational environment with particular emphasis on postsecondary education settings. While the definition may appear to be limited to devices, it would be unrealistic not to include services in support of devices such as training, maintenance and followup. In addition, as Scherer (1993) has suggested, assistive technology can be as complex as a computerised communication system or as simple as built up handles on eating utensils.

USE OF AT IN POSTSECONDARY EDUCATION SETTINGS BY STUDENTS WITH DISABILITIES

Students' disabilities can have primary educational implications in teaching and learning situations. Some of the difficulties experienced by students with disabilities include (Horn, Shell & Benkofske, 1989): inability to complete writing tasks efficiently when there is limited gross and/or fine motor control of arm, hand, or finger movements; difficulty performing visually oriented tasks such as reading or writing printed language when there is a visual impairment; difficulty with comprehension and expression of written language if there is a learning disability; and difficulty engaging in verbal activities such as discussion or question and answer sessions there is a significant speech impairment.   In each of these disability areas, AT can serve as an "enabler"(Newell, 1995). Some examples of assistive technology within a postsecondary setting are taped books, talking calculators, hand held spell checkers, variable speed recorders, and specialized software (Higgins & Ziv, 1995).

ADVANTAGES OF AT

The advantages of technology for students with disabilities are far reaching and include improved mobility, enhanced communication and access to information, higher academic achievement, increased participation and independence, and general improvement in the quality of life.   The use of technology "may assist, augment, or supplement task performance in a given area of disability (Raskin, 1994)" or even " circumvent or 'bypass' specific deficits entirely"(Raskind, 1994**)**. Several researchers (Poplin, 1995; Todis and Walker, 1993) suggest that technology may be compensatory, allowing persons with visual, physical, or aural impairments to enhance their control of the environment.   Raskind and Higgins (1995) point out that large numbers of students with learning disabilities are utilising technology such as word processors, speech recognition, talking calculators, and listening aids to compensate for deficits in not only literacy and numeracy but also attending, memory and social function.

It is important to emphasise that advantages of AT are rarely singular in nature. Walker and Williamson (1995) cite examples of software applications such as spread sheets and graphic-charting programs that allow a shift in cognitive load from the
individual to the software resulting not only in maximising academic output but also greater independence in doing academic tasks as well as enhanced self esteem. Holzberg (1994) further supports the notion that the use of technology can build self reliance and self confidence. As Raskind and Higgins (1995) suggest, the advantage of technology is allowing persons with disabilities "to accomplish something that could not have been done before, or reach a specific goal that otherwise would not have been possible"

ISSUES RELATED THE USE OF AT

Issues related to the use of assistive technology in postsecondary education settings include equity concerns, cost, ease of use and appropriate training of both the user and academic staff. Technology can “promote opportunities for integration, personal choice, and individual dignity. (Garner & Campbell (1987**,)**.” Garner & Campbell (1987) stressed that “through applications of technology”, persons with disabilities can communicate with fellow community members, gain access to a variety of environments, and establish a wider range of social relationships. These gains are also true for students with disabilities in postsecondary education settings. At the same time, “adaptations and technological devices are only tools” and “should not be viewed as a substitute for the valued outcomes” of integration into the community, attainment of skills and competencies that promote independence, and improved quality of life (Garner and Campbell, 1987**).**

EQUITY CONCERNS

Raskin, Herman, and Torgesen (1995) in summarising an international symposium on “Technology for Persons with Learning Disabilities” highlighted the need to ensure that specific technologies be accessible to all who might benefit from the technologies. Certainly a major rationale for the provision of AT in postsecondary education for students with disabilities is an attempt to be just. Justice means “treating a person according to what is fair, due, owed. The denial of goods, services, or information to a person who has a right, or is entitled to them, is considered an injustice. (Raskind and Higgins, 1995**,).”** Other writers (King, Russell, & Harrison, 1995) suggest that AT may “widen the gap between the educational ‘haves’ and ‘havenots’ if AT is not made available to all"**)**

People with disabilities have had a history of exclusion in many areas of life including the social, political, cultural and economic. Participation limitations result from a range of factors including prejudicial attitudes in the community, insufficient educational opportunities, and environments that are not designed for the needs of all citizens. This exclusion is to the disadvantage of all as contributions to society of a sizeable minority of citizens are restricted (Quinn, 1995).

The social model of disability with its emphasis on the environment as a contributor to disadvantagement highlights the difference between equality of opportunity and treating people the same. Basic to this concept of equality of opportunity is the principle of equal rights that implies the rights of all persons are equal in importance and that societies need to ensure that all persons have an equal opportunity to participate (Degener, 1995). The traditional idea of equality in which people are treated the same can result in inequalities for those whose ‘differences’ require assistance in order to have the same opportunity as other citizens to participate. Treating people the same, for example, providing information only in print format, exclude those who require other formats, such as braille, from accessing the information. That is, the same treatment does not necessarily equate with equality of opportunity (Hendricks, 1995). Differences in areas such as communication, mobility, and cognitive capacity mean that similar treatment can result in an infringement of an individual’s right to access the opportunities afforded to other members of the community.

Justification for the use of any accommodation in antidiscriminatory legislation such as the DDA (1992) is the ‘leveling of the playing field’ or allowing an individual with a disability to participate without consideration of the disability. Whether the use of certain technology creates an injustice by giving persons with disabilities unfair advantage is a question that has been raised. Raskind and Higgins (1995) ask, “How can we ensure that a technology is only an equalizer?” On the other hand, equity may depend on the relative needs of different populations. Lewis (1996) believes that “individuals with disabilities may require *enhanced* access because of the barriers their disabilities impose”

CHALLENGES AND BARRIERS IN THE USE OF AT

Assistive technology (AT) tends to be categorised as technology and is often associated with electronic technology. As such, many of the barriers or challenges that AT presents are related to computers and other types of electronic technology. While recognising that AT is in fact much broader and incorporates diverse types of technology or equipment, a useful starting place regarding barriers to the adoption and use of AT is a review of studies related to the use of electronic technology in postsecondary setttings (Male,1994).

One of the biggest barriers, and challenges, is the change of attitudes toward using new technologies. Male(1994) suggests that resistance to change usually stems from bad experiences or unsuccessful relationships with computers from another context (for example, confusion over an airline ticket). People resist change when there is lack of clarity about what is involved and when there is a lack of involvement in the change process. There are also issues related to acceptance of disability, dependency, and attitudes towards technology (Philips & Zhao, 1993).

While Male (1994) addressed the issue of introducing computers to the educational process, he also highlighted the need for ‘readiness for change’ as a critical starting point. Specifically, he recommended the adoption of the Concerns-Based Adoption Model that makes the following assumptions:

1. change is a process
2. change is made by individuals first, then by institutions.
3. change is a highly personal experience
4. change is a developmental process
5. a change facilitator who can respond flexibly and personally to the demands will ease the change process

As AT is relatively new, its adoption and use require an attitude of change as well as a change of attitudes.

IMPORTANCE OF TRAINING

Boddy’s (1997) report on tertiary educators’ perceptions of educational technologies found that lack of commitment to fund training about new technologies was the major barrier to their use. Survey results of a small tertiary sample in a faculty of nursing stressed the need for training to address the main barriers on the use of technology in education. These barriers were lack of knowledge, difficulties of use, unreliability, and the amount of time required to use them.

Beattie's (1990) study in the USA also identified training of AT support staff and consumers as a critical need. Fifield and Fifield (1997) and Mistrett (1997) found the shortage of trained professionals in the field to be a key problem in the use of AT.
There is a lack of research and literature on education and training of individuals in the delivery and use of AT as well as a need to increase the supply of practitioners (Fifield & Fifield, 1997). Fifield & Fifield (1997) further stressed that while there has been increased awareness of the use of AT, the awareness has not resulted in better access. Rather, it has placed larger demands for expertise in the evaluation of AT, in the selection of appropriate AT and for ongoing support. The need for adequate training is reinforced by Behrmann (1995).

Fifield and Fifield (1997) emphasised the unpredictability related to the acceptance of technology with particular reactions influenced by age, training, experience, and other factors. They suggest that fear and avoidance occurs when the training moves from information and awareness to skills and competencies. They presented a conceptual design for AT training that is pyramidal in structure beginning with a large base related to awareness training moving up to smaller numbers but with increasing specialisation. AT training must be interdisciplinary because AT application crosses many disciplines though a major barrier is difference in terminology and language between disciplines. Fifield &Fifield (1997) cited the example of interdisciplinary training at Utah State University that brought together students from the engineering and computer sciences with students from speech, language, special education, social work and rehabilitation counselling. Such an approach to training has the potential to instill universal design principles into an evolving technological field with the capacity to eliminate barriers of access to AT in the future.

Mann and Beaver (1995) stress the need for consumer-oriented training. "In many cases consumers do not want assistive devices 'prescribed' as they consider the process one of 'selection,' with strong consumer involvement. They do not consider themselves 'sick' and do not feel they need a doctor or a therapist to 'treat' them. On the other hand, they recognise the complexity of the emerging application of technology and know they have much to learn, both about what is available and about the use of specific devices and systems

SERVICE DELIVERY AND THE USE OF AT

It has been suggested that all who could benefit from AT have not done so due to lack of coordination between service providers, technology developers and retailers, funding bodies, and consumers (Mann, 1991) Mann (1991) also suggests that the lack of a clear service delivery model is a major problem. Service delivery systems provide the foundation for use of technological resources. The simplest model is what Mann (1991) calls the "consumer purchase" model where the individual learns of something that may work, purchases it, and puts it into use. Though this may be the least expensive initially, it may turn out to be the most expensive (Mann, 1991). Church & Glennen (1992) distinguish between direct and indirect service models. Indirect service models focus on staff training, information dissemination, and public awareness. Direct service models provide service delivery which includes assessment, software and assistive equipment prescriptions, and implementation of technology with clients. A fundamental planning issue for the service provider is developing a service delivery system that is compatible with the organisation's goals (p. 7)." Choice of a service delivery model will be dependent on the client population, environment, organisation, AT expertise, and administrative structure and support, as "no single assistive technology program can provide all services to all clients" (Church & Glennen, 1992,p. 14).

The attitudes toward and involvement of technology users will also influence the model that is used. Church & Glennen (1992) summarised several delivery models.
The s**hort-term evaluation centre** model provides one to two days of AT assessment in a hospital or outpatient program within a healthcare centre. The individual requiring AT is given a technology prescription as well as assistance in acquiring funding and equipment. A brief equipment training session occurs at the centre when equipment arrives. Long-term follow-up is achieved through various means (phone, periodic visits, videos) of linking with the individual in the long-term to provide consultancy and training.

The s**hort-term evaluation and training centre model** offer assistance over a few weeks. A team provides initial assessment and interim use of technology, then provides recommendations for AT use when the individual leaves the centre. Training when equipment arrives may occur for a day to several weeks, with periodic follow-up afterwards. This model is frequently used in hospital settings.

The **long-term evaluation and training model** differs from the short-term evaluation and training model in that training and support occurs over a longer time period and is often indefinite. This model grew out of a recognised need for long-term AT assistance to veterans (rehabilitation centres and Veteran's Hospitals) and individuals with developmental delay in educational settings.

The l**ong-term training model** approach articulates with a short-term evaluation centre model. Training and follow-up are provided over an indefinite period (in educational and vocational facilities) following assessment and provision of equipment by others.

Slightly different alternatives to these models are University technology centres or departments, private rehabilitation engineering/technology firms, non-profit disability organisations, volunteer groups and information centres (Reed, et. al, 1995).

An alternative approach to the 'medical model' that historically has provided a prescription/solution to a consumer has been proposed by Reed, et. al, (1995). This alternative, the **consumer driven model,** incorporates recognition of consumer involvement and their empowerment. The consumer who has a disability is seen as the most important member of the AT team. Collaborative information sharing occurs between the consumer and AT service provider(s) so that informed decisions are made in the selection of appropriate AT options. The consumer has the 'final say' on assessment of their needs and choice of AT, giving a sense of ownership and motivation to use the AT that is selected (Lane & Mann, 1995-1; Reed, et. al, 1995). Consumer input can be incorporated in short or long-term delivery models. Reed, et. al (1995) proposed that a l**ocal resource team** include links between individuals needing AT, consumers who are team members, and “family members, professionals, educators, rehabilitation counsellors, and volunteers” (p. 32).

CHALLENGES TO THE USE OF AT

Other challenges identified in the literature regarding the use of AT include the lack of knowledge and information about AT and new products and technologies, dependency on makers and distributors, maintenance issues and lack of appropriate support.

Many researchers agree that finding competent professionals who have up-to-date knowledge of AT is a major barrier to the use of AT (Edelman et al, 1991; Todis & Walker, 1993). Consumers often have more up-to-date information on AT products and services than service providers. Consumers report that service providers often do not know what AT is available or where to find current information. Todis & Walker (1993) found it difficult to keep up with the literature on AT let alone finding objective data about the efficiency of new technology. Often, technological advances become enormous barriers to effective use of AT in postsecondary education. When new technology is available, AT which is currently in use becomes superseded and even obsolete.

Consumers and academic support staff are often dependent on manufacturers and distributors of products for advice on technology; thus, consumers and staff are in vulnerable positions where they can be persuaded to purchase products that may be unsuitable (Raskind & Higgins (1995). Boddy (1997) found that poor reliability and unsatisfactory support from off-shore manufacturers and suppliers were also barriers to effective use of new technologies. Pesta (1994) reported that finding a local dealer who sells and repairs a particular device may be an arduous task. The nature of assistive technology requires that there be appropriate support (Reed, Fried, &Rhoades, 1995; U.S.Dept of Education, 1997; Saye, 1997). This is particularly important in addressing the complexity of introducing AT into educational settings where support is important for success (Todies & Walker, 1993).

Todis’ (1996) report on a qualitative study about the use of assistive technology in educational settings reinforced the notion that the student, family, and educators need to work together as a team in the selection of technology. Major and minor ‘team’ glitches were regarded as inevitable but ones that could be solved quickly and systematically. Although teamwork and appropriate supports are seen as essential, the bottom line is that very little is known about specific supports which lead to effective use of AT in postsecondary education (Raskind & Higgins,1998)

TECHNOLOGY ABANDONMENT

Technology abandonment is a well-known phenomena. Some have suggested that one third of purchased assistive technology are abandoned most often during the first year(Todis and Walker, 1993. Specific reasons for abandonment include malfunctions, lack of training, lack of improvements for independent function, expense, and difficulties of repair (Todis, 1996).

Behrmann (1995) believed abandonment of technology to be directly related to the “lack of proper training”. Most experts (Bowser and Reed, 1995; Boddy, 1997; Edyburn, 1997) point to the need for a planned sequential approach to training individuals to use technology regardless of the specific circumstance or setting.

Four important criteria that mitigate against abandonment are:
1) effectiveness or how well the technology enhances the user’s capability; 2)affordability or how much it costs to purchase, maintain, and repair; 3)operability or how easy the technology is use and; 4)dependability or how long the technology operates without reduced performance or breakdown.(Philips & Zhao, 1993) These criteria certainly form the basis for the selection of appropriate AT.

SELECTION OF AT

A crucial step in the use of AT involves selection of AT within parameters of purpose, cost, availability, etc. Regardless of the parameters, it is essential that the individual who will use the AT be a part of the selection process. Beyond that, other persons may be involved in the selection process including family members, professionals, suppliers, etc. But without input from the end user, selection would be flawed. A guide to the selection process suggested by Todis & Walker (1993) involved
clear identification of goals and linkage between AT and goals whether they be academic, social or personal, identification of how AT better enables students to participate fully, and how the impact of AT on attitudes and perceptions of others can be incorporated into the selection process. Chandler, Czerlinsky, & Wehman (1993) raised a series of questions useful in selection of AT:

1. How expensive or complicated is the technology?
2. Is another solution simpler?
3. Is there less expensive solutions with the same results?
4. Does the solution increase dependence on technology without a backup should here be failure?
5. Does the technology work in a number of environments?
6. Can an off the shelf or commercially available technology be used instead of custom design?
7. Will the technology last long enough to justify the cost?

TRANSITION AND THE USE OF AT

Transition occurs as an individual moves from one set of circumstances and/or environments to another. For persons with a disability, transition may be a move from an educational setting to a vocational or tertiary setting, from an institutional home setting to a community-based home setting, or from a rehabilitation facility to a community-based support service. Essentially, transition involves the move from one service delivery system to another (Church & Glennen, 1992). The following issues and processes have been found to be important in the transition toward the use of AT(Church & Glennen, pp. 17-18):

- processes for referral including appropriateness of referral
- integration of technology services including reassessment

- defining responsibilities of staff who are involved
- adequacy of consumer and staff training
- accountability in reassessing use of equipment in the new environment
- accountability for maintenance and upgrading of equipment
- finding funding sources
- discussion between individuals/groups having different recommendations for AT (e.g. medical vs. educational)

EVALUATION AND FOLLOW THROUGH FOR AT

Effective planning and service delivery should lead to successful implementation of AT in post-secondary settings. Evaluation of service delivery must occur for without evaluation, there is little accountability for the AT choices made or follow-up for AT training and equipment maintenance.

FUNDING AND COST OF AT

Cost is often one of the first considerations related to the use of AT. While cost may appear to be a relatively simple matter, it can be complex and generally involves more than just the cost of the AT itself. For example, a particular AT device and its operation may depend on ancillary equipment; whether a particular person can use a specific AT may depend on whether that person has had or will have training in its use. In addition, costs may seem to be exorbitant because of a lack of prior planning with the need for adaptation. Newell (1995) suggests that some of the “exciting input and output devices now being devised for people with disability” are expensive because “they are afterthoughts, costly additions, rather than a routine part of national and international systems”

Regardless of expense, AT is of little value if it is not used by the student. Use is often determined by ease of access and whether there is appropriate orientation and training. Horn, Shell, and Benkofske (1989) found that training is generally necessary for students to use technology efficiently. Students need training in a particular technology and academic staff may need training in what the capabilities of AT are and what it means for academic achievement.

Church and Glennen (1992) believed cost to be “one of the most pervasive programming issues facing AT ”(p.20). Cost can be the primary barrier to the use of AT. As Boddy (1997) indicated, cost “defined in terms of time and money is often seen as a significant barrier to accessing AT”**)**. A primary reason costs are high is the “add on” dimension (Newell, 1995). Much of currently available AT is often individual in nature. For instance, training, repair, maintenance, replacement of equipment, device modification, and linkages add to the cost of AT (Lane & Beaver, 1995). Other factors contributing to cost include research and development, small scale production , and customisation of specialised parts (Todis & Walker, 1993; Pesta, 1994).

The economic climate in one's country or region may have a substantial effect upon technology implementation and utilisation (Raskind et al.,1995). Government policy related to the use of technology such as AT impacts on availability, use, and funding. Policy commitment to funding AT for persons with disabilities, including students, can lead to wider use and innovation.

The difficulty of funding AT for students is a critical issue. In the U.S. funding of AT is linked very closely to legislation and mandates to provide equal access to education (P.L., 94-142) (Church & Glennen, 1992) and/or health care (Menlove, 1996). If assessment reveals that AT is required for a particular student to receive a free appropriate public education, then local education agencies must provide the AT device ini line with PL94-192 and PL99-457 (Greever, 1991 in Menlove, 1996).

There is no legislation in Australia that similarly mandates the provision of AT for students who have disabilities at the postsecondary level. Anecdotal information suggest that postsecondary students in Australia obtain funds for AT from :

(a) self or family
(b) school sector funded equipment in the tertiary education sector
(c) scholarships (eg Royal Victorian Institute for the Blind)
(d) government funded programs (eg the Victorian Futures for Young Adults Program, Commonwealth Rehabilitation Service and Personal Aids for Disabled Peoples funding)
(e) institutional facilities eg computer laboratories, libraries and specialised resource rooms which house equipment that meets their requirements
(f) borrowed equipment accumulated by Disability Liaison Offices
(g) student loan schemes specifically set up to assist students to purchase technology

This listing suggests that there is no systematic funding for AT available to students with disabilities at the postsecondary level. Undoubtedly, finding funding by students is often left to the persistence of the student and support personnel.

UNIVERSAL DESIGN

AT has been developed to provide access for people with disabilities and, as has been suggested, is a step in the evolution of the use of “tools” to enhance the abilities of individuals. However, much of AT has been of an “add on” nature and a very individualised approach to meet the requirements of persons with disabilities. It is this “add on” that often contributes to the cost (Newell,1995) both in terms of the technology itself as well as the supports necessary for AT’s use. Going beyond this “add on” dimension incorporating a wider design methodology would assure that technology would better meet the requirements of a much larger user population regardless of disability status. This involves more than traditional design and requires adopting a universal design model for technology. Traditional design generally has accommodated the “average” person whereas universal design argues that the notion of “average” is a fictitious construct (Bergman & Johnson, 1995). Universal design or the incorporation of features that allow usage by the greatest number of people with wide variance in abilities and within the widest possible range of environmental settings may ultimately bring about the best solutions for access for persons with disabilities (Owens, Lamb, and Smith, 1998).

The concept of Universal Design includes incorporating access in products so that there is not a catering for ‘special needs’ or the highlighting of disability (Newell, 1995). Products designed within the notion of universal design can be used directly or may be compatible with AT so that there is efficient access (Owens, et. al, 1998).
Universal design products in educational settings have been found to be “more robust, stable, and cost-effective” than “add on” products (U.S. Dept. of Education, 1998). Improving computer technologies by universal design enhances access for all users as well as allowing access for users who ordinarily may require peripherals such as input options (via switch, speech), output options (synthetic speech programs/voice output), and operation options (enlarged text, colour, touch, mouse, or keyboard) (U.S. Department of Education, 1998).

Universal design concepts have recently been incorporated into an internet web browser by members of the Equity and Access Research and Development Group involving members of the Schools of Studies in Disability and Information Management Systems at Deakin University. ‘Multiweb” was developed to incorporate technology oriented to a range of disabilities with a single generic software package allowing the viewing, downloading, videoplaying, and printing of documents located in the World Wide Web (National Disability Research Agenda, 1997).

CONCLUSION

AT will continue to play an important role for students with disabilities in postsecondary education settings in the near future. The advantages of AT are clear in allowing access through compensating, enhancing, and supplementing abilities regardless of a specific disability. However, several issues/barriers appear to impact on successful use of AT including: lack of AT knowledge and training; difficulties in coordination between service providers, technology developers and retailers, funding bodies, and consumers; lack of identification of specific supports; cost and funding mechanisms related to the purchase and use of AT; and feat and avoidance of use. These issues have emanated from studies conducted in the U.S. No Australian study has reported on these issues in regard to postsecondary students with disabilities.

This research project explores these issues in the Australian context through feedback from postsecondary students with disabilities, postsecondary disability liaison staff and technology services staff, and AT service providers/vendors. Identification of issues and needs should be reflected in further advancements in AT which facilitate access, and in legislation which emphasizes and mandates the rights of persons with disabilities. These advancements should further enable individuals and reduce environmental influences which disable them.

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DISABILITY FUNDING FOR TERTIARY EDUCATION IN NEW ZEALAND:

MOVING TOWARDS A MORE INCLUSIVE ENVIRONMENT ?

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The presenters are Lynda Little and Ava Gibson who both work in the Disabilities Services at Victoria University in Wellington, New Zealand. Ava who has a social work background first established the Disabilities Service in 1994 and has seen the service grow and expand very quickly. Her vision is to fully integrate disability support within all areas of the University environment through working in partnership with people with disabilities and academic and general staff. Lynda has worked in the disabilities support area at three tertiary institutions over the past four years, and is also undertaking graduate studies in public policy. One of her main research projects is on disability funding in tertiary education.

ABSTRACT

This year the Ministry of Education announced a new targeted disability funding initiative which will allocate $10.4 million to all tertiary institutions over the next three years. This is a supplementary grant which is to be used by institutions to expand current disability support services, to undertake new project and service initiatives, and for staff training and research. Prior to this announcement, some tertiary institutions were supported to be very proactive in providing access for students with disabilities, while others were often reliant purely on the goodwill of management to make any progress at all. This resulted in a sometimes haphazard approach to disability service provision, with some inequity between the various institutions. The focus of this paper is to determine how successful the new funding initiative has been to date, and to hi-light any emerging issues and concerns. There will be examples of the experiences at Victoria University in Wellington, and also some analysis of the provisional information and data which has been obtained from many of the Universities and Polytechnics around the country. There is wide-spread acknowledgement that the funding has been very positive, and that this has enabled many institutions to develop and expand their disability support services. The challenge will now be to ensure that this funding continues past the three year deadline, so that institutions can continue to work towards providing an inclusive and integrated study environment for students with disabilities.

DISABILITY FUNDING FOR TERTIARY EDUCATION IN NEW ZEALAND: MOVING TOWARDS A MORE INCLUSIVE ENVIRONMENT ?

From this year, the Ministry of Education will allocate $10.4 million dollars in targeted disability funding spread out over three years to all tertiary institutions in New Zealand. This new initiative has been celebrated both within the education sector and disability communities, and which has followed years of intensive lobbying from many different disability organisations and student groups. Prior to this year, disability-related costs were met out of the general student bulk funding from government which is based upon Equivalent Full-Time Student (EFTS) numbers, with student fee charges making up any short-fall in funding. This has meant that providing access for students with disabilities was not always set as a funding priority, and did not necessarily provide any incentives for institutions to either acknowledge or cater for the needs of students with disabilities.

In the current economic climate with the tertiary education sector feeling the squeeze as the government continues to tighten funding, it has become even more difficult for institutions to ensure easy access and quality support services for students with disabilities. This funding initiative was only established in January of this year, so it has been difficult to obtain the relevant funding information and student with disability data. The first official Ministry report is due to be published in March of next year, and while I requested provisional information from many tertiary institutions, most were unable to give accurate student data so early in the year. Also, there was some concern about access to individual institutional financial records, so the disability funding levels are drawn from approximate figures supplied by the Ministry of Education at a conference in 1997. Most of this paper draws from the experiences of students with disabilities and support staff at Victoria University in Wellington and University of Waikato in Hamilton. Though this is obviously an initial exploration of the main issues, it is hoped there will be continuing research and analysis in the near future once more information becomes available.

DEFINITION OF DISABILITY:

It is firstly important to define the language and terminology that will be used to identify people with disabilities. The category “disability” is a very broad umbrella term which is used only to identify a particular group of people who may have very specific needs. It is not intended in any way to infer that all people with disabilities are the same, or that they will have the same needs. This broad definition is in line with The Human Rights Act definition, and includes all disability conditions such as: physical and mobility, sensory, medical, mental health, or learning impairment. A disability condition is identified as such if the effects or consequences may result in any reduced access to educational services and facilities. For example, many people with disabilities cope very well at University and do not make their situation known to staff, but others many require some disability support and therefore will require direct assistance.

A “reasonable accommodation” refers to the type of support that is required to assist a person with a disability. This may be in the form of specialised computer technology, having a support person on campus, note-taker assistance in lectures, alternative assessment formats etc. The support services or strategy which when put in place, aims to minimize any disadvantage due to the impact of disability. It is not the intention to advantage any one person over another, but rather to ensure students with disabilities are placed on a more equitable level with other students. For most tertiary institutions, the extent to which an accommodation is considered "reasonable" is based upon legislative requirements, and defined through the levels of agreement which can be attained between the interested parties. This means that what is currently available in terms of support services will change over time, as the ways in which support services are provided will also change over time.

BACKGROUND IN NEW ZEALAND

During the 1980's in New Zealand, the newly elected Labour government undertook sweeping economic and social policy changes which would effectively serve to diminish the welfare state, and the financial support the state provided for different groups of people living within our society. The new Liberal market theories have very clearly aimed to reduce the costs of public welfare to the state. Up to this time the interventionist state was important for people with disabilities because it provided the necessities of housing, healthcare, and social service supports for the individual and the family, regardless of status or income wealth (Kelsey 1993:61). This became even more pronounced as the government moved to adopt new market-driven ideologies which rely mainly on the (non-disabled) motivations of self-interest, competition, aggression, and the luxury of an uninterrupted working life (Kelsey 1993:62). This would particularly affect people with disabilities as many must rely on social welfare benefits, and many work part-time and as casual labour. This has also impacted on our educational institutions, who must now look to become a business organisation and sustain themselves financially, and as a result student fees have risen sharply over recent years in an attempt to bridge any short-falls in funding.

LEGISLATION

In 1993 The Human Rights Act was amended to include disability as grounds for discrimination. This means that it is now unlawful to discriminate against or to deny access to services and facilities to a person based upon a disability. Prior to this people with disabilities did not necessarily have legal recourse if they believed they were being discriminated against. The Human Rights Act includes the main areas of; employment; education; accommodation; goods and services; and access to public places and facilities (Brereton: April 1997). Tertiary institutions are also governed by The Education Act 1989 which while not specific about disability issues, does make general global statements about institutions being required to provide access for students and staff with disabilities.

The Building Code 1991 also sets certain minimum standards for disability access to all new public buildings and facilities. Those existing buildings which do not currently meet the new standards must conform if any modifications are undertaken. As most institutions have older buildings, disability access tends to be provided reactively rather than proactively. For example, when a student who uses a wheelchair enrols for a course which does not have accessible buildings, a ramp may then be installed. This tends to put extra pressure on students with disabilities who can be made to feel that they are individually "costly" to the institution (Gibson: Nov 1995) Students with disabilities will often comment that the access which is provided is often at the back of a building or as an “add-on” rather than being part of the main entry place.

THEORY/RATIONALE

In searching for a theoretical basis for this work, I have chosen to draw upon some parallels between feminist policy analysis frameworks and issues for people with disabilities. This is because the discourses are similar in that they are both developed upon the principles of under--representation or minority groups challenging the status quo of what has generally consisted of men as the decision-makers within the public arena of business and government. There is the implication that all people living within our society, including people with disabilities, have some basic human rights.

Most educational institutions are guided by the philosophy that people wanting to study should be able to access education, if they possess the relevant entry criteria and academic abilities. Iris Young, a feminist academic who coined the phrase “the political is personal” meaning politics invades our everyday life, situates basic human rights as being based upon our social rules. Rather than rights being something tangible or concretely defined, human rights are about attitudes and ways of thinking. For example, we learn what is right and wrong through the actions and words of those around us, and which come to be reflected as our own notions and thoughts. These rights or opportunities can either serve to enable or constrain the individual, depending upon the social mores at the time (Young 1990:26).

At the heart of any debate about tertiary education, there is the concept of "human capital" and the value of an educated individual contributing to society, and the role of the state to fund education versus the new right "user-pays" system (Stephens 1993:11). Taking this to the user-pays extreme, this would mean that students with disabilities who require support staffing in lectures and tutorials would have to pay for this out of their own pocket ! To balance this argument, there is the concept of equal opportunity as a particular strategy or programme which is used implement general understandings of social justice. Young believes that our concepts of social justice should begin with understanding the dynamics of social domination and oppression (Young 1990:20).

Through understanding how our society works to privilege some people and disadvantage others, we can develop a better sense of what social justice really requires. And once we acknowledge that there are differences are diversity between different people, we can then begin to structure our social relations around this (Young 1990:22). She believes there is a tendency for policy-makers to focus social justice on a distributive model, which is concerned with how benefits and burdens are distributed within a society. These benefits and burdens tend to be material goods such as income wealth, resources and access to funding. For Young, there are also other non-material qualities which are just as important to the individual, and which are human rights, opportunity, and a healthy sense of self-respect (Young 1990:22).

Equal opportunity is also based upon the individual’s self-conception, not only their social skill levels. For example, if a person with a disability is encouraged to undertake a particular course of study because they meet the academic entry requirements, then they will be more likely to think of success. This is why there is often a focus on staff education, because the attitudes of the teaching staff can often make the difference between success and failure for a student with a disability. Popular notions of social justice tend to reflect the prevailing social attitudes of the time (Young 1990:24). Understanding the dynamics of social justice requires allowing room for constant critique and re-evaluation as our society changes and evolves over time. The funding initiative has assisted in raising the rights and expectations of students with disabilities, which increases independence and "mainstreaming" as an option for students, and most importantly is clearly a move away from the “charity model" to a more

rights-based model.

In a very broad sense our “public policy” may not necessarily reflect what is actually required for equal opportunity by the community it serves, but rather reflects the line of action that the decision-makers wish to take (Burt 1995:357). This means that it becomes very important to consider who is influential in making policy decisions. Traditional policy-making has tended to exclude the interests of certain groups of people because their particular issues have not been represented during these processes (Burt 1995:350). Policy development sets the direction for funding and support services. It is for this reason that the policy decisions become so important for people with disabilities wishing to move into tertiary education. The Ministry of Education appear to be taking some of these representation issues into consideration, as they have sought to consult widely with both tertiary disability staff support, and various student groups in developing the new funding policy. Though there has been some critique of the policy already, it remains to be seen once the implementation processes actually begins, how effectively this initiative will cater to the needs of students with disabilities.

DISABILITY STATISTICS

The provisional results from the New Zealand census in 1996 show that nearly one in five people, or nineteen percent of the population will live with the long-term effects of a disability (Cook: April 1997). These statistics are very important because up to now there has been no effective information on people with disabilities. It is the same in education where some institutions do not yet collect viable statistics, and others rely on self-identification and anecdotal evidence. This means that often there is no accurate understanding of how many students with disabilities actually attend a University or Polytechnic, though it is commonly understood that students with disabilities generally represent approximately 2 % of students in the tertiary sector. At Victoria University of Wellington, student numbers are continuing to rise steadily each year by one hundred students per year, and now represent 4 % of general student population (refer Appendix 1) and this is expected to be similar at other institutions.

It is not always easy to identify students at beginning of the year for planning purposes. This has always been problematic because it is generally understood that many students with disabilities do not necessarily make themselves known to their Lecturers or the disability support staff. This is because some students have cited fear of being discriminated against and rejected during course selection processes, or not knowing where to go for information and support (Neale & Hayward 1997:130). The New Zealand population findings are similar to those reported in other countries such as Canada (16%) and Australia (18%) (Cook: April 1997). If it is reasonable to expect that educational institutions should also reflect the general population statistics and disability

11,200 said they were attending some form of tertiary education (Disability Counts 1998). It is predicted that as institutions become more inclusive and understanding of people with disabilities, then student numbers will continue to rise, and students will be willing to freely identify themselves.

CURRENT SITUATION

For students with disabilities, just being able to afford to study can often be the main barrier to accessing a tertiary institution. Alliance party MP and spokesperson for disability Liz Gordon described a student finding enough money to pay for their educational needs as “like climbing Mt Everest in a wheelchair” (Gordon 1997). She also went on to voice concerns over the new disability funding initiative and the devolved funding structures which give total autonomy over how the funding is spent to individual institutions. There is some concern that this funding initiative may also lead to cuts in the current funding avenues for students with disabilities from other areas such as Workbridge and Regional Health Authorities (Gordon 1997).

The Ministry of Education recently released it’s “green paper” which proposes making legislative changes to The Education Act 1989, and more importantly how tertiary institutions are funded. This paper is expected to become the “white paper” later this year when passed through parliament, and there has been much publicity recently over the “voucher system” which would see all students being individually issued with vouchers to pay for their education. There has also been public criticism and growing concern that this discussion paper is just another move by the government to further privatize the costs of education. Also under the review are the supplementary grants which tertiary institutions receive, which includes the disability funding, and so there is much uncertainty as to what will happen past the year 2000 ?

Students who are deaf may face one of the most difficult and heavy financial burdens. A full-time deaf student who requires Interpreter assistance in lectures and tutorials may need funding of up to sixteen thousand dollars per year (Gerritsen: Aug 1997). Usually a note-taker is also required so the student can concentrate on what is happening in class, and this may cost up to three thousand dollars per year. Meeting these costs is usually outside the scope of any individual institution, and generally funding is obtained from several different avenues which may include The Deaf Association, student scholarships, hardship grants, and in some cases from the individual. Last year, Victoria University undertook New Zealand’s first University course taught totally in Sign Language, initially enrolling sixteen deaf students. These students will be trained to teach the hearing community how to communicate with the deaf (Gerritsen: Aug 1997).

There is no doubt that the computer revolution has created many new freedoms for people with disabilities, but once again funding becomes a main factor. It is becoming more common to see students in the classroom with specialised computer technology to record their own lecture notes and prepare their own assessment work. Speech-activated systems allow students with limited mobility or a visual impairment to easily access a computer, and most importantly to enjoy the benefits of being able to study independently. At the University of Waikato, students are now offered email access to contact teaching staff, and Library catalogues and Internet services from home. These services are provided free of charge, but students still need to have their own computer and modem access. This can be very costly, with the average computer system with specialised adaptations still costing around five thousand dollars. Students with disabilities also face the extra costs of transport to and from University, and may need to pay for extra study staff support at home.

ISSUES FOR MAORI

There will also be particular issues for Maori students with disabilities. At The University of Waikato for 1996 there are 180 students out of approximately ten thousand, who identify as having a disability. Out of this number, roughly twenty per cent identify as being of Maori descent. These statistics also appear to be similar in some other institutions. The Ministry of Health commissioned a report in 1995 on disability support services for Maori. This was undertaken by the Department of Maori Studies at Massey University. The initial investigation found that few staff who work in the disability area are Maori themselves, which often means that issues for Maori are not represented in any planning procedures and policy development for organisations (He Anga Whakamana 1995:8). There were also problems with analyzing the work in this area due to the lack of any substantial statistical data which accounts any intersecting issues for culture and disability. Of concern is also the tendency for Maori people to access mainstream disability support services less often than non-Maori.

COMPULSORY SCHOOLING

Children with disabilities at public Schools are funded on an on-going basis, and which is now largely administered under the Schools Special Education 2000 Project. First implemented in 1997 with $55 million to be allocated over three years, the project is now in phase two with between $150 - $200 million set aside for the next three years (Kathy Smith 1997:1). There has already been some criticism of this project, mainly concerned parents who feel that the government’s “market forces” are now coming to impede upon the welfare of their children, and many are being forced to compete with other children for very limited funding. It is estimated that in 1997 over 17,500 children with disabilities applied for special funding, and this year it is so far only guaranteed for the 7500 children who have been assessed to have high support needs (Watkin 1998:36).

The project aims to restructure special education services and minimise bureaucracy though establishing local fund holding bodies who are more “in touch” with what is happening in the local community, and through the Special Education Service who administer the funding and provide specialist staff such as Educational Psychologists and Teachers. The funding formula is based on a mixture of the numbers on the general student roll, and on-going resource grants to Schools which takes into account the socio-economic status and "culture" of the School. Individuals can also “bid” for some individual funding to pay for teacher aid and personal care support staffing. Obviously there is a huge discrepancy between the numbers of students who apply for funding and those for whom it will be guaranteed, and many parents feel that though this funding has been promised and advertised as a the success project for the Ministry, it is still not enough to adequately fund specialist care for their children.

(Watkin 1998:37)

TERTIARY FUNDING FORMULA

The tertiary funding formula is based on $29.95 (GST inclusive) per student EFT (equivalent full-time), not on numbers of student with disabilities enrolled. It is unclear how the exact amount of $29.95 was decided at, or whether the funding has been taken from somewhere else or newly allocated for this purpose. It is designed to meet the needs of students who have high cost requirements ie. deaf students who require Interpreters and note-takers, or a student with a physical disability who requires a Reader/writer for tests and exams. The funding can also be used by the institution to provide generic services and to develop new initiatives such as for staff training and research. There are only very broad guidelines attached to the funding, as it is expected that each institution will develop their support services in slightly different ways. It cannot be used for capital works for the physical environment, and any unused funding must be returned to the Ministry at the end of each year.

The formula calculations has resulted in some funding inequity as some of the larger institutions such as most of the Universities, have received substantial funding this year whereas other smaller Polytechnics have not. For example, it was estimated that Auckland University would receive approximately $590,000 University of Waikato$270,000 and Victoria University $315,000 as compared to some of the smaller Polytechnics which would have received approximately $35,000. While admittedly there are also large differences in student numbers, it is very difficult for the smaller institutions to increase their staffing or undertake new initiatives with such limited funding (refer Appendix 3). So while there is some feeling hat some institutions are very well off whereas others are not, it is an incentive for those institutions who are currently under-represented with students with disabilities, to improve disability access and therefore attract people with disabilities onto their campus.

As it is a supplementary grant, institutions must apply each year for the funding, and are also required to report to the Ministry at the end of each year. The first official MOE report on all funding activities is expected to be published in March 1999, and which will hopefully give more insights into how the funding was spent by the various institutions. Approximately 4 million has been allocated to date. The formula has already been criticised by some student groups, who believe that individual students with disabilities should be eligible for funding to suit their particular requirements. It may be a good argument for the funding formula to be adapted once institutions are initially set up, to bid for funding based on individual students, projects or by stipulating staffing costs.

Certain accountability and reporting issues are now very pertinent for all institutions who are receiving this funding. It is clearly stipulated that institutions must continue to maintain current levels of disability expenditure, as this funding is a supplementary grant. It is also a requirement that each institution report at the end of each year how the funding was spent, and how the initiatives undertaken fit in with the strategic plan of the organisation. There may be some difficulties as the Ministry guidelines for reporting are not yet very specific, and the requirements

A very real concern is that as institutions seek to develop better support services, it is also setting legal and sometimes costly precedents. For example, a Reader/writer who transcribes for a student in an exam is a “reasonable accommodation” meaning that it is a reasonable form of assistance for a student with disability to expect. If all funding was removed and this form of assistance was no longer available, the student would have legal recourse to object. Another main issue is that the current initiative only allows for short-term planning as there is some uncertainty as to what the Ministry plans to do past this initiative. It is vital that the Ministry are lobbied now to continue some form of funding past the three years, and that institutions develop financial plans to prevent a funding crisis as the result of changes to government policy in the future.

While this is a very exciting time in the disability tertiary education sector, it is reasonable to expect that there are going to be some problems and issues which will arise over the next two years. Of paramount importance will be for all tertiary institutions to develop effective databases and ways of collecting student with disability information, which will allow more accurate analysis of exactly what is happening within tertiary education for people with disabilities, and also hopefully allow for more strategic planning. It is also going to be vital to determine how economic “outputs” or success of the funding initiative are to be measured (if at all ?). This could be achieved through tracking the successor pass rates of students with disabilities, and determining the impact of their education for their career choices and employment opportunities. To end on a positive note, the funding does allow right now the opportunity for all tertiary institutions to continue working towards providing a professional, client-centered service which is not driven purely through necessity or funding constraints, but is very much student-driven.

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EMPOWERING, EDUCATING, AND EQUIPPING ACADEMICS TO ASSIST STUDENTS WITH DISABILITIES IN TERTIARY EDUCATION.

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ABSTRACT

The purpose of this resource project was to address requests by academic staff for a comprehensive but concise package outlining support for students with disabilities in tertiary education. The project is ongoing and seeks to address the areas of: reasonable adjustment; modifications to course structure, educational environment (lectures, exams, assessments, practical placements); the Disability Discrimination Act (1992); specific grievance procedures; contact points (Disability Liaison Officers, TAFE Teacher/Consultants, Regional DLO's, Academic Liaison Officers, local and state support groups); areas and forms of disability; access issues faced by students; and available training packages. The project has not been formulated to replace staff training, but to supplement it, and to continue education by empowering staff to seek out their own information, to actively assist students with disabilities in their own areas, and to ensure an expandable and renewable resource.

BACKGROUND

The groundswell of improving access for people with disabilities has been steadily rising in Australia over the past 20 years, and has gained added impetus in the form of the Commonwealth Disability Discrimination Act (1992). One of the last bastions that these changes are affecting is that of academia in tertiary institutions. Since the publication of *A Fair Chance for All* (DEETYA, 1990), and the definition of national equity objectives, the enrolment of students with disabilities in tertiary education has increased, but the barriers still exist for these students that have not been addressed by the strategies proposed to meet these objectives. This has been identified in a number of studies (McLennan, 1996: Barr, Parr, and Heavens, 1996: Noble, 1996). Although the DDA makes discrimination by an educational authority against a person on the grounds of their disability unlawful, the burden of preventing this act is falling increasingly on disability staff, rather than proportionately on academics who are designing and implementing courses. Levi and Bruce (1997) found that a number of strains on faculty resources, the lowering of academic standards, disadvantaging other students, and difficulty in validating alternative assessments were concerns expressed by university staff when making accommodations for students with disabilities. Still, the fact remains that academic staff are the best equipped to make immediate and far reaching changes to their course delivery and assessments that enhances the access that students with disabilities have to a tertiary education. "It is essential for all faculty in higher education to understand that all educators accommodate. Often professors do not recognise it as such when they are making learning accommodations for students, and , therefore, view the idea of ‘making an accommodation’ as a new teaching methodology. No doubt, with the support of colleagues and administration, these same professors who may view the student with a disability as a dilemma can identify times they provided an accommodation but have never labelled it as such. Initially, the professor must understand two precepts (1) the definition of accommodation, and (2) the circumstances under which he/she is responsible for providing accommodations.” (Hodge and Preston-Sabin, 1997).

The Central Coast Campus is one of the first joint tertiary education ventures in New South Wales. The campus has seen the gradual coming together of the University of Newcastle, the Hunter Institute of Technology (Technical and Further Education – TAFE) and the Central Coast Campus Community College. This relationship offers the perfect opportunity to trial a project intended for all three institutions in one location and through the one position. Support for students with disabilities is initially through the Welfare Officer (Disabilities), and from there students access staff trained in disability awareness through the Academic Liaison Officers within each faculty/department, and also present issues of concern via student support groups to the Disability Sub-Committee. The need for this resource has arisen from queries directed to the Disabilities Officer by Academic Liaison Officers (ALO’s), and e-mail requests for information from other professionals both in disabilities and in academia at other tertiary institutions in Australia. Also pointing to the need for this package has been the increasing amount of research investigating all facets of the impact of disability on accessing tertiary study, indicating key factors of staff training and maintaining awareness for academics as key factors in ensuring not only access but equity.

METHODOLOGY

OBJECTIVES

- ♦ Empower staff to become more knowledgeable about disability issues.
- ♦ Educate staff about:
    - Reasonable Adjustment
    - Modifications to
        - overall course structure
        - educational environment (lectures, examinations, assessments, practical placements)
    - Disability Discrimination Act
    - Grievance Procedure for Students
    - Campus Contacts (DLO’s, TAFE Teacher Consultants)
    - Disabilities in the 7 areas of:
        - Physical
        - Hearing
        - Neurological
        - Learning
        - Vision
        - Psychiatric
        - Intellectual
    - Access issues faced by students

This proposal is in response to a rapid expansion in requests for such information from Disability Liaison Officers and academic staff. It is important for staff to be informed as much as possible about their Institution's procedures and about the broader picture of disability in the community. This project would aim to fill some of this void, and would seek to provide these staff members with avenues to seek the information they require.

The project commences with a State-wide request for existing information that could be applicable at the tertiary level. Avenues include:

- Universities and TAFE Institutes in New South Wales (TAFE Teacher/Consultants for disabilities; Disability Liaison Officers; Regional Disability Liaison Officers; Administrative Units for policies/procedures). Where no applicable tertiary information exists within this state a more exhaustive search would need to cover other areas in Australia.
- Support agencies such as Paraquad and the Royal Blind Society to gather descriptors of their client needs, with particular emphasis on potential supports whilst in education (See attachments 1 and 2).
- Sources of technical support for equipment, resources.
- Available training packages, videos, etc.
- Collating information from relevant email discussion lists.

The second phase would see a compilation of information into the 4 areas of:

- Forms and levels of disability (obviously, not **all** levels of disability will be covered – there will be the potential via a document template for Disability staff to add any that are particular to their student group and retain the format of the package).
- Issues surrounding disability support
- Policies and Procedures
  - Institution Specific
  - Generic Responsibilities (DDA, Building Standards, etc)
- Available training packages

The third phase would involve feedback on draft documentation from those who contributed. The package would then be referred to University and TAFE staff involved in the Disability Committees at the Central Coast Campus and at the University of Newcastle, Callaghan Campus. All comments and any further contributions would be compiled and reviewed against the existing draft.

The fourth phase would see a temporary Web site posted with the second draft for comment. The address would be released to all NSW DLO's, RDLO's, and TAFE Teacher/Consultants, with a request for final feedback before finalisation of the package.

The final result would be released in disk format for printing copies as required, and making alterations on templates for Institution specific details; and other alternative formats as requested in the development of the package. A hard copy may be published, but a small fee may be charged to cover costs for folder and printing.

ANTICIPATED OUTCOMES

To supply a resource package applicable over NSW Universities and TAFE Institutes. It is anticipated that the package will include:

- Specific procedures or policies particular to that Institution (eg, grievance procedure).
- Examples of disability specific procedures (such as the grievance procedure tailored for students with disabilities by Flinders University).
- Awareness sections for different forms and levels of disability, and how these impact on a student's ability to study at the tertiary level.
- Contact section for
  - Each specific Institution
  - Local networks/agencies
  - State/National contacts
- Available training packages and resource manuals.

The end result of the project should enable staff members of tertiary education institutions to broaden their knowledge on a range of disability issues, and empower them to better assist students with disabilities. The improved understanding and resulting willingness to provide support to students with disabilities would hopefully flow from this knowledge. The package should also aim to decrease the time disability workers need to spend with staff as they can be referred to different sections.

PROMOTION

To be promoted via:

- A workshop in December 1998 at the Pathways IV Conference. This will serve a dual purpose – to gather information, and to promote the project.

- E-mail on disability lists.

- Through the networks of TAFE Teacher/Consultants, University Disability Liaison Officers, and Regional Disability Liaison Officers, in New South Wales.

- The efficacy of promoting the resource via a web site will be investigated once the size of the final product is ascertained.

EVALUATION METHODS

Evaluation will be sought from:

- The joint TAFE/University Disability Sub-Committee, Central Coast Campus.

- The NSW networks of TAFE Teacher/Consultants, University Disability Liaison Officers, and Regional Disability Liaison Officers.

- All sources of information contained in the information package (support agencies, etc.)

- All contacts expressing interest at Pathways Conference.

PROPOSED STRATEGIES FOR ONGOING UNIVERSITY SUPPORT

The package will be handed over in a format to enable individual Institutions to update and/or modify their specific details, or to add local contacts before disseminating the package to staff. The Central Coast Campus will maintain their own package, and will update via e-mail of any generic information.

Timeline

Phase 1:-

Commence collation of material from sources (Tertiary Institutions, support agencies, service and equipment providers)

Time: 3-4 months

Phase 2:-

Compile information into 4 areas of:

- Forms and levels of disability
  - Issues surrounding disability support
  - Policies and Procedures
  - Institution Specific
- Generic Responsibilities (DDA, Building Standards, etc)
- Available training packages

Time: 4 months

Phase 3:-

Seek feedback on initial draft (also taking place during Phase 2 at Pathways Conference).
Note any recommended alterations/ inclusions and modify package accordingly.

Time: 2 months

Phase 4:-

Submit second draft in disk form to DLO’s, RDLO’s, and TAFE Teacher/Consultants for final comments.

Time: 1 month.

Phase 5:-

Release package.
Final month of project

CONCLU~~SION~~

At the time of presentation of this paper, the resource package will only just be underway. Contacts have been established over the last six to twelve months indicating not only the need for such a resource, but the willingness of organisations to contribute information relevant to their areas of expertise. There is a great wealth of information presented at conferences, contained in training packages, and disseminated in books, journals and guides. This package aims to bring all of this knowledge together as a concise reference point.

“It is important that students accept responsibility for their own learning, but teachers must also accept responsibility for providing an environment that encourages learning, using a variety of teaching strategies with multisensory presentations the facilitate and enhance learning. Teaching and Learning are on the same side of the coin, not on opposite sides.

As human beings we are all learners.
As learners, some of us will learn in similar ways.
As individuals, each of us will learn in a different way.
When we can recognise, affirm, and celebrate those differences
We are all empowered for learning.”
(Baer, W. in *Accommodations – Or Just Good Teaching?* Hodge & Sabin, 1997).

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N.B. This paper is a precise of the presentation for the Pathways Conference. Those attending the session will also receive hand-outs from the accompanying PowerPoint presentation. Those not attending the session can email Ruth Miller at ctrem@cc.newcastle.edu.au **for a copy of these hand-outs.**

ATTACHMENT ONE:

EFFECTIVE COMMUNICATION SKILLS

When you meet a person with a disability, use the following points to help break down the invisible barriers.

- Offer help IF you feel it is needed but wait until it is accepted before giving it.

- Accept the disability exists. Do not ignore it but don't ask personal questions about a person's disability until a closer relationship is established.

- Always talk directly to the person with a disability.

- If a person uses a wheelchair do not touch or hold on to parts of the wheelchair without their permission.

- Most importantly, remember that people with disabilities are individuals. They are as varied in personality, mood, manner and temperament as any one else. There is no magic set of rules that apply to all situations. What may suit one person's needs may not be appropriate for another.

- When in doubt, ask!

- Use language that is accurate and that respects the humanity of people with disabilities

- Remember that people with disabilities are 'people' first, with feelings, emotions, desires, aspirations, frustrations and needs just like anyone else. For most, disability is a normal fact of life, not something to be dramatised, feared, laughed at or pitied.

- Try to use appropriate language. Think of what words you choose will say about the person you are describing. Avoid emotive and inaccurate words, such as 'afflicted', 'deformed', 'defective', 'retarded' and so on.

Reproduced courtesy of TAFE VET Disabilities Services, NSW Department of Education Employment & Training (now Department of Education and Training).

ATTACHMENT TWO:

Royal Blind Society: Guidelines, Photocopied and print materials suitable for scanning, brailling and reading onto audiotape.

The following guidelines outline some specific problems in photocopied and print materials provided to Royal Blind Society for scanning or reading onto audiotape. Generally, common-sense should indicate what is suitable; The main requirement is a good quality photocopy of reasonable print size.

Photocopied Material: Problems for all Formats

- distorted (i.e. bent)
- varied coloured background
- corners/margins/beginning of lines cut off
- interference (i.e. smudges, black marks, grey tinge)
- too light or too dark
- blurred
- unclear crossing out

Print and Photocopied Material: Problems for Scanning and Brailling

- more than one page of text per photocopied page
- pages divided into columns
- unconventional fonts
- uncommon symbols
- graphics interspersed throughout text
- boxed material interspersed throughout text
- unclear typeface, letters that "run together"
- hand-written notes on text
- foreign languages
- quantities of mathematical materials
- thin pages where text shows through other side
- vary large or very small text
- tables of any sort

The problems described alone do not necessarily render the text unscanable, but do mean that a high degree of editing is necessary, which is very labour intensive and time consuming. Remember - if possible always provide materials for brailling on disk along with the hardcopy.

THE GLASS DOOR

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ABSTRACT

This paper will take a somewhat anecdotal look at senior management in higher educational institutions and the attitudes towards students with disabilities. This is due to the fact that the author struggled to find significant literature on the topic. It will identify incidences that demonstrate that lack of understanding that exists among senior management on disability related issues. It will also look at strategies that may assist in the changing of attitudes, especially those being used at the Northern Territory University (NTU). It will discuss whether these strategies can or do make a difference or whether the philosophies associated to these strategies are ineffective.

THE GLASS DOOR

- Why The Glass Door?
- Why This Topic?
- Attitude of Senior Management within Educational Institutions.
- Implications of Attitude.
- Strategies.
- Conclusion.

If you haven't already guessed, my title for this paper has a close association with the phrase 'The Glass Ceiling', and no this is not a coincidence. In fact, I believe as women have been fighting, with varying degrees of success, to shatter the unfairness of the glass ceiling, it seems that people with disabilities are fighting a similar battle. A battle to open the Glass Door, or in fact, any door for that matter. And when I say open, I mean open with independence, confidence and a true sense of 'I have the right to go through this door or any door' without fear of who or what may be waiting on the other side.

Even though the phrases are similar, this paper will chose a somewhat different path. As the Glass Ceiling primarily refers to the issue of women in real numbers taking their rightful place within senior management, regardless of the organisation, business or educational institution. The Glass Door will focus on the 'appearance' that senior management within educational institutions can see through the glass door. It will state that they can then see that people with disabilities and the issues associated with people with disabilities are out their among the staff and students of their institution. It will also note that the people with disabilities, staff or student, can see the senior management, but their actual 'real' access to them is somewhat limited, or should I say 'carefully regulated.'

But how much do senior management understand about the people and about the issues. Or do senior management think they know everything there is to know? Do they believe that they know all there is to know, or do they think they need to give the appearance that they know everything there is to know? Do they really want to know about the issues? Do they want to know the people? Do they care? Obviously there are exceptions in every organisation. Our university is fortunate to have under employment, a PVC who is always open to discussion and recommendation. This PVC can identify an issue and then consult appropriately. In saying that, I need to add that this particular PVC has received excellent tutelage over the years from the Manager of Equity and Student Access at NTU. It has been extremely fortunate that he understood the importance of his instruction. But, there is a great deal of overwhelming anecdotal evidence that suggests those who exist within senior management are uninformed, uneducated, not interested and are happy to stay that way.

Basically, what I'm trying to say is that we, the people with the disabilities, can see the senior management through the glass door and they can see us. Unfortunately, getting through that door is somewhat difficult. As, in the physical sense getting through a door may be difficult because it has no self opening mechanism, may have no handle, it maybe extremely heavy, could be too narrow, or may only open one-way, or may have a step at its bottom. The concept of the Glass Door and its lack of access refers to the access being blocked by negative attitudes, ignorance, fear, lack of understanding, it will cost too much, or the old favourite of the 'too hard basket'.

So in real terms, what is being blocked? Or perhaps the first question is, how are the barriers manifesting themselves? This can be best explained by describing a few incidents that have occurred on various higher educational institutions within Australia. The following occurrences are associated with deans of faculty and senior management staff.

The first two incidents actually involve myself. In the first case, I had been working at a particular institution for a period of six months. In this time as well as performing the tasks of my position, I regularly bought and ate my lunch in a communal staff lunch room. This room was designated for staff only. I, like other staff members, chatted, read, joked and did all those regular things you do with your work colleagues while having lunch. One particular person who, was a senior male staff member, would see me there at least twice a week for this six month period, he would even nod and say hello when he saw me. He would also see me performing certain tasks associated with my position. Things like staff development, attending staff meetings etc. Now I maybe naive, but I would have thought that if someone used the staff room, conducted staff development and attended staff meetings, then chances are they would be staff - silly me. After this six month period, this person finally spoke to me, and his first sentence was, 'so what are you studying here?' I smiled through gritted teeth and replied 'I actually work here.' This response made him step back, he looked decidedly uncomfortable, and returned with 'what, where?' In student services, with your sister. Now he was really shocked. Why hadn't he been told, how come he had just been made to look stupid, which was no ones fault but his own, in front of the general staff. After discussing the incident with work colleagues, to ensure I wasn't being paranoid or over-sensitive, I came up with an answer that confirmed my suspicions. This person believed that people with disabilities could study, but he didn't believe they could actually work. Now not everybody's goal when studying is to find gainful employment but it does make me wonder, if he thought they or we could study. Did he also think that it was a waste of time that people with disabilities did study, as in his opinion, they were never going to obtain gainful employment. He never looked at me quite the same after that incident. He also never attended one of my staff development sessions which he advocated, by signing the appropriate funding paperwork. He felt he didn't need to attend.

The second incident occurred 12 months after I started my current position. One Friday afternoon in the university's staff bar, a member of the university's senior management was pressing the flesh with his underlings. Now this particular staff member had met me on a number of occasions. He had actually brought new personal, university visitors etc. around to the offices where I reside, within the Equity and Student Access branch, to meet me. He knew I was obviously involved in the disability area mainly due to the fact that he could see I had a disability, but that's as far as his knowledge of me and my position went. This particular afternoon he was discussing his role at the university, dodging any topics of conversation that might indicate he really didn't know what I did. The conversation continued and after 10 mins or so, he finally asked 'So what you do and do we (meaning the University) pay you?' I tried to answer his question, again through gritted teeth, without using expletives and explained that the position I held had existed within the University for at least a period of five years, half of the university's life span which was much longer than many other positions had lasted. He was also at that time negotiating our area, Equity and Student Access, to transfer within his division. I now wondered what he had told all those people he brought passed my office about what my role was within the University. I suspect he may have avoided the topic by people not having enough courage to actually ask him, what is Jeremy's role? There are a number of other facts associated with this incident but time and frustration prevents me from speaking further.

The two following incidents directly involve students with disabilities and the Deans of their faculty. Both these incidents created great distress for the students. One student contemplated leaving our University to study elsewhere. The faculty or Dean still doesn't believe that they where in anyway responsible for the student wanting to transfer to another university.

The first student in question studies with a degenerative eye condition. To counter-act the gradual loss of sight, the student requires two corneal transplants over a three to four year period. In 1997, he underwent the first of his transplants. Without going into too much detail, this now meant that he had one eye with deteriorating sight that required contact lenses and another eye that would take up to two years to perhaps gain hassle free, useful vision. He had stitches in his eye that constantly irritated, he suffered minor infections and could not function without dark glasses. Basically, he couldn't see through one eye and could only see through the other with strained effort.

This student was applying for extra reading time in examinations on the grounds of the reasons I have just mentioned. The Dean of faculty refused his application. The student was very upset that he had not been granted a time extension, and I might add that for a three hour exam, he was asking for fifteen minutes extra, so he decided to see the Dean directly to inquire why his application had been rejected. The Dean used those wonderful arguments which I'm sure some of you have had the displeasure of hearing. Arguments such as it would 'disadvantage the other students' and 'the quality of the course will be compromised'. After explaining these arguments to the student, the Dean stated with clear understanding and sensitivity, and I quote 'Anyway, why don't you just read with your good eye?' The student was in complete shock, as was I when he relayed his experience to me immediately after this meeting. The Dean had no understanding of the situation regardless of medical reports, my advise or the students personal information.

The final account I will recall involves a second year student who studies with a hearing impairment, identifies with being mature aged and has not studied for over thirty years. The student was having difficulty in re-writing and reading lecture/tutorial notes thus his actual study time was increased in hours but his learning outcomes not as enhanced as he would have hoped. Because of the extra time it took him to comprise adequate lecture information, he never felt prepared for examinations. He decided that applying for Special Consideration in the marking of examinations might be a reasonable course of action. The student had not previously utilised services provided by myself as he wanted to try and succeed without assistance. He also was not aware of Special Consideration during his first year of study. At our University, Special Consideration refers an adjustment in the marking of assessment, and is granted if the student can demonstrate that their performance has been affected by illness or adverse circumstances. This student applied for Consideration and was refused. Whether the student should have been granted consideration on the grounds that his performance had been affected by his hearing impairment can be debated widely. The point I would like to make in this instance is, again, the lack of understanding by the Dean. This is easily demonstrated by recalling the Dean's comment on why consideration was not granted, and I quote 'If you can't pass a second year exam how do you ever expect to work in the profession'. I would like to add that the student predominantly received credits for assignment work in this and other units.

So, despite having university policy directly addressing students with disabilities. Despite being legislation such as the Disability Discrimination Act 1992. Despite the Northern Territory having its own Anti-discrimination legislation and despite Equity and Access being part of the university's Strategic Directions, students with disabilities, staff with disabilities and community members with disabilities are constantly being confronted by 'The Glass Door' which translates to lack of understanding, especially by those who supposedly wield the most power.

Legislation and policy are good things. They do assist social change. They are good tools for those who consider themselves as 'social change agents'. But, unfortunately legislation and policy are tools which on occasion, do not quite fit the job. Sometimes their proposed effect can be nullified by, say, other policy. I am reminded of a comment made to colleague of mine, by a member of her institution's examination board. "Yes, we have a policy for students with disabilities but the examinations policy has been in place longer". The disability policy tool suddenly seemed obsolete where perhaps it should've been the examinations policy that was old and tired as well as the board member.

Probably the biggest area where policy and legislation appear to be non-functional, and I think most of you who work in the area will know what I'm going to say, is against attitude. Yes, that wonderful, age old barrier which in relation to this topic, is the sand and water and timber that make up The Glass Door. If there is such a thing as moral fibre, then there must be a condition as 'Attitudinal Fibrositis'. Fibrositis is defined as 'an inflammatory change causing pain and difficulty in movement'. I can definitely say that some of the attitudes I have come across certainly caused me pain and difficulty in movement.

Policy, legislation and hard work may create a twinge at the edge of some attitudes, but there are attitudes that have been forged in stone, and when someone, like you and I, come along with a different set of carving tools, that attitude is rock solid. The more you discuss altering the perception or raise other avenues of thought, the harder the rock becomes. Or perhaps I should say the more difficult the glass door is to see through, let alone open.

So what are the answers, the strategies needed to promote and assist in removing the Glass Door and creating a clear unencumbered passage. Should the DDA be given more teeth? Should more people with disabilities be encouraged to register formal discrimination complaints? Should senior staff who don't understand, advocate, promote and follow policy for students with disabilities be threatened with termination? Will any of this go closer to creating a more equitable environment for students/staff with disabilities within higher education facilities? Well the answer is, maybe. But if we use these strategies, then next question has to be, at what cost to the individual and the wider community of people with disabilities would these strategies amount to? Would people with disabilities find themselves branded as trouble makers, be told they are asking for too much? Well unfortunately, that belief is out there now, and these strategies, due to lack of understanding, could increase the number of people who already believe this to be so. Similarly, to those I believe who have listened to the attitudes expressed by One Nation, without perhaps hearing all the facts.

On a more positive note, I believe there are answers to the problem. Maybe not definitive and directly targeting the specific questions, but answers all the same. The fact that the questions are just being asked, can lead to constructive solutions. For example, the owner of a corner store or shop may not know they need a ramp at the shop's entrance until a person who needs to use a ramp to access the shop tells them. A simple analogy I know but relevant.

As I mentioned earlier, our university produced a Strategic Directions document. 'It represents the highest level of planning in the institution and is the basis for all other planning. (NTU, pg1, 1998)'. The document focuses on strategic themes which determine key result areas. These areas include education and training, research activities, international activities, community and industry service, management and infrastructure, funding and resource allocation and image and marketing. Good outcomes in these areas are essential if the University is to be successful in fulfilling its mission and achieving its vision. (NTU, pg9, 1998). But probably the most important or relevant section, is the section called Equity and Access. It was only through the hard work of the Manager of my branch, Student Facilities and Equity, that this section was included. And I mean hard work over the past three to four years. My boss, myself or the university can't force every staff member to read the Equity and Access section, but with the persistence of the staff in Student Facilities and Equity, with the ongoing formal structure of a Equity Committee, with constant formal and informal staff development, we can always alert particular staff members, schools or faculties to this particular piece of university literature, similar to alerting the owner of the shop about the need for a ramp. After all, one of the performance indicators on which Equity and Access will be assessed on is 'Access, participation, retention and success rates of student target equity groups. (NTU, pg16, 1998)'. I believe that no faculty within our University will want to fail in the area of Equity and Access or any other key result area for that matter, as funding is currently so closely associated to student enrolments. And it is envisaged that future funding will be closely linked not only to enrolments, but student success as well. As universities are becoming funding zones dominated by policies of economic rationalism, then it surely does not make sound economic sense to fail in meeting performance indicators on Equity and Access when failure could, can and does promote legal action costing up three times as much as what meeting those indicators would cost.

When using the Equity and Access document in conjunction with our Policy for Students with Disabilities and Implementation Manual and our Resource Index for Students with Disabilities, and any other relevant university or non-university documentation, it can make up a pretty powerful written argument that would challenge anyone's attitude, especially if it will save them or make them money. Without the ramp, the shop would not sell any goods not just to the person who alerted them to include a ramp, but would not sell goods to any future customers who may require access via the ramp.

But is using policy doing enough? Is it getting to the right people? Am I, as a professional working in the area of education and disability and as an individual living with a disability, expecting too much from senior management and the universities. Well, again the answer to these questions is, may be. Perhaps the real answer to this topic is time. Time used to our advantage. Time used in writing, and introducing policy. Time used to educate new staff. Time used to educate students who will become future staff, future business people, future registrars and Pro-Vice Chancellors and Vice-Chancellors and Deans and politicians. The answer of time is not earth shattering nor will it shatter the Glass Door. What it will do is keep pressing on it, keep knocking on it, keep pushing it further and further until one day, it will be completely replaced, and replaced by what? Well that's easy - a large sign, in all formats that reads 'Access All Areas'. The next question is 'do we, do I have the time to wait until this occurs?'

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BRIDGING THE GAP: UNDERSTANDING THE ISSUES AND NEEDS OF STUDENTS AND STAFF WITH MYALGIC ENCEPHALOMYELITIS / CHRONIC FATIGUE SYNDROME (ME/CFS) WITHIN TERTIARY EDUCATION.

A NSW REGIONAL DISABILITY LIAISON OFFICER INITIATIVE

Anna Mungovan & Hazel England

SYNOPSIS

The Regional Disability Liaison Officers in NSW and the ME/CFS Society of NSW collaborated in the development of an education resource for Disability Advisers, Academics, staff and students with ME/CFS in tertiary education. The Project, "Bridging The Gap" was funded by the NSW Disabilities Co-Operative Project.

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) is one of the most complex and maligned disabilities in the community and disability service providers across the education sectors in New South Wales have reported a substantial increase in the number of students identified as having ME/CFS. This paper will focus on the development and outcomes of the Project.

1.0 INTRODUCTION

Without relevant material, information and resources related to ME/CFS, and with prevailing cynicism towards the syndrome, disability personnel are ill-equipped to offer effective and on-going support to those people who identify with ME/CFS. Statistics collated by the ME/CFS Society indicate that, of those diagnosed with ME/CFS, it is most common amongst 20 to 40 year olds, although there are no age boundaries, and that women out number men.[1] At least one person in 2,500 is affected with this condition, but it must be noted that one of the major issues that surrounds ME/CFS is the limited amount of diagnostic information and misdiagnosis.

Because there are no definitive diagnostic tests at this stage and with disagreement among the medical fraternity on symptomatology and treatment, the ill-informed and the sceptics often trivialise and ridicule ME/CFS. Even the term "Chronic Fatigue Syndrome" is difficult for those with the condition, disallowing the more diverse and disabling symptoms, and inviting negative responses.[2] Indeed, the hallmark of ME/CFS is prolonged and disabling exhaustion which may be accompanied by neurological and gastro-intestinal disorders, severe pain and flu-like symptoms.[3]

It is thought that ME/CFS is not a new disability, and older medical texts mention clusters of similar symptoms resembling it, for example, “febricula” or “neurasthenia” in the 18th and 19th centuries.[4] During the last fifty years, ME/CFS has attracted poor publicity and prejudice, tagging it with names such as “Yuppie Flu” and “RSI of the Nineties”. Because it may resemble other diseases known today, such as lupus, post-polio syndrome, glandular fever and multiple sclerosis, diagnosis remains difficult as it must be made by excluding other diseases - an often long and costly process.

The need for this project was determined by three factors. The first was the concern expressed by Disability Advisers at meetings with the Regional Disability Liaison Officers that the inadequate level of information related to ME/CFS made the accommodation of students within tertiary education very difficult and perplexing.[5] The lack of information, combined with the varying nature of the illness, and the often discriminatory attitudes directed toward a person with ME/CFS were further problems for the Disability Adviser when acting as advocate or promoting an equitable culture.

The second factor was the increase in numbers of students and staff who identified with ME/CFS in the tertiary education sector. Some of these students and staff contacted disability personnel at tertiary institutions across NSW and complained about discriminatory practices they endured while others reported lack of resources such as rest-rooms and locker availability.[6] Thirdly, there was no available material or literature specific to the coping strategies and the self- management of ME/CFS within education institutions for both service providers and consumers.

2.0 METHODOLOGY

The first stage of the initiative was the development of a collaborative working relationship between the NSW RDLO’s and the NSW ME/CFS Society. Investigation of current resources and literature related to ME/CFS and tertiary education and discussion of issues by the two parties enforced the need for a united approach to focus on students with ME/CFS in education.

Funding was successfully attained by the NSW Universities Disabilities Co-Operative project. The Submission reflected a unique approach by demonstrating equal participation between education and community sectors to research the experiences of students and staff with ME/CFS in tertiary education. Resource development was an integral component of the Project that would reflect the outcomes of the research and subsequently meet the needs of students/staff with ME/CFS, Disability Advisers and Academics within tertiary education.

The proposed Project was advertised extensively in community and education sectors. Volunteers were requested to either participate in the working party, evaluate the outcomes of the Project through a Reference Committee or share their experiences related to ME/CFS and tertiary education. Due to ME/CFS being a debilitating illness that can incapacitate a persons complete lifestyle, respondents were hesitant to actively participate in the ongoing development of the Project. Therefore personal experiences and feedback was attained through the direct contact of students and staff with ME/CFS, carers and family members.

A working committee was established to develop the research and resource elements of the Project. The representatives of the party reflected the education and ME/CFS focal groups; Cathryn Stuckings (DLO University of Sydney), Ruth Miller (DLO University of Newcastle), Anna Mungovan (RDLO Sydney), Hazel England (RDLO South Coast NSW), Trevor Allan (RDLO North Coast NSW), Irene Coonan (President ME/CFS Society), Zoe Nathan (Community Development Worker ME/CFS Society), Pat Coglan (Carer Representative) and Stephanie Hatch (Student Representative). The Committee focused on their role and experiences related to ME/CFS and education which formed the basis of discussion and subsequent development of the Resource.

A survey was designed to obtain a qualitative indicator of the experiences and issues encountered by students and staff with ME/CFS in tertiary education. An Ethics clearance was obtained prior to the distribution of the surveys. To ensure state coverage, surveys were sent to all NSW and ACT universities for distribution to students and staff identified with ME/CFS. DLO's, Equity and EEO Units were extremely supportive to the Project by distributing surveys, advertising on university email noticeboards and producing articles for student newsletters. The NSW ME/CFS Society membership database was accessed to identify and distribute the survey to students and staff within tertiary education. The survey was also placed on the Society's website and distributed to other ME/CFS associated networks.

The results of the survey have formed the basis in the development of an education resource for Student and Staff with ME/CFS, Disability support staff and Academics in tertiary education. The Resource, titled 'Bridging the Gap' is aimed to facilitate effective and efficient service delivery in education for students and staff with ME/CFS. Specifically, it will provide a greater understanding and knowledge of ME/CFS, the issues that pertain to a student or staff member with ME/CFS, a greater understanding of the rights, responsibilities and accommodations reasonably accepted and an awareness of services and supports available across education and community sectors.

3.0 SURVEY RESULTS

3.1 Overview

A Statistician was employed to collate the survey responses from students and staff with ME/CFS in tertiary education. The following results are separated into four main areas; Demographic Data, Education and Employment, Personal Strategies and Recommendations. The project seeks to represent the views of students and staff with ME/CFS in light of their past, present and future education and employment needs in tertiary education.

3.2 Response Rate

A total of 600 surveys were sent to students and staff with ME/CFS in tertiary education. The ME/CFS Society distributed 250 questionnaires from its 2,500 client services database and the NSW RDLO's forwarded 350 questionnaires to NSW and ACT universities for distribution. The response rate was 22%.

3.3 Demographic Data

3.3.1 Gender and Age

One hundred and thirty two people with ME/CFS participated in the study (Table 1). Of the total participants, over 3/4 of these were women (79.5%) with half the respondents aged between 15 and 30 years (74:56.0%). These results confirm both Australian and international research studies that women with ME/CFS outnumber men and that ME/CFS is most common among 20-40 year olds.

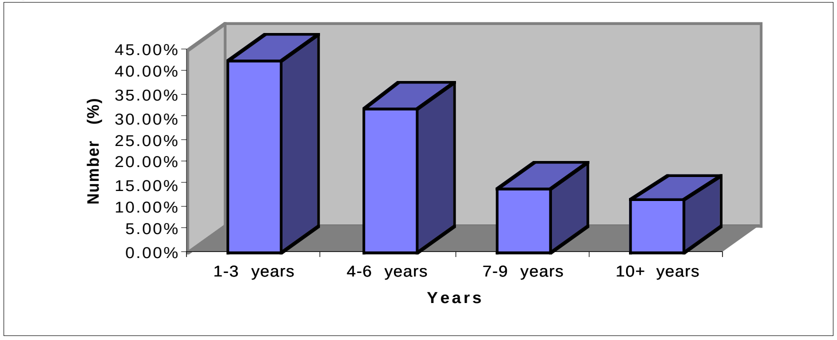
Table 1: Age and Gender

Age	*Male*	*Female*	*Total (%)*
15+	4	21	25 (18.9%)
20+	14	35	49 (37.1%)
30+	6	20	26 (19.6%)
40+	2	14	16 (12.1%)
50+	1	14	15 (11.3%)
60+	0	1	1 (0.7%)
Total	**27 (20.4%)**	**105 (79.5%)**	**132 (100%)**

3.3.2 Disability

The majority of respondents (98: 74.2%) had been diagnosed and living with ME/CFS for between one and six years (Figure 1). One quarter had been diagnosed for over seven years (34: 25.6%). Only eleven students (8.3%) were newly diagnosed with ME/CFS. Secondary disabilities reported were asthma (10), mobility impairment (5), mental health/psychiatric disability (4) and vision impairment (2).

Figure 1: Diagnosis



The majority of respondents reported chronic episodes of illness and fluctuations in severity. All respondents experienced similar major symptoms which were described as; severe fatigue and exhaustion, muscle and joint aches, severe headaches with poor concentration and short term memory problems, abdominal problems, vision and sleep disturbances and various allergies (Table 2). These results tend to reflect current literature whereby the symptoms of ME/CFS are diverse and extreme with relapse and remittance being common factors.

Comments

'My daughter felt so ill and helpless and I was panic stricken. Both of us were so afraid and lost and so very alone'

'The fatigue is indescribable and a very bad phase can last weeks....'

Table 2: ME/CFS Symptoms

Symptoms	*Number (%)***
Severe fatigue and exhaustion	90 (68.1)
Muscle and joint aches	71 (53.7)
Severe headaches	50 (37.8)
Poor concentration	43 (32.5)
Abdominal/gastrointestinal, bloating, nausea, vomiting	36 (27.2)
Short term memory problems	28 (21.2)
Vision (photophobia and blurring)	24 (18.1)
Sleep disturbances	22 (16.6)
Allergies (food, chemical, airborne)	22 (16.6)
Depression	20 (15.1)
Swollen glands and limbs	18 (13.6)
Pain	13 (9.8)
Clumsiness and dizziness	11 (8.3)
Flu symptoms	9 (6.8)
Anxiety and weight loss	8 (6.0)
Noise sensitivity	7 (5.3)
Rashes, skin sores, boils	4 (3.0)
Night sweats	3 (2.2)

** Number and percentage of responses per category

3.4 Education and Employment

3.4.1 Enrolment

74.2% of student respondents had been diagnosed and living with ME/CFS prior to enrolling in their course of study. Only 8.3% of the student population were newly diagnosed with ME/CFS after enrolment. This would indicate that that the student respondents were prepared at enrolment time to cope with study and illness issues.

3.4.2 Institution

The majority of respondents (110:83.3%) came from the post-secondary education sector (Table 3). Most were employed or studying at a university in NSW (85:64.4%), followed by school education (22:16.7%), TAFE (17:12.9%), Open Learning/Distance Education (5:3.8%) and Adult Education (3:2.2%).

Students in this survey enrolled in courses within 29 secondary and tertiary institutions. They came from metropolitan and regional areas of NSW.

Table 3: Institution of Study/Employment

Institution	*Students (%)*	*Staff (%)*	*Total*
University	66 (69.4)	19 (51.4)	85(64.4)
TAFE	12(12.6)	5(13.5)	17(12.9)
School	11(11.5)	11(29.7)	22(16.7)
Open Learning/Distance	5(5.2)	0	5(3.8)
Adult Education	1(1.0)	2(5.4)	3(2.2)
Total	95(100)	37(100)	132(100)

3.4.3 Mode of Study/Employment

The majority of student respondents (47:49.4%) chose to study part time (Figure 2). Full time study (33:34.7%) and Distance study were also modes utilised by students with ME/CFS (15:15.7%)

Staff respondents tended to be employed in full-time (20:54%) and part time positions (17:45.9%). Over three-quarters of staff surveyed (29:78.3%) were teaching staff (present and part) i.e. Teachers/tutors (48.8%), Lecturers (29.7%), Administration (16.2%), Research (2.7%) and Consultant (2.7%).

Figure 2: Mode of Study/Employment

4.4.3 Course Studied

The data shows that ME/CFS students study in a wide range of courses and are not clustered in a few specialist or preferred areas (Table 4). Because of this, ME/CFS is potentially an issue for all academics and teachers.

Table 4: Courses Studied

University		TAFE		School
Business Studies	Environmental Studies	Community Welfare	Word Processing	Year 11
Science	Early Childhood Ed.	Welfare	Accounting	Year 12
Business Finance	Psychology	Computer Skills	Management	School Cert.
Asian Studies	Philosophy	General Education	AUSLAN	HSC Pathways
Commerce	Urban Planning	Information Tech.	First Aid	HSC
Management	Health	Clerical Studies		
Info.Tech.	Geology			

4.4.4 Changes to mode of Study/Employment

Over two-thirds of all students (64:67.3%) had to make changes to their study plans after enrolment because of illness, with many repeating or deferring course subjects (Table 5). Nearly a third of these completely withdrew from their course saying that this was because of ME/CFS. Many commented on how ME/CFS relapses were both distressing and difficult to predict.

Making study pattern changes was stressful as many teaching staff reacted negatively towards students who could not perform to assessment criteria. For many students the terms 'malingerer' and 'bludger' were part of their experience as students with ME/CFS and of their decision to change their study plans.

The majority of students (57:60%) were unable to estimate when they would be able to complete their studies. This unpredictable completion date related to the effects of ME/CFS experienced. A large minority (38:40%) were willing or felt able to estimate a year of completion.

It is evident from the data that the student respondents with ME/CFS had high expectations at the time of enrolment. The majority of students were disappointed that the effects of ME/CFS had on their capacity to pursue their studies

The majority of staff (28:75.6%) had to alter their career path while employed at their institution due to ME/CFS health related problems (Table 5). A third stopped work altogether, of whom several reported being medically retired while a third had negotiated workload reductions. Only one quarter maintained their original career path.

Table 5: Changes to Mode of Study/Employment

Student Respondents		Staff Respondents	
Repeating or Deferring subjects	25 (39.0)	Lessened workload from F/T to P/T	16(57.1)
Complete withdrawal due to illness	20 (31.2)	Stopped work completely	12(42.9)
F/T to P/T attendance	15 (23.4)		
Face to face to Distance education	4 (6.2)		
Total	64(100)		28(100)

3.5 Disability Services

3.5.1 Disability Services: Staff:

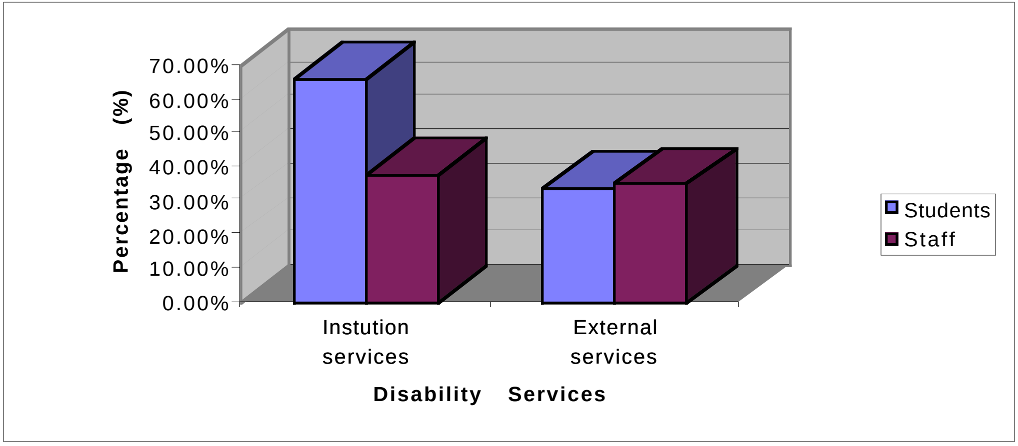
Less than half the staff respondents (14:37.8%) had accessed disability support services within their education institution (Figure 3). This contrasts sharply with the two thirds of students with ME/CFS who did so on several occasions. For staff to seek disability support services while working on campus would mean that ME/CFS had become an issue affecting their employment. Of these, seven staff had dealt directly with a Disability Liaison Officer and the remainder had disclosed their illness to negotiate teaching load arrangements with other staff.

There were few staff respondents who accessed and identified disability support services utilised. The few disability services reported being used were disability parking, adaptive technology, flexible hours and counselling services.

Disclosure was the main reason for not accessing disability support services within their institution. Many felt that disclosing their ME/CFS status would diminish their career choices. Staff also indicated that they were not prepared to trust work colleagues with knowledge of their disability and questioned whether other staff would accept or acknowledge their ME/CFS status. Several staff said their workplace was more conventionally geared towards traditional disabilities such as vision, hearing and mobility impairments.

One third of all staff (13:35.1%) had used external services while they were employed (Table 8). Few respondents mentioned approaching ME/CFS as an employment or industrial issue. This group had accessed external support services such as the Commonwealth Rehabilitation Service program. Other external services used were Counselling and Support Groups.

Figure 3: Access to Disability Support Services



Staff Comments

'My head of Department copied and circulated the ME/CFS Society leaflets to all staff members of faculty. I think this helped'.

'I didn't want to be seen as a burden and also felt that it might affect my career'.

‘As a teacher I felt embarrassed and ashamed that I could not perform my duties to my standard. I felt that no one really understood the condition which left me feeling worthless’.

‘It would have been helpful if staff had a briefing session on my illness. Many unhelpful comments from other teachers caused me distress’.

‘Some colleagues think that its due to the goodness of their hearts that some consideration is given and perfectly permissible to withdraw it without notice’

3.5.2 Disability Services: Students:

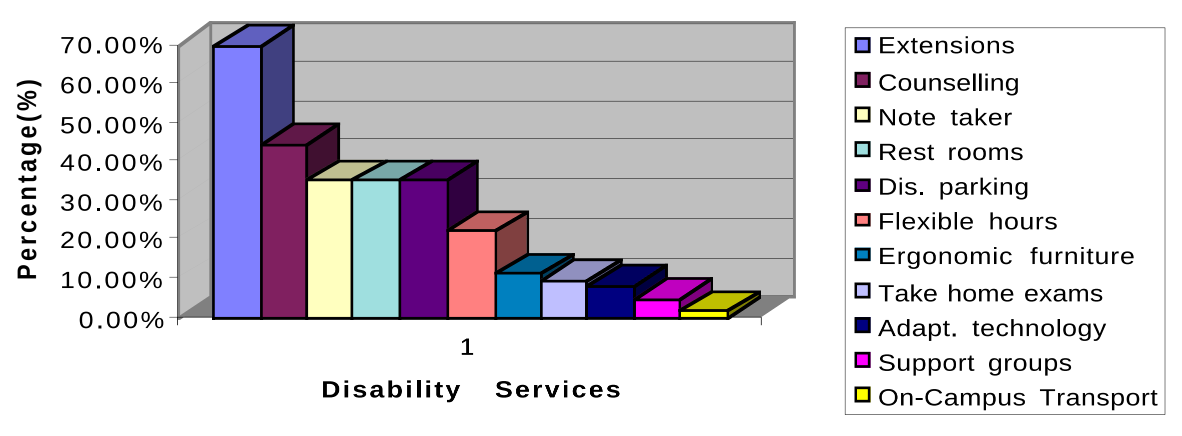
Two thirds of students with ME/CFS (63:66.3%) reported accessing disability support services within their education institution (Figure 3). While the source of support varied, in the majority of cases, a Disability Liaison Officer (55:44.7%) was the main support contact. Other sources of support included; Lecturers, Teachers, Course Co-ordinators (39%), Counselling Services (8.1%), Equity Units (6.5%) and Student Representative Councils (1.6%)

There are two key reasons why students did not take advantage of disability support services. In the majority of cases (20:62.5%) students not accessing services said they did not know these were available for ME/CFS, while a considerable proportion (9:28%) did not wish to disclose their medical condition. Respondents also indicated that they did not believe that services available would in fact help students with ME/CFS.

Only one third of student respondents made use of external support services i.e. community services and supports (Figure 3).This low response could be indicative of the paucity of ME/CFS relevant services or a lack of awareness of the services that do exist. The most popular external support services were the Disability Support Pension, Counselling Services, the NSW ME/CFS Society, support groups and complimentary therapies.

Student respondents who reported using Disability Services (Figure 4), the majority (44:69.6%) relied upon services that offered extended time for both exams and assignments. A few reported using services such as adaptive technology facilities, tape recorders in lectures, exam rest breaks, exams held close to home, free photocopying and ground floor accommodation at residential courses.

Figure 4: Type of Disability Support Services Provided



Student Comments:

'The staff want one to succeed despite the odds. There are seats everywhere, rest rooms, recreation places and coffee shops for those all important breaks'.

'There is wheelchair access when I have problems with stairs and a bus service from upper to lower campus. The plain truth is that one can be too unwell to attempt anything'.

'The pigheaded, uncaring, inhumane attitudes of the Psych Department and their lecturers - getting help was like getting blood out of a stone. The Philosophy Department were much more sympathetic and helpful'.

3.5.3 Disability Services: Students and Staff

It was evident from written replies by both staff and student respondents that a lot of the burden of ME/CFS disability is shouldered by family members who adapt family life so that a member with ME/CFS is able to study or work in their career choice. Many students acknowledged that their main form of external support was their families, partners and carers.

3.5.4 Medical Documentation

The majority of students (70:73.6%) were required to provide documentation supporting their disability prior to accessing disability support services. A range of documentation was accepted which was provided from two main sources: health care professionals (Doctors certificate, specialist report, Counsellors referral letter, Student Health Director) and government agencies (Disability Pension card, Centrelink letter). Doctors certificates were the most commonly provided documentation (62.5%). One respondent reported that an ME/CFS Society document was accepted as evidence of disability. In addition, six students reported being asked to complete additional special needs assessment questionnaire as part of accessing services.

All Staff respondents willing to disclose their ME/CFS status to disability support services (14:37.8%), indicated that Doctors certificates or letters from specialists were provided. Both students and staff commented on the continual negotiation process that occurred with their education institution. This occurred despite medical documentation being verified by disability support staff. One quarter of the student respondents commented on the issue of providing excessive medical documentation, with many repeat requests from teaching staff.

Student Comments

'Lecturers didn't seem convinced even with complete documentation. Basically they think it is a joke and too much formal paperwork'

'Despite the fact that I presented him with six certificates, letters from various specialists, he proceeded to lecture me, telling me that I had an attitude problem, that it was all in my head and that it would be better if I was to park off-campus and get some exercise. When I became alarmed at this, he became abusive and belligerent and inferred I was a bludger'.

'Teachers had difficulty in understanding the medical documentation. They requested too many medical reports compared to other students with disabilities. They thought I was trying to water down aspects of my course'.

'After providing the certificate to the Disability Officer we had to give them to the course co-ordinators at the same time. It involves six persons with some lecturers discouraging me to join their classes'.

'The Lecturer was a bloody-minded difficult person over my disability documentation'.

Many students commented on how teaching staff had difficulty accepting an ME/CFS diagnosis as a genuine illness. The greatest problem faced was the attitudes of teaching staff towards their diagnosis. Many teaching staff caused distress by not believing ME/CFS is a medical condition and by:

- ◊ Demanding an explanation of the disability
- ◊ Discouraging them from joining classes
- ◊ Unwilling to deal with the formal paperwork
- ◊ Unwilling to accept the unpredictable nature of ME/CFS
- ◊ Ignoring medical documentation and insisting on an able-bodied students level of performance
- ◊ Accusing the student with ME/CFS of making excuses for poor performance.
- ◊ Insisting ME/CFS did not exist
- ◊ Labelling the student with ME/CFS as either suffering from depression or an attitude problem
- ◊ Not accepting ME/CFS as a pre-existing medical condition and requesting more reports
- ◊ Discouraging ME/CFS disclosure to other staff
- ◊ Not accepting the medical documentation when presented.

Student and Staff Comments

''I met a disbelieving attitude from course co-ordinators, examiners and parking officials'.

The Director of Student Health in my university did not believe CFS existed and said it was depression'.

'There is a lot of hostility and misunderstanding. Teachers acted as if I was a lazy bludger'.

'UNDERSTANDING' would be enough. I found they hadn't a clue-as a teacher I was treated as a mental case'.

'The University counsellor told me my childhood gave me these symptoms. It's the last thing someone wants to hear'(Academic staff)

3.6 Personal Strategies

A large majority of students who responded (71:86.5%) developed and maintained personal strategies that enabled them to manage their disability while they were studying (Table 6). Strategies most commonly used by students were to improve study skills (30.9%) and communication with teaching staff (12.6%), rest breaks (23.9%), flexible timetables (22.5%) and transport (4.2%).

Staff respondents also highlighted work place strategies (Table 6) although the majority believed that non-disclosure was the most effective, least destructive personal strategy to use. This is indicative of the complex difficulties staff and students with ME/CFS face whilst managing study and illness.

Table 6: Student and Staff Work/Study Strategies

Student Strategies	***Staff Strategies***
Improving study skills	Avoiding staff meetings
Resting before and after lectures	Not socialising in the workplace, saves energy
Seeking flexible timetables and study patterns	Rest days
Improving communication skills with teaching staff	Avoiding chemicals such as those found in marker pens
Missing classes	Avoiding air-conditioned rooms
Getting help with Notetaking	Part-time timetable arrangements
Using disability equipment	Non-disclosure of ME/CFS
Arranging flexible transport	
Non-disclosure of ME/CFS	

3.7 Recommendations

Two thirds of all student respondents (63:66.3%) said that raising teaching staff awareness and understanding of ME/CFS was the most important solution to the problems they had experienced while studying (Table 7). Most students wanted teaching staff to recognise that

ME/CFS **is** a disability. Several respondents indicated that information sheets or booklets about ME/CFS and education would be invaluable when self advocating about their illness to teachers and lecturers. Other solutions included noise and pollutant free designated areas (24%), regular provision of lecture notes (25.2%), access to support groups (10.5%) and improved course information especially on flexible study options e.g. on line delivery (12.6%).

The majority of staff (25 67.5%) said that disability support services in their workplace needed to provide an access and awareness program for ME/CFS (Table 7). It was strongly felt that a disability related support position be made available to implement such a program and support staff with disabilities. Flexible working hours coupled with extra understanding from their colleagues.

Both student and staff respondents wanted to discourage teaching staff and staff support units from demanding excessive repeated medical documentation. This would reduce the continual negotiating process with their institutions.

Table 7: Student and Staff Recommendations.

Student Recommendations	***Staff Recommendations***
Improved teaching staff awareness	Access and awareness Programs
Regular lecture notes	Flexible work hours
Noise and pollutant free rest areas	Extra understanding from colleagues
Access to support groups to lessen isolation	Disability related support positions for staff.
Improved course info. on flexible study options	Better documentation procedure
Better documentation procedure	
Shared lockers near lecture rooms	
Rest rooms located away from noisy, high density student areas.	

Student and Staff Comments

- *‘’There needs to be new attitudes. Often I write support notes for students with CFS and some lecturers see this as malingering. We need extensive education- a short video for staff couched in terms they would grasp and believe’*
- *‘I believe there is a total failure of management in their duty to both the employer and staff members’*
- *‘Some staff need to be educated to keep their ill-informed opinions to themselves and get on with assisting the people they are paid to assist!’*

4.0 ISSUES

It is important at this stage to identify and address the political differences that have evolved within ME/CFS services, support groups and research networks across Australia. The significant issues in the factional debate is the lack of a specific definition, lack of a definitive diagnostic tool and the vast range of health practices .

These factors illustrate the complexities of ME/CFS resulting in the diversity of terminology, medical opinions and practices. The debate around the inception of ME/CFS is extreme, ranging from the physiological to the psychological diagnosis and treatment[7]. It has been documented that one criteria for determining ME/CFS is disabling fatigue over a period of six months, coupled with other constitutional and neuropsychiatric symptoms[8]. Concurrent depression and somotoform disorders have been identified by some as factors associated with ME/CFS and therefore psychological evaluation and intervention has been widely practised. It is argued that at present, no pharmacological agents have been reliably shown to be effective treatments of ME/CFS[9].

Other sectors argue against the psychological and psychiatric interpretations of ME/CFS due to the extremities of physical symptoms experienced at the severe end of the disease spectrum such as 'intractable pain, cardiac problems and overwhelming infections'[10]. It is argued that greater recognition of viral and bacterial agents, genetic predisposition, immune and metabolic disorders and environmental triggers is required[11]. Whilst most pharmacological treatments have not been proven, current practices have not been dismissed and national and international research and experimentation continues.

As many schools of thought arise, the emergence of diagnostic practices and treatments have created issues within our communities. ME/CFS is not clearly understood therefore misinformation, misdiagnosis and mistreatment are common factors that occur across education, employment, government and community sectors. Political issues are a typical feature within any area of research study, however the debilitating consequences that people with ME/CFS are faced with should not be precluded. The awareness of the political issues outlined need to be acknowledged to ensure that individual needs and issues are acknowledged, considered and supported in all environments.

5.DISCUSSION

While acknowledging that this project and its findings were developed within and limited by the context of tertiary education, it paints an alarming picture for those with ME/CFS who are grappling with study. Fairer appraisal from service providers and more understanding from teaching staff would at least create a supportive environment. A greater awareness and recognition of this disabling syndrome was the primary concern of respondents both for themselves and for the wider community. Because there is sporadic and often conflicting medical treatment and some evidence of disinterest, ME/CFS research remains underfunded and at the behest of pressure groups who frequently discount and reject each others position.

It is expected that the dispersal of the education resource “Bridging the “Gap” will provide a cohesive framework of material for those with ME/CFS, their carers, their service providers and community support groups.

This project reveals that people with ME/CFS, their carers and their service providers have been marginalised by major institutions, service providers and the wider community. Despite fiscal constraints, most disability service providers are in position to make experienced and ethical decisions about their clients identifying with ME/CFS and yet, are forced to take a combative role to obtain services for them. The lack of medical recognition, the paltry literature and the prevailing mythology determines a bleak outcome for those with ME/CFS who attempt tertiary education. It is remarkable then, that student numbers are consistently and persistently rising and, it is because of this persistence that the project was initiated.

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INCLUSIVE PRACTICES: OPTIMUM OUTCOMES (I.P.O.O.), TWO YEARS ON: THE DEAKIN EXPERIENCE

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ABSTRACT

After the launch of ‘Inclusive Practices Optimum Outcomes’ (IPOO for short!) at pathways 3 Adelaide 1996, this community development package focusing on non-discriminatory cultural and service development has taken a couple of quantum leaps towards the development of an inclusive environment at Deakin University.

For example, the examination area has now accepted their responsibility for providing examination arrangements flexible enough to accommodate all student needs. They have redesigned their system to ensure that students who have a disability are included as part of the total examination process. In a time of reducing and devolving budgets this development is significant and allows the Disability Resource Centre to focus on it’s true role of assessing and communicating student’s needs to the appropriate area without the need to administer a segregated system, which essentially duplicates and isolates.

Similar shifts of consciousness have occurred in other key areas such as library services, lecture rooms and the incorporation of new technologies in the teaching and learning environment.

The presenter will give you an insight into the implementation strategy used by Deakin’s Disability Resource Centre to create the momentum for change which is now firmly embedded in university policy and practice.

‘STARTING AT THE TOP’

One of the most important strategies in cultural change is to get philosophical agreement and commitment from those at the top that make policy decisions and control budgets. With the top management onboard you not only have some very powerful change agents assisting you, they also stimulate that 90’s phenomenon of ‘cascading’ where the change goes down and across the organization like from the top of a pyramid. This is often a quicker and easier strategy than lobbying and mobilizing ground-level colleges and working upwards.

To succeed with this ‘top down’ approach you need to pitch your campaign in terms the audience relates to. For example, at Deakin we developed a short sharp paper (handout) that we presented in person at ‘Academic Board’ which is a regular meeting of. The paper outlined the implications of the Australian vice-chancellors’ Committee’s Guidelines Relating to Students with Disabilities, the Disability Discrimination Act (1992), and the university’s Equal Opportunity Policy. The presentation also included the functional implications for all areas of the university with practical examples of inclusive practices put in a simple and positive light.

Our presentation succeeded in getting the paper endorsed by Academic Board, which has been our major weapon since.

‘GETTING THE COGS TURNING’

After the philosophical stance of the institution is addressed the major players in implementing that philosophy need to be directly targeted so they feel and become part of this shift in more practical terms.

At Deakin we utilized the ‘Inclusive Practices’ package and workshopped the university’s Equal Opportunity Advisory Committee which reports directly to the vice-chancellor and consists of representatives from each faculty and division as well as the student body. In this presentation we summarized our presentation to Academic Board and their subsequent endorsement of our approach, described current barriers to an inclusive environment at Deakin, and explored some real life instances of inclusive practices as positive examples of ‘best practice’.

A crucial point to drive home in any of these sessions is that individual service providers (i.e. lecturers, librarians etc.) can be liable under the D.D.A. (1993) just as the university as a whole can so every area of the institution is individually responsible to develop inclusive practices.

‘CHOOSE YOUR TARGETS’

It is important to strike while the iron is hot and get the I.P.O.O. 'roadshow' happening.

Areas we initially targeted included human resources division, library, Academic Administrative Services Division, Buildings and Grounds, Learning Resources Services,

Community Liaison Office, Information Technology Services, faculties, and student unions.
Unless it is urgent do not tackle ‘difficult customers’ first as the more allies or converts you gather the easier it will be to coerce the recalcitrent ones.

Other strategies used to assist the demand for and reception of the 'roadshow' included; actively seeking invitations to regularly scheduled staff meetings etc. instead of requesting staff to attend additional meetings; getting I.P.O.O. listed as a staff development option in the institutions staff development brochure; and following up requests for assistance with offers of workshops.

‘A TWO-PRONGED APPROACH’

A second strategy which should run in tandem to the above is hands on advocacy and ‘shared responsibility’. For example in the examinations area, we have gone from alternative exams being totally organized and run separately by the D.R.C. to a system where the D.R.C. assesses the students’ alternative needs, passes that assessment on to Academic Administrative Services Division (A.A.S.D.) who organize and run the exams. This evolution started with that philosophical shift to a more inclusive environment becoming more widely known and then through a number of meetings between D.R.C. and A.A.S.D. developing a system of shared responsibility where both areas played some role on the operation of alternative exams. As the acceptance of their responsibility became clearer A.A.S.D. accepted funding responsibility for alternative exams and once that hurdle was over it was not difficult to transfer the remaining tasks to the appropriate area.

This strategy of advocacy (i.e. making audience aware of their responsibility in a non-threatening manner), developing a “shared approach” for the short term, and facilitating the transfer of total responsibility to the appropriate area has also been successfully implemented with library services, buildings and grounds for physical access, and on-campus accommodation.

We currently have a ‘shared approach’ regarding alternative format coarse materials where the D.R.C. coordinate the production of materials but Learning Resources Unit pays; and we are at the initial advocacy stage with the new frontier of ‘on-line’ teaching and learning

‘GETTING EMBEDDED’

With all that done we still cannot rest on our laurels. The physical, cultural, and economic environment is continually changing and we need Ongoing Membership of committees like Deakin’s Equal Opportunity Advisory Committee to monitor and develop inclusive policies and practices. We also need recurrent funding to enable staff to attend these committees and run staff development sessions without compromising our capacity to provide direct individual support when required.

One major issue that has assisted both the cultural change and our funding security was the running of a D.D.A. case against the university by a number of students who were denied full support because of budget restrictions. The case was settled so unfortunately no precedent was set for other institutions but the process made it clear to this university that equity for students who have a disability is a right protected by law and no longer able to rely on the charitable whims of the time.

‘THINK POSITIVE’

Negative or problem obsessed approach won’t work. Accentuate the positives as much as you can by citing similar ‘best practice’ solutions when presented with barriers to elevate the desire of service providers to be at the cutting edge of service development.

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GUIDELINES FOR ACADEMIC STAFF TEACHING STUDENTS WITH A DISABILITY

Ann Noble and Gerry Mullins
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ABSTRACT

The future for higher education in Australia will be characterised by increased demands on teaching staff, fewer resources, and a greater emphasis on the efficient delivery of good quality teaching. In this context creating a future for students with a disability requires the efficient delivery of advice to academic staff on teaching these students.

A survey of academic staff at the University of Adelaide indicated that staff were willing to assist students with a disability as long as the demands on staff time were reasonable, but staff wanted concise, readily available information on the nature of various disabilities and on practical measures they might take to assist students. Staff were not aware of, or were not using, the resources already available.

We have developed a set of six brochures on different disabilities: auditory, vision, medical, learning, mobility, and psychiatric/psychological. Each brochure includes information on the nature of the disability and how it might affect a student's learning at university; practical suggestions for assisting students in various aspects of teaching and assessment (eg lectures, tutorials, examinations, field trips); and contact information for further assistance. The rationale for the recommended adjustments to teaching practice is emphasised, and it is made clear that improving the learning opportunities for students with a disability will improve the lot of all students.

INTRODUCTION

With the increase in the number of students with a disability in tertiary education, the need for universities to develop Disability Action Plans and to comply with the requirements of the Disability Discrimination Act, and an increase in the number and variety of requests from academic staff for information to assist them in teaching students with a disability, the need for staff development activity in the area has become crucial. However, the future for higher education in Australia will be characterised by increased demands on teaching staff, fewer resources, and a greater emphasis on the efficient delivery of good quality teaching. In this context creating a future for students with a disability requires the efficient delivery of advice to academic staff who are teaching these students.

With the current higher education climate in mind we saw the aims of this project as being to:

- challenge assumptions, biases and resistance to change by encouraging a focus on alternative perspectives in relation to teaching and learning

- provide clear and accessible guidelines for staff teaching and assessing students with a disability, including the sort of information which would minimise staff anxiety and uncertainty

- encourage teaching staff to create learning environments which take into account diverse learning styles and needs, by providing both general and specific guidelines about student learning and assessment

- encourage supportive interactions between staff and students, and amongst students.

THE PROJECT

In the first stages of the project we sought both national and local information: staff development units in universities around Australia were surveyed to determine what materials with a focus on teaching students with disabilities already existed; an extensive literature search was conducted; and a comprehensive round of interviews with academics at the University of Adelaide was completed (and reported in Noble, 1996)

Over 40 teaching staff from a variety of disciplines and at various points in their careers were interviewed to determine the existing level of awareness of disability issues in the University, both in a general sense, and in relation to specifics including course offerings and ‘selection’; learning environments; and assessment procedures and accommodations. The interviews were designed to enhance our understanding of current practice. We were also hoping to locate efficient and effective teaching and assessment practices which would be transferable between disciplines. The staff interviewed included those who had experience teaching students with a wide range of disabilities, and also those who thought they had never encountered a student with a disability in the University.

While the interviews uncovered general interest, good will, and apparent commitment to ‘equity’ in the learning process, they did not, on the whole, uncover the well-considered, innovative, extendable, transferable practices which we had hoped to find. Many of the comments made in interviews indicated an ‘ordinariness’ and a certain ‘safety’ in the approaches and practices which academics acknowledged they had relied on when dealing with out-of-the-ordinary issues.

Academics were willing to recognise and meet the challenges of providing an effective teaching and learning environment, and were keen to discuss creative alternatives, as long as they were viable, and time and resource ‘neutral’. As one academic commented: ‘We *limit options for students if we stick to show and tell and talk and chalk.*’ But their focus and practices were clearly constrained. In only a few cases had a situation arising as a result of a request from a student with a disability led to a re-considering of the nature of a course, or of the way in which a course was presented or assessed.

Staff were aware of the desirability of discussing and reaching decisions on a departmental level, particularly when assessment was the issue. On the whole they were not happy about making decisions alone, particularly when there were no precedents (or none that they knew of) and/or no guidelines. We heard the often-repeated concern that perhaps, in allowing students to be taught differently, or assessed differently, there would be accusations of compromising course standards or disadvantaging other students.

Most academics brought up the issue of ‘fairness’ in one guise or another. Clearly, they need to feel confident when making whatever accommodations are called for, and need a frame of reference against which decisions can be measured or judged. There were pleas for ‘correct procedure’ guidelines. Academics thought it would be helpful to know what others were doing, to know what issues were being faced in other departments, what practices others had tried and adopted, or tried and discarded. They did not want to be ‘instructed’ on what to do within their own subject areas, but rather, wanted guidelines which would lead them to consider options and alternatives relevant to specific courses.

Along with the concerns about appropriate individual behaviour and responsibilities came comments focusing on responsibility in the wider system. A number of staff mentioned that they were unsure about who in the University (if anybody) was, to use one academic’s phrase, *‘charged with the responsibility of handling these issues.’*

All ‘these issues’ (and a few more) we have tried to address in the completed guidelines:

- Teaching students who have a psychological or psychiatric disability
- Teaching students who have a learning disability
- Teaching students who have vision impairment
- Teaching students who have hearing impairment
- Teaching students who have a medical disability
- Teaching students who have a mobility disability

These brochures (each four A4 pages) are contained in a folder on which is printed a statement about the University’s obligations, and details of sources of further information and assistance available to teaching staff.

DESIGN RULES FOR THE BROCHURES

In developing material to assist academic staff teaching students with a disability we followed a number of 'design rules'. We believed that the material must be:

- *Focussed on learning and teaching*

The brochures are designed for academic staff rather than disability liaison officers, student support staff or students themselves. Consequently, the focus must be on the provision of information and advice relevant to learning and teaching rather than to broader policy or procedural issues such as access, transport, financial support, etc. Implicit in the focus on teaching and learning is that:

- the brochures should reflect the characteristics of good teaching as established in the research literature (Ramsden, 1992)

- assessment is particularly important, not only in the minds of students, but as one of the more influential factors affecting how students learn (Crooks, 1988; Nightingale et al, 1996)

- discipline differences often matter, and the brochures need to be sensitive to the fact that teaching occurs in a variety of different contexts.

• *Practical and concrete*
The brochures are designed to provide staff with assistance in the day-to-day practice of teaching. Hence we have tried to avoid theorising, and have sought to present the brochures as information sheets rather than as 'academic' articles.

• *A blend of generic advice and advice specific to a particular disability*
It is important that each brochure provide information specific to that particular disability. However, as indicated earlier, many of the strategies listed in the brochures under the headings ‘Students may also learn best whenÉ’ and ‘There are some good assessment practicesÉ’ are about ‘just good teaching’, and adoption of these strategies might be expected to assist the learning of **all** students.

• *A model of appropriate language*
We believed that it was important to model to academic staff the language (and, by inference, the attitudes) appropriate in communication with students with a disability. This was seen as particularly important for academic staff who might have had little experience in this area or be unfamiliar with the ‘disability’ literature. In this context we have focused on ‘strategies’ rather than referring to ‘adaptations’ or adjustments’ which tend to have negative implications for academic staff.

• *Introductory*
But with suggestions about access to more detailed or extensive information and advice.

• *Easy to read and easily accessible*
The limited amount of time available for assisting individual students means that information and advice is more likely to be used if it is short and to the point. The fact that students with a disability may be infrequently encountered by individual academics means that the information must be available when it is needed.

THE BROCHURES

The interviews with academic staff gave us a clear understanding of the varying levels of awareness, the great variety of practices, and a host of different assumptions and needs. The accessibility and practicality of information provided was obviously of importance. Staff feared needing to become ‘disability specialists’ and had generally indicated a level of apprehension in their dealings with students requesting accommodations - particularly students with a ‘hidden’ disability. Many staff indicated that they were ‘anxious’ about what they perceived to be their own inadequacies in understanding and responding to needs.

For the purposes of this paper, the brochure on teaching students with a psychological or psychiatric disability is used to illustrate the outcome of the project.

About the disability

Each of the brochures begins by providing a brief description of the disability, the terms or labels most often used, and the characteristics or observable features of the disability, where relevant. In this section we were concerned simply to give academic staff some background. The information given is largely general, intended to eliminate the sense of ‘not knowing anything about disability’, and to provide a basic ‘awareness’ amongst staff.

Teaching students who have a psychological or psychiatric disability

Disabilities labelled as psychiatric or psychological may include schizophrenia, clinical depression, bipolar disorder, eating disorders such as anorexia nervosa, and anxiety disorders. Substance abuse and acquired brain injury (ABI) may have associated psychological disabilities, sometimes referred to as personality disorders.

These disabilities may be characterised by anxiety, erratic behaviour, panic attacks, attention deficit, fluctuating motivation, and disorganisation. These may also be features of post-traumatic stress disorder (PTSD).

These psychiatric / psychological disabilities may be transitory (induced by recent personal trauma) or of longer standing. Symptoms range from mild and episodic to severe and ongoing, so that students may sometimes require academic accommodations, and other times not. To all intents and purposes these disabilities are ‘invisible’.

Depression is one of the most common psychological disabilities evident in the university environment. Also common are various anxiety disorders. Anxiety may manifest itself in a number of ways. Students may withdraw from interaction with others. They may experience unpleasant physical manifestations – rises in temperature, sweaty palms, palpitations. Students taking prescription medication, may experience drowsiness, persistent thirst, vision difficulties, and problems with coordination.

We were also concerned to emphasise the notion of difference - not the idea of difference from a ‘standard’ or norm, but individual difference in the experience of a specific disability. Equally important is an understanding of difference in relation to need. Such understanding will minimise the unhelpful stereotyping and ‘grouping’ which leads to inaccuracies and negative consequences. As we know, relying on stereotypes in this environment too often leads to social injustice and educational disadvantage. And as Porter (and others) has pointed out, disability does not entail a *particular kind* of student, or deviancy from some mythical norm, or deficiency based on some ideal (Porter, 1994; Smith, 1991).

As teachers we also know that stereotyping lessens the likelihood of approaching ‘problems’ creatively and innovatively. We wanted to highlight the importance of being open to new possibilities, and being flexible in responding to different students, different needs and different circumstances. Because we were focusing on difference, the words ‘may’ and ‘possibly’ needed to be used frequently.

About Learning

What academic staff really need to know about a disability is the way it is likely to affect learning and participating at university. Though the brochures are written for academic staff, we felt that in giving information about the likely impact of a disability on learning students would also benefit in that they would need to explain less, and explain less often, their disability.

The impact of a psychiatric or psychological disability on learning at university

The learning processes of students with a psychiatric or psychological disability may be affected in the following ways:

- The idea of being ‘sick’ or ‘different’ may have resulted in low self-esteem and lack of confidence, and this will affect approaches to learning. Students who are anxious about new situations and new people may isolate themselves in the university environment.

- Students may have frequent or unexpected absences owing to hospitalisation and/or medication changes.

- Staff may notice that students have rigid thinking patterns and inflexible approaches to tasks, a result of lack of confidence and anxiety about new experiences.

- Students may tend to rote learn because of anxiety, may lack confidence generally, and have difficulty performing consistently or following through on tasks. They may also worry about perceived inadequacies, without there necessarily being any evidence of these.

- Severe anxiety may significantly impair participation in tutorials and performance in

- There may be evidence of short-term memory loss which will affect both the ability to recall information, and attention span. Students may have difficulty following sequences, complicated instructions and directions, and with integrating material from different sources. They may be easily ‘overwhelmed’ by information.

- When students are unwell they may be inclined to misinterpret questions, comments or instructions, or be vague in their responses to questions. Some students may misinterpret non-verbal cues in particular. They may tend to impulsiveness and unpredictability and may sometimes appear obsessive, asking questions repeatedly, returning frequently to issues already covered, or repeating things.

In a recent student-based survey in South Australia, students with a disability indicated that increasing the ‘disability awareness’ of academics was vital to their confidence about disclosing their disability, and asking for information or advice or assistance. Many students indicated that they had failed to disclose their disability to staff because they feared a negative reaction, uncomfortable or prying questions, or the likelihood of being labelled a poor or difficult student. Staff were sometimes described as unsympathetic and uncooperative. But clearly staff have their own difficulties when ‘disclosure’ has not occurred:

‘Some students wait until it is too late for the system to respond.’

‘We’ve had some students disclose their disability when they have failed an exam. We’ve arranged supplementaries - but this is not a very satisfactory way of doing things.’

When academics understand the likely impact of a disability, the particular difficulties a student may have, or the reason behind a request for a particular accommodation, they are more likely to feel positive about negotiating with students for alternatives. We felt a need, too, to highlight the importance of staff approaches and attitudes in easing isolation and encouraging self-confidence in students with a disability.

So the information given in this section was designed to ease the interaction between students and staff, by outlining situations or circumstances staff may encounter that might impact on teaching or learning processes and activities.

About Communication

In our experience, both lack of information and departmental culture or ‘politics’ can be behind ‘messy’ communication - or indeed miscommunication - between students and staff. Communication difficulties are further exacerbated by uncertainty as to who should initiate discussions, say what, ask what, and how:

I’ve found that sometimes students aren’t very good at articulating what they need, and I’m not sure how far I should go in making suggestions - or what suggestions I should make.’

‘Whose responsibility is it to make suggestions? Do we just go along with what students ask for? Surely it’s a big assumption that students know what their needs will be, especially if they are in the first year of a subject?’

‘Is all this communication confidential, or are there other people who need to know?’

‘I don’t necessarily know what questions a student might find offensive . . .’

‘Most students with disabilities I have encountered have not wanted to talk about it.’

For both students and staff there are obviously various concerns about the seeking and giving of information, about where that information goes, and to what end. We hoped that the information provided in this section would dispel some of the myths about difference and disability, and result in easier, more positive, cooperative, and supportive interactions between students and staff. Throughout the writing of the brochures we were mindful of the goal to move some way toward improving the relationship between students and staff, understanding that a positive relationship can be empowering, can have the effect of promoting feelings of competence and confidence, and knowing that such relationships may be made or broken in the first conversation. (Goodman, 1985; Abbott-Chapman et al, 1995).

In this section we highlighted students' rights and ‘autonomy’ in relation to making decisions about what information is discussed, but also highlighted the important role staff have in creating situations where the exchange of information is at least possible! We focused again on difference (some students will, some students won’t disclose their disability) on the importance of responding to individual need, the importance of recognising different communicative styles and approaches, and indeed different approaches to the business of being at university.

How to communicate was closely related in academics’ minds with behaviour and appropriate outcomes:

‘Some students expect you to go out of your way to help them; others don’t want you to do anything - and there are those who fall in between. It’s difficult to judge how to behave.’

Unfortunately, we have to acknowledge that it is likely that some degree of difficulty and uncertainty will always remain.

Communicating with students with a psychiatric or psychological disability

Interacting with students with a psychiatric or psychological disability should be characterised by respect for their rights to dignity, confidentiality and equity. How well academic staff are able to assist these students depends very much on the relationship they are able to establish with the student.

Some students will choose to disclose their disability; others will not. There is still a considerable social stigma attached to psychiatric disability, as well as numerous persistent myths, so that disclosure and discussion of their disability may be particularly difficult for a student. At your first lecture, you might invite any students who have a disability to contact you for a confidential discussion of their specific learning needs. In that discussion you might feel it is necessary to ask students to provide documentation to verify their disability. In doing this, ensure that students' rights to privacy and confidentiality are recognised. You might also ask students what, if any, information would need to be shared with other members of staff, or with other students in the class.

- When communicating with students with a psychological or psychiatric disability it is important to acknowledge that they are students first and foremost, not 'victims', 'sufferers' or 'conditions'.

- Negotiate about teaching and assessment issues on the basis of individual need. You may like to consider negotiating individual study contracts which allow students to meet your expectations in different ways which match their preferred learning style. This ensures that the curriculum offered is inclusive.

- Students returning to education after a significant absence may initially be very unsure of what level to pitch their work at, or may set unrealistically high standards for themselves. You may need to help students focus on more realistic and achievable standards and goals. If you have negotiated any adaptation to teaching or assessment with the student, it is good practice for both the student and staff member to have a written record of that decision.

- Always allow sufficient time for discussions with students so that they do not get anxious about unfinished conversations or unresolved matters. Students who fear that they are misunderstood (both generally and specifically) may have difficulty asking for accommodations.

- If any disturbing or inappropriate behaviour is evident in the classroom this should be discussed with the student privately, and future behaviour agreed upon.

About Teaching

In this section we presented both specific and generic information relevant to good teaching practice - practice which would benefit **all** students.

The guidelines emphasise:

- flexibility in instructional design and delivery - and a curriculum approach which maximises learning outcomes

- innovation - alternative ways of doing things which are neither difficult to implement nor time-consuming approaches to teaching, and which consider rationale, structure, approaches and objectives of courses, and of tasks within courses

- the importance of clarifying expectations

- the need for staff to develop teaching practices which cater for a diverse range of learning styles, and for different ways of knowing:

‘Éthe conventional viewpoint [of disability] places the burden for dealing with disability too heavily with the learner, failing to account for how factors constituting the particular educational setting (eg architectural barriers, restrictive attitudes, and poorly designed curricular, instructional, or assessment practices) can themselves be disabling.' (Porter, 1994:73).

We know that **all** students are from time to time ‘disabled’ by lack of clear instructional or learning guidelines, writing tasks which are poorly expressed or formulated, or assessment tasks which are not clearly related to course objectives. So it was important to present information which involved a simple re-visiting of good teaching practice generally. By attending to issues around difference and diversity, we have an opportunity to improve teaching and learning for **all** students.

The ‘environment’ of a department, the way things are done or ‘managed’, the way content is taught, the ‘instructional’ setting and practices to which Porter refers, as well as the ‘approachability’ or accessibility of academic staff, can all affect a student’s performance at university. Throughout the brochures we have focused on the importance of ‘involvement’ on academic performance. The role teaching staff have here is clear: involving students in the life of the department, and of the institution generally, by creating environments which are ‘open’ and accessible, is very largely their responsibility.

We know that academic staff have particular concerns about certain ‘environments’. For example, there is the issue of ensuring safety and effective teaching practices in laboratories, and on fieldtrips, and in community or industry placements. We have sometimes given more attention in the brochures to these ‘other’ environments than to the traditional lecture or tutorial settings. We have also tried to focus the guidelines on making decisions about alternative ways in which students might acquire information which may not, for various reasons, be accessible to them in the ‘usual’ ways.

Teaching a group of students which includes students with a psychiatric or psychological disability

- Flexible delivery of teaching material via electronic media is particularly helpful for students who are unavoidably absent from class, or who cannot participate in classes for extended periods of time.

- Making reading lists and handouts available early in the course will assist students who may be frequently absent to continue with their learning, even though they may be unable to attend classes.

- Anxiety is prevalent among students with psychiatric disabilities. Severe anxiety may reduce concentration, distort perception, and interfere with the learning process. Students who are anxious about workload may benefit from tailored reading lists, with some guidance to key texts. You might allow work to be completed on an in-depth study of a few selected texts, rather than a broad study of many. It may also be helpful to provide an individual orientation to laboratory equipment or computers to minimise the anxiety likely for some students in unfamiliar learning situations.

- Emotional and behavioural changes associated with some psychiatric and psychological disabilities can make if difficult for students to participate in tutorials or to give presentations. It may be appropriate to organise one-to-one tutoring, or to ask the student to record their presentations on tape.

- Some students with a psychiatric or psychological disability may be over-sensitive to what they perceive as criticism from others. They may prefer verbal to written feedback on assignments.

- Being able to record lectures will assist those students whose attentional processing is affected by their disability, as well as those who, because of the effects of medication and/or short-term memory loss, may tend to misinterpret or misquote.

Approaches to teaching which assist all students to learn include:

- Making sure students know what and how they are expected to learn, that is, they are told, or they can accurately work it out for themselves. This can be done by:
    * previewing new topics and showing how the new material fits in with other parts of the subject
    * making explicit what you expect students to learn from a lecture or tutorial
    * summarising the main points of a topic and making clear how that topic will be assessed.

- Integrating instructions on how to learn with content teaching.
- Designing the workload so that students have time to think, to reflect on what they have learned, to see how it fits in with their previous learning and experience, to work out

- Helping students see the relevance to their broader personal and vocational goals of their learning in a particular situation. Provide opportunities for students to relate what is taught in class to their own experiences and values.

(continued next panel)

Teaching a group of students which includes students with a psychiatric or psychological disability (continued)

- Demonstrating your interest and enthusiasm for your subject. For example, your students will better appreciate its intellectual challenge if you relate your teaching to your research interests and activities.

- Providing appropriate and adequate feedback on how they are progressing with their learning, particularly on their achievement of learning goals.

- Assessing students' learning in line with what they thought they had to learn. Provide opportunities for students to learn how to deal with assessment tasks before the final assessment.

Students may also learn best when:

- They have some choice about what they learn and how they learn – that is, when teaching is student-centred. Where possible, provide short 'electives' within a subject, and introduce a variety of learning tasks – project work, problem-based activities, and resource-based activities.

- They can talk through the material with other students or with a tutor. You might provide opportunities for structured group activities in your subject so that students experience both individual and collaborative learning. You might have students research selected areas of a topic independently, but then collaborate in small groups for the purposes of completing a report, assignment or presentation on the topic. There are many benefits to be gained from shared experiences in learning. Encourage the establishment of student self-help, discussion or focus groups. Such groups could be organised on the basis of existing tutorial or lab groups, but can also be organised beneficially across years and levels. Students thus have experience of a wider range of approaches and attitudes from which to draw for their own learning.

- They can apply their learning in a practical or vocationally-relevant way. Project work can take into account various career or further study options available to students.

- They are able to move from the concrete to the abstract. In your explanations, begin with examples or applications of theory to 'real life' situations, and then move to discussion of the more abstract issues.

About Assessment

For too long the idea of ‘alternative assessment’ has been equated with providing extra time in examinations, and allowing extensions to deadlines for written assignments. While these provisions are important for many students, there are numerous other assessment strategies which might be described as ‘alternative’, and which are fair, easy to implement, and ‘neutral’. But aren’t we, as one academic commented, *‘just working on educated guesses?’*

In this section we have tried to move beyond educated guesses, and point academics toward some of the educationally-sound strategies for assessing learning (Crooks, 1988; Boud, 1995b; Nightingale et al, 1996). It is important that assessment procedures and tasks promote and reward desired learning outcomes. It is also important that students know just what the desired outcomes are, and how assessment tasks relate to them. Too often, however, assessment and the goals of learning are not clearly related. In a way, the issue of assessment is a more important issue than those of communication and teaching:

Students can, with difficulty, escape from the effects of poor teaching; they cannot (by definition if they want to graduate) escape the effects of poor assessment É (Boud., 1995a:35)

In relation to assessment alternatives staff are always particularly concerned about ‘fairness’, about maintaining academic standards when students in the same course are being assessed differently or at different times, with practicality and efficiency, and with the validity and reliability of alternatives. In the interviews staff recounted how, in many instances, assessment tasks were devised and undertaken according to departmental or institutional tradition, or according to time or organisational constraints, rather than according to the best assessment principles. Other difficulties were evident:

‘The University requires us to specify aims and forms of assessment and presupposes consensus on aims and assessment - but in this department that is far from the case. How could we agree on appropriate alternatives É?’

‘Some students have been offered the alternative of oral assessment in this department. Some have not taken up the offer - and I’m glad, because I don’t think we’ve really caught on how to assess in this way.’

Those working in teaching/learning areas know that in fact there is a good deal of very helpful advice relating to assessing alternatives - but academics are not, on the whole, familiar with this literature, and are not likely to have time to access it. So, our primary goal here remained fairly general: to shift thinking about assessment, moving from an emphasis on what is taught to an emphasis on learning and learning outcomes, from an emphasis on the answers to an emphasis on the questions. Learning outcomes are central to the process of assessment, and assessing and learning should be viewed as an integrated activity.

The brochures encourage staff to:

- make decisions (department-based) about **what** to assess - so that there can be no concerns about leniency or unfair advantage when alternative strategies are implemented

- avoid assessment methods which lead to reliance on memorising and reproducing (moving away from ‘content-obsessed’ assessment)

- move away from traditional examination processes which seek and evaluate isolated factual information, and which neglect a range of skills and abilities which are part of the learning process

- recognise different ways of judging the substance and quality of learning - including assessing experiential learning

- develop ways of assessing a broad range of skills and attributes in a diverse population (by introduce innovative tasks which assess in non-traditional ways for example learning journals, portfolios, log books, group and individual project presentations and reports etc)

- devise assessment tasks which have a knowledge component **and** a skills component

- value and assess practical as well as theoretical aspects of learning.

Strategies for assessing students with a psychiatric or psychological disability

In considering alternative forms of assessment, equal opportunity, not a guaranteed outcome, is the objective. You are not expected to lower standards to accommodate students with a disability, but rather are required to give them a reasonable opportunity to demonstrate what they have learned.

Students with a psychiatric or psychological disability may need particular adjustments to assessment tasks. Once you have a clear picture of how the disability impacts on progress and performance you can consider alternative assessment strategies.

- Absences due to hospitalisation or the effects of changes to medication may affect the number of assignments students are able to complete satisfactorily. In such cases you might consider redistributing the weighting of assignments. For example, you might set six assignments for a semester, but inform students that only the best four marks will be counted. Students who have been absent or unwell will thus have some choice about what and how many assignments they submit.

- Students who are anxious about performing in front of others may prefer to tape or video record any presentations which are to be assessed.

- Some students may need extra time in examinations or require a separate room free from the distractions which may contribute to anxiety or trigger panic attacks. Take home examinations may be an option for these students.

- Keep written examination instructions and sentences within examination questions short. Questions using bullet points, lists or distinct parts are more likely to be followed and correctly interpreted, particularly by students who are anxious.

- Students with memory loss, reduced attention span or deficiencies in short-term memory will have difficulty with multiple choice questions. Short answer questions are likely to be a better test of their knowledge.

- When a psychiatric disability enters an active phase any assessment should be postponed. If the cut-off date for withdrawal without fail has passed, students should be counselled to seek advice from the Disability Liaison Officer regarding their situation.

There are some good assessment practices which will help students with a psychiatric or psychological disability (and all other students in the class!):

- Know what you are testing, whether it be decision-making, strategic planning, creative application of information, data collection and processing, logical sequencing, or argument, and develop assessment tasks accordingly.

- Create assessment activities in which students have the opportunity to link their learning to what they already know, and to past experience.

- Make your expectations clear so that students know what they are required to demonstrate.

(Continued next panel)

Strategies for assessing students with a psychiatric or psychological disability (continued)

- Avoid using assessment methods which encourage students to rote learn material. Open book examinations are one way of doing this.

- Make explicit the way in which marks will be allocated, both in discussion with the class beforehand, and on the examination paper.

- Provide optional pathways towards meeting stated objectives, options which allow for flexibility in approach, in organisation and assessment. You might provide project-based exercises in which students choose their own topic for exploration. Given the diversity of students, the greater the diversity in methods of assessment, the fairer the process. Make accommodations based on individual circumstance and need. Remember that students may need the opportunity to experiment to find the adaptation or accommodation which best meets their learning style or needs.

- Include self-assessment as a component of the course. Self-assessment involves discussion with students about the criteria according to which they assess their own performance and the level of performance required for different grades.

- Discuss and collaborate on assessment alternatives with staff who have had previous experience teaching students with disabilities. You (and your department) should regularly review any alternative arrangements to ensure that these meet both the student’s needs (which may change over time) and stated course objectives.

THE NEXT STEPS

It is one thing to have produced a set of brochures, and quite another to ensure effective dissemination to, and use by, the staff for whom they are intended. We are well aware of existing material related to students with a disability which sits, unused, on departmental shelves. In the case of this project, several folders have been distributed to academic and service departments of the University, with a covering note to the Head of Department requesting that the material be made accessible to staff, and with the offer of follow-up staff development activities by the Disability Liaison Officer and staff of the Advisory Centre.

We also intend to place an electronic copy of the brochures on the Web sites of the ACUE, the Equal Opportunity Office and Uniability (the three South Australian universities’ cooperative project). This step will have the added advantage of allowing us to update the material, especially the information about contact persons in the University.

As required by the grant from the Uniability Steering Committee, master copies of the brochures are available to the University of South Australia and to Flinders University. This allows the other two universities to 're-badge' the kit and include information specific to their own campuses.

Towards the end of 1999, we plan to conduct a survey which will allow us to measure how, and to what end, the brochures have been used.

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SUCCESSFUL STRATEGIES FOR STUDENTS WITH A PSYCHIATRIC DISABILITY STUDYING IN A UNIVERSITY

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ABSTRACT

This paper synthesizes the common threads evident in two research projects undertaken in early 1998. The projects, *Best Practice in Counselling Students with a Psychiatric Disability* and *Succeeding with a Psychiatric Disability*, identify strategies which enable students with a psychiatric illness to be successful in tertiary study. One study expresses the experiences of counsellors, while the other reflects the experiences of students. Not surprisingly, there is considerable agreement about the ways in which students with a psychiatric disability can achieve.

The research involved individual interviews with twenty two counsellors Australia wide and twelve students with a psychiatric illness in South Australia. An additional nine people with a psychiatric illness were interviewed and their experiences presented as case studies to serve as role models for current and potential students.

This paper summarizes the research findings. Further information is contained in the project reports, which are available from the South Australian Cooperative Project for Students with a Disability, Equal Opportunity Unit, University of South Australia, North Terrace, Adelaide. SA 5000.

SUCCESSFUL STRATEGIES FOR STUDENTS WITH A PSYCHIATRIC DISABILITY STUDYING IN A UNIVERSITY

NATURE OF THE RESEARCH

Statistics released in the report from the Commonwealth Department of Health and Family Services *Mental Health and Well Being: Profile of Adults*, 1997, indicate that young adults eighteen to twenty four years old had the highest prevalence of mental disorder (27 percent) during the twelve month period mid 1996 to mid 1997. This is the age group where students are attending university and the age where mental illness may be undiagnosed or just recently diagnosed. This research was conducted to meet the needs of this equity group who were at risk.

This paper reflects results of research undertaken in late 1997 and early 1998 as a result of a UniAbility funded grant gained by Esmond Dowdy. His idea was to investigate successful strategies used by university students studying with a psychiatric disability. Ann Osborne conducted the research interviewing twenty two counsellors in Australian universities, as well as twenty one current students and recent graduates about their strategies for success. The information gained in the interviews provided a dual and complementary perspective of the keys to success for university students studying with a psychiatric disability.

Students interviewed represented a cross section of the community: comprising both males and females, coming from varied family backgrounds, of different ages, with diverse life experiences and representing a range of mental illnesses. Some had accepted their illness, while others were still coming to terms with it. The richness of individual experience and their willingness to talk about their lives provided insight into the day to day experiences of living and studying with a mental illness. We thank them for their commitment and their contribution to the research.

Despite the individual differences, common themes emerged due to the lived experiences of mental illness. Most had studied part time or had periods of absence from their studies when they were ill and with the exception of one, all were mature aged students. As individuals they exhibited a determination to move beyond their mental illness, to acquire a university degree as something which belonged to them. Many commented on the social isloation in their lives, of periods when living was 'on hold' and where their mental illness 'took over'. They spoke about the inner turmoil caused during periods of illness, as well as the debilitating personal sadness generated by people who did not understand mental illness.

Many had long periods in their lives when their symptoms were undiagnosed. After diagnosis there was a sense of relief because their lives slowly improved. Some people spoke about the difficulties of self acceptance of their illness and when acceptance did occur their lives gradually began to improve. A common theme was the importance of a support network and having a few loyal friends who were 'worth their weight in gold'. As well, those interviewed highlighted the importance of others who valued the individual; listened to and believed in the person and demonstrated qualities of tolerance and empathy. Academic staff who displayed a willingness to be accommodating, to think diversely and were understanding and flexible were spoken about positively.

RESULTS OF THE RESEARCH

The results of the research have been published in a book containing three sections. The first section details the nature of mental illness. The second section documents the keys to success in university study which have been described by students and counsellors. The final section comprises nine case studies of graduates reflecting on their strategies for success in university. This paper outlines the *Keys to Success*: identified by students and counsellors.

A range of personal and academic strategies were identified by counsellors and students as necessary for students studying with a psychiatric disability to achieve success.

Personal keys to success:

- self knowledge and realistic goals
- a belief in the person
- focus on the person and not the illness
- stress management
- planning, time management and organisation
- social integration and support networks
- creative self expression
- a healthy lifestyle
- taking control of their life
- receiving good medical support
- knowledge of disability legislation

Academic keys to success:

- general academic support
- alternative assessments
- supportive university systems
- a university culture with an equity focus

STRATEGIES FOR SUCCESS

The need for knowledge of their illness and the ability to set realistic goals were recognised as important ingredients for success. Understanding the way their body functioned and discovering and heeding warning signs, allowed students to predict an episode of mental illness and to take effective action. Illness-free periods could then be used to maximise effective work times. The damage to self esteem associated with repeated failure could often be averted if students did not always attempt a full study load. Students had come to realise that they may take longer to complete their degree. However the important consideration is achieving the goal, even if the journey is longer or difficult.

Students who were successful had worked hard to develop their self esteem. As well, they were supported by counsellors who accepted them as worthwhile people; who encouraged them to keep their illness in perspective; and who supported the belief that feeling good about oneself does not depend on how others view them, but about being comfortable with themselves. Counsellors encouraged students to understand that they had a right to reasonable accommodations as an entitlement.

Students were encouraged to focus on their attributes and skills as a way of being positive. The focus on the positive was vital due to the way in which mental illness can affect motivation. Students were helped by being asked to consider their past achievements; by challenging negative thinking and by recognising the negative messages given in their interactions with others.

Counsellors spoke of the negative effects of defining a person by their illness. They commented that students who looked upon themselves as a person first, with a disability second, were those in control and more likely to succeed. Their self-esteem was higher because they refused to passively accept that they were under the control of the illness. Those who accepted their illness, and who understood it, were more able to achieve their goals. Self-acceptance was important because students were then able to realise what was possible. They could become pragmatic about what they wanted to achieve, and they realised that to achieve it, they may have to do things differently to other students.

Both students and counsellors understood the stressful nature of the university environment. They recognised the need to maintain a balance between effective stress as a means of motivation and too much stress which could trigger the illness. Counsellors identified stress management techniques: such as putting studies into perspective; taking a break when a problem was seemingly unsolvable; actively using relaxation techniques, yoga, exercise, meditation; and having realistic expectations.

Counsellors and students both identified the need for students to become effective self learners, by attending to the development of planning, time management and organisational skills. Counsellors assisted students to establish a manageable workload over the semester. Academic staff were informed of students' requirements, and strategies were developed for student support. Students benefitted from assistance with bureaucratic deadlines and rigid university time frames, as these were often difficult to manage with a mental illness. A study plan was a vital organisational strategy and a means of managing stress. Counsellors encouraged students to develop effective personal timetables which were realistic and included times for relaxation, socialisation and exercise. They were encouraged to set small manageable goals and to avoid putting all their energies into one aspect thereby failing to see the whole picture.

A number of students commented on the value of expressing their creativity as a kind of therapy. Painting, writing, gardening or poetry provided a way of coping with difficulties and externalised inner feelings. When someone lived alone writing was a way of expressing thoughts and feelings. For one student writing about her delusions was a way of legitimising what was happening to her.

Some students who were interviewed had used non-prescriptive drugs in the past as a way of coping. All students interviewed spoke about the importance of a sensible diet, sleep and exercise for effective day-to-day management of their mental illness. Students recognised the importance of regular sleep, the negative effects of trying to stay awake using drugs and the damaging effects of late nights.

Social interaction and effective support networks were important for success. However, studying at university could be a lonely and isolating experience for students with a psychiatric disability. Factors which contribute to social isolation include: studying part-time; periods of illness, absence and hospitalisation; the degree of comfort students have with their mental illness; fear of being stigmatised if they disclose to student colleagues; and lack of social confidence. Counsellors commented on the positive aspects of a wide social network within the university, in their home environment and among their friends as a strategy for success. They encouraged students to talk with some-one they trusted about their illness to ensure that they had support people on campus or among their peers. Students spoke positively about the value of support from housemates, partners, networks of friends and parents. More formalised support groups such as church youth groups, the Schizophrenia Fellowship and a Gay Men's Health Support group were all viewed as valuable.

Health professionals were a vital link in an established support network, but it was important that the student was in control of this support. One counsellor used a metaphor for a person being in control of their illness; *the student is the conductor, the support network is there to play the music*. With well managed support students are in control of their lives in a non-dependant way, their health belongs to them, and they negotiate with the health professionals.

SUPPORT FROM COUNSELLORS

For students who were confused, perhaps delusional, depressed or suicidal, counsellors 'just being there' was a source of comfort and relief.
Counsellors described qualities which were supportive of students achieving success. These included being encouraging, warm, friendly, providing support but without control and constantly checking students' concepts of reality. Counsellors wanted to be persons whom students could trust and feel safe with, to enable and facilitate students to talk through their concerns. Counsellors provided personal support for students by carefully listening to students as experts in their own illness and by offering alternatives from which students could choose. Counsellors attempted to develop a positive relationship which was non-judgemental; to develop a sense of trust and to allow students to just 'check in', especially when they did not have contacts outside of university. Frequently counsellors validated a student's right to be at university; in other instances they gave students permission not to study when they were ill, for to do otherwise would have resulted in another failure. Counsellors assisted students to come to terms with their illness and get on with their life and sometimes helped them to monitor their mental health.

Counsellors often became intermediaries between students and the mental health system. One of the positive things that counsellors believed they did for students was to assist them to gain professional help. This meant in some cases students were able to stop relying on alcohol and drugs to cope with their illness. Students did end up receiving emergency assistance and in some cases suicidal students received appropriate hospitalisation. This type of support is vital for overseas students who frequently lack family support in a foreign country.

A number of Counsellors stressed the importance of a ‘rights’ based model when supporting students with a mental illness because many of the students who sought help felt that they were asking for special help to which they were not entitled. Counsellors who were aware of the rights’ of students treated mental illness like any other physical illness, thus representing an attempt to break down the stereotypes associated with mental illness within the university community.

INSTITUTIONAL SUPPORT

While students can have a degree of control over their personal lives, in the academic arena they often need institutional commitment. This commitment can be demonstrated by the provision of resources, recognised processes for changes to assessment as well as supportive systems which acknowledge their specific needs.

The ways in which universities have organised reasonable accommodation for students with a psychiatric disability are comprehensively documented in *Keys to Success*. Academic staff play an important role in accommodating students and students made comments on staff attributes. Supportive academic staff were those who:

- understood mental illness and did not equate mental illness with a lack of intelligence. An understanding of the cyclical nature of mental illness enabled staff to be flexible about assignments and extensions
- were able to cope with students who exhibited unusual behaviour or had repeated absences without explanation and were prepared to extend deadlines
- understood equity principles and did not believe that giving special assistance to students with a psychiatric disability would disadvantage other students
- had a knowledge of the Disability Discrimination Act and the right of students to an education free from discrimination.

Counsellors frequently commented that the university system can hinder the progress of students with psychiatric disabilities, in terms of rigid DEETYA and HECS requirements which prescribe specific dates to withdraw from subjects. Academic pressures often aggravate a student's illness because mental illness is unpredictable and students may not be able to get things done by the due date. They may often have periods of absence from the university, and return to resume study. University systems for the submission of results can mean that, although students have passed part of the semester, overall they fail because they cannot complete all the work within the given time frame. Such failures do not reflect students’ lack of ability, but a period of illness beyond their control. Hospitalisation can mean that students lose contact with the university for a period of time. If there are not processes in place to maintain contact, absences often result in failure.

One of the difficulties of mental illness is the ongoing nature of the illness, unlike a physical illness where a person can go to hospital, get better and continue with studies. This is often not possible with mental illness and academics may need to be flexible for an extended period. Even with the most supportive academic staff member, university processes are not flexible to enable extensions over a long period of time. One counsellor said he would like to see his university embrace psychiatric disability and acknowledge that these problems can be ongoing for some students. In some ways the rigidity of university processes could be considered an example of systemic discrimination which work against these students.

FUTURE DIRECTIONS

When counsellors and students were interviewed they were asked to talk about their frustrations as a way to determine future needs. These unresolved difficulties represent challenges for the future and include the:

- ongoing need to inform staff about the nature and effects of mental illness
- rigidity of academic processes
- the need to develop adequate systems of care
- difficulties associated with duty of care.

Students commented frequently about the importance of understanding staff members. Many students were tentative about disclosing a mental illness because they were unsure of the reaction and support they would receive and also because staff may feel uncomfortable with this knowledge. There is still a need for improved understanding in the university community about mental illness. Increased understanding has the potential to reduce stereotyping, thereby assisting students who require tolerance and support.

Students with a psychiatric disability received support when there were well established systems which responded to their overall needs. Such systems considered ways to allow the students to define their needs in a crisis and to implement action. Counsellors, Disability Liaison Officers and academics understood their respective roles and knew where to go for emergency assistance. Using such an approach, students were able to remain in contact when they were sick and university processes were managed for them. As a result they did not have to manage the administrative details and have failures recorded when they were sick.

A concern that academic staff express frequently is what can be done about unwell students in class who are disrupting other students? The delicate balance between the rights of students and the duty of care to other students is always a difficult one. It is important that the university has thought about the consequences of these events and has a process which can address this. Knowing that something can be done would make staff and students more secure.

Keys to Success has presented a comprehensive set of strategies to assist university students with a mental illness and to suggest ways that students can successfully manage study pursuits. The research has the potential to raise awareness among university staff of the complex ways that mental illness can affect students’ performance. The case studies in the last section of *Keys to Success* provide testimony that students with a mental illness can achieve even if they take longer to graduate. If the research allows staff to experience a glimpse of the difficulties of studying with a mental illness and generates empathy and support for such students then we have been successful.

WHAT IS A "REASONABLE ACADEMIC ADJUSTMENT": IMPLICATIONS FOR ACADEMICS REQUESTING MEDICAL INFORMATION FROM STUDENTS

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INTRODUCTION

The method of granting extensions on assessments and other academic adjustments to students has become an equity issue for universities, students and academics.

Academics at a number of Australian universities request detailed medical documentation from students to substantiate certain adjustments, whereas other academics provide these same adjustments without medical documentation. Situations where this is likely to occur is when students request extensions on assignments or other academic assessments.

The main issue is whether all students are asked for the same type of information and/or documentation when providing adjustments. Students with disabilities, as defined under the Federal Disability Discrimination Act (DDA, 1992) are often treated differently. This places academics in a vulnerable position, open to accusations of discrimination, by requesting medical documentation from students with a disability. Medical information about a student's illness or disability should be a confidential matter between the student and designated persons within the university such as a Disability professional, Counsellor or Disability Adviser within a faculty.

CURRENT LEGISLATION

The DDA is a Federal Act, which prevails over State and Territory anti-discrimination law (s 13) except where these laws act concurrently with the DDA. The DDA makes particular reference to discrimination by educational authorities, such as a university. Section 22, part 2 states:

> "It is unlawful for an education authority to discriminate against a student on the ground of the student's disability or a disability of any of the student's associates:
>
> (a) by denying the student access or limiting the student's access to any benefit by the educational authority; or
> (b) by expelling the student;

(c) or by subjecting the student to any other detriment."

The DDA recommends universities take a pro-active approach to developing and implementing Action Plans. (s 61) to remove barriers to access and participation for people with a disability.

WHAT IS A DISABILITY?

Within the university sector the notion of disability is still not well understood. Students continue to comment that unless the disability can be seen, then it does not exist in the eyes of many university staff. Students with temporary illnesses or injuries are often treated differently to those students with permanent illnesses or disabilities.

Further, while many academic staff embrace the notion of diversity within the university community, there are still pockets of resistance toward the reality that a person's disability does not necessarily affect their intellect or their ability to behave rationally. Where intellect is substantially affected by the nature of the disability, it is highly unlikely that these people will meet the academic requirements for entry into university. Many students with psychiatric disabilities are taking medication to stabilise moods or prevent fluctuations, which may affect their behaviour.

It is certainly not understood that under the Disability Discrimination Act 1992, (DDA, s 1), disability is defined very broadly as:

(i) total or partial loss of the person's bodily or mental functions
(ii) total or partial loss of a part of the body
(iii) the presence in the body of organisms capable of causing disease or illness
(iv) the malfunction, malformation or disfigurements of a part of the person's body
(v) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
(vi) a disorder, illness or disease which affects a person's thought processes, perception of reality, emotions or judgements or that results in disturbed behaviour

The definition includes a disability that:

- presently exists
- previously existed but no longer exists
- may exist in the future
- is imputed to a person

Note particularly definitions relating to illness (iii) and malfunction (iv), and the statement that the disability "presently exists" or "previously existed but no longer exists”. The DDA does not state that an illness or malfunction must be of permanent nature, hence students with a temporary illness or injury, are covered by the Act.

NOTIFYING A DISABILITY

Each university employs professional staff in the form of Disability Co-ordinators/Officers to provide advice on the legislative implications of the DDA and support for students with disabilities based on the legislation. Their role includes interviewing students to identify the adjustments required, substantiated by medical or other relevant documentation, they then recommend reasonable adjustments to enable the student to compete equally with their able-bodied colleagues.

Students with temporary injuries such as broken arms are routinely directed by academic staff to disability professionals to organise adjustments, however the same process is not always afforded to students who may be unable to submit assessments due to illnesses such as influenza or stress.

Students are often expected to approach academic staff directly and identify the medical reason they are requesting an extension. Academics would argue that it is their decision as to whether they grant an extension for an assessment. The DDA would argue that academics are required by law to provide a reasonable adjustment and grant an extension unless there is clear evidence that submission of an assessment by a particular date is an inherent requirement and not an administrative convenience. In this case all students would be required, without exception, to submit the assessment by the due date.

Where academic staff refuse to allow extensions as a result of a disability that is current or previously existed, they are contravening the DDA, as they are not providing “ a reasonable adjustment”. For example, if a student has a medical certificate, which indicates the existence of an illness or injury and a doctor has indicated the person cannot physically or mentally meet a deadline due to the symptoms and/or treatment of the illness, it is unreasonable in the circumstances not to provide an adjustment.

REASONABLE ADJUSTMENT

The DDA, in common with all anti-discrimination legislation, uses the concept of reasonable adjustment to ensure equity of treatment for people with a disability.

The Code of Practice for Australian Tertiary Institutions (1998) sets out the following standard for “reasonable adjustment”

> “To ensure programs are accessible to students who have a disability, institutions make reasonable adjustments to course content, delivery and assessment methods without compromising the standards or essential components of programs”.

UNJUSTIFIABLE HARDSHIP

The legal context defines “unjustifiable hardship” in terms of the “reasonableness” when providing the adjustment (DDA, s11). This is determined by considering all relevant circumstances for each individual case, including:

- the nature of the benefit or the detriment likely to occur to all persons concerned
- the effect of the disability of a person concerned
- the financial circumstances and the estimated cost of expenditure required to be made by the person (University) claiming unjustifiable hardship, and
- in the case of the provision of services, or making available of facilities, an action plan given to the Commission under s64.

Students requesting extensions for assessments based on medical documentation, present with a range of illnesses or injuries, many will not be sensitive, such as influenza, diarrhoea, a broken arm or Chicken Pox. However, other students present with very sensitive medical conditions such as Pregnancy Termination, Cancer, Depressive illnesses, Hepatitis C or Post-traumatic Stress Disorders.

The effect of the disability on students with medical conditions should be a matter for professional staff to identify and manage in terms of the adjustments required to meet the needs of the student. This may require substantial adjustments to the time-frame for submission of assessments. Professional staff provide a unbiased approach to the needs of the student without compromising the need to demonstrate academic knowledge, whereas academic staff have administrative time-lines which are biased against students with disabilities.

If a complaint about disability discrimination proceeds to a hearing of the Human Rights and Equal Opportunity Commission or the Anti-Discrimination Commission, (HREOC) the onus will be on the University to establish unjustifiable hardship. Extending time-lines for submission of assessment items would be unlikely to present as an unjustifiable hardship for a university.

If the HREOC is not satisfied that the required adjustment poses unjustifiable hardship the University will lose by default.

DEFINING DISCRIMINATION

Direct discrimination means treating or proposing to treat a person with a disability less favourably than a person without a disability would be treated under the same circumstances.

The definition of “the same circumstances” is not affected by the fact that adjustments may be required by the person with a disability (DDA, s5), such as an extension due to illness, taping of lectures, special arrangements for examinations, deferred examinations, access to lecture notes, the use of a disability aid, readers, interpreters, guide dogs etc. Rather, such adjustments "level the playing field between a person with a disability and a person without a disability and promote access to equal opportunity for a person with a disability" (Attorney-General, 1994).

Whilst information requested to ensure access to equal opportunity is unlikely to be discriminatory there is a limit on the amount of information that can be requested, imposed by the DDA. Hence information requested of a person with a disability should match that requested of persons without a disability (DDA s30).

DDA s 30 states:

> " If because of another provision of this Part (other than section 32) it would be unlawful, in particular circumstances, for a person to discriminate against another person on the ground of the other person's disability, in doing a particular act, it is unlawful for the first-mentioned person to request or require the other person to provide, in connection with or for the purposes of the doing of the act, information (whether by completing a form or otherwise) that person's who do not have a disability would not, in circumstances that are the same or are not materially different, be requested or required to provide."

Students have the right to keep medical information confidential. The specific nature of the disability is not relevant in whether adjustments are provided to students. (Tait, 1995) For example, lecturers do not ask students who are requesting extensions on the basis of other than a disability to provide a medical certificate, which supports their application for extensions. So, in requesting a copy of a medical certificate from a student with a disability, this provides the lecturer with information about the student's medical history. Lecturers do not have medical information about all students, so they do not have the right to have medical information about some students who may be undertaking their course.

Discrimination may be based on wrong assumptions, misguided intentions or thoughtlessness, as well as prejudice - for example an academic does not have to intend to use the information about a student's medical condition to be liable for discrimination. The fact that they have access to a student's confidential medical information may leave academic staff open to complaints of discrimination. An example of where this may occur is where students are unhappy with their results for a particular piece of assessment, particularly when there are subjective elements to the marking criteria. Lecturers may also have prejudices toward people with particular disabilities such as students with psychiatric illnesses, AIDS, or learning disabilities entering particular courses and these prejudices may be reflected when marking assessments.

INDIRECT DISCRIMINATION

Discrimination against students with a disability can often be hidden, being intrinsic to policy decisions and common practice. Such discrimination is less obvious to those who may experience, or cause, discrimination. An example of indirect discrimination is where a student is required to withdraw from a unit without academic penalty and repeat the subject as a result of being hospitalised due to mental illness for a period of time during the semester. At many universities, students are unable to carry an incomplete result through to a second semester; they are required to have all work completed within a specific time frame.

Indirect discrimination exists when a condition stops a person with a disability from doing something. A condition includes physical barriers, policies, procedures, practices, selection or admission criteria, rules or requirement. It must be a condition which:

- has to be complied with;
- generally people without the disability can comply with
- the person can't comply with; and
- is unreasonable in the circumstances (DDA, s6).

Students without disabilities are generally able to comply with the requirement to complete all assessments within an administrative time-frame whereas some students, particularly those with a mental illness and many medical conditions are unable to comply with this requirement. It is unreasonable in the circumstances to require this condition to be imposed as there is no unjustifiable hardship involved.

HARASSMENT

The DDA includes distinct reference to harassment – s 37 of the DDA states "that it is unlawful for a person who is a member of staff of an educational institution to harass a student or prospective student with a disability in relation to the disability". While no definition of harassment is provided by the DDA, cases have been bought under anti-discrimination law relating to physical acts (such as interfering with a disability aid) or making derogatory remarks about a person's disability. Harassment occurs at universities, where for example, an academic demands a copy of a medical certificate to substantiate requests for extensions on assessments, particularly when other students without an illness or disability are not required to provide the same type of documentation.

WHO IS LIABLE UNDER THE DDA?

Section 22 of the DDA states that "a person who causes, instructs, induces, aids or permits another person to do an act that is unlawful under the Act is, for the purpose of this Act, taken to have also done the act". Therefore staff with supervisory responsibilities need to take steps to eliminate both indirect and direct discrimination in relation to their own behaviour and that of staff and students in their area of responsibility.

There is no excuse for the University to argue that:

- the employee or agent was not hired or engaged to commit acts of discrimination - if the person does so within the scope of their work or agency the University is liable, or

- the University did not know that the discrimination was occurring- ignorance is no excuse.

There is, however, a defence for vicarious liability where the University:

- took reasonable precautions to deal with the unlawful conduct and
- exercised due diligence to deal with the unlawful conduct

In such a situation, the staff member or agent actually doing the discrimination will be *personally* liable.

WHERE TO FROM HERE?

The Sunshine Coast University has recognised this situation and acted to ensure academics are not exposed. Where students are requesting extensions on assessments or indeed any other adjustments based on illness or severe personal circumstances, they are referred to either the Disability Officer or to a Counsellor for further assessment and support. Within larger universities the appropriate staff may also be Faculty Disability Advisers or contact people.

The Disability Officer or the Counsellors will then negotiate a reasonable time frame for submission of assessments with the student, based on the confidential information provided. Extensions can be granted by these staff up until the day prior to the due date for assessment. On the date each assessment is due, the staff forward a list of extensions to the course co-ordinator, who, in turn advise their teaching staff of approved extensions. This procedure is written into all course outlines.

The outcome of this process has been a substantial increase in the number of students who are willing to disclose the nature of their long-term disability and seek appropriate support and adjustments. In semester two, 1998, of an approximate student population of 2000, a total of 153 (7.5%) have disclosed a long-term disability to the University for which they are seeking reasonable adjustments. Interestingly more than 40 of these students have disclosed long-term psychiatric illnesses, these students are often the most reluctant to disclose a disability.

For academics the process has meant that they are not subjected to student's personal traumas which often take significant time to resolve and are not within their expertise

Further there are not queues of students waiting at their door requesting extensions. Students find it difficult to manipulate academics by requesting extensions in subjects in every semester. Students who are regularly seeking extensions are counselled to develop strategies for managing their disability in addition to their responsibilities toward study. Strategies may include attendance at workshops to assist them to work more effectively, taking into consideration their particular disability. Such workshops include time management, stress management, assignment writing among others; these workshops are not compulsory.

Similarly, students who wish to withdraw from units or take leave of absence are referred to the professional staff for assessment and recommendation. Students are often unaware that adjustments are available to enable them to complete all pieces of assessment.

CONCLUSION

Students with disabilities have the right to be involved in education and treated the same way as their able-bodied colleagues, without being discriminated against or harassed for medical information, the nature of which is of no relevance to academic staff in deciding whether to provide reasonable adjustments.

Universities and academics may wish to revise their procedures for providing reasonable accommodations, particularly for students with temporary illnesses and disabilities, to meet the requirements of the DDA.

The Anti-Discrimination Act of most states does provide universities with an avenue to write to the Commissioner at the relevant Commission requesting a ruling from the Tribunal on a specific situation. If this avenue is followed and the Tribunal decides to provide an opinion, it may require the person who requested the advice to provide information relevant to the matter. If an opinion is provided the university is required to act in accordance with the opinion provided by the Tribunal.

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COVERT MODELLING OF SKILLS RELATING TO PEOPLE WITH DISABILITIES

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ABSTRACT

A staff training program was implemented with the aim of developing the ability of mainstream TAFE teachers to be successful teaching students with disabilities. Attitude change in a positive direction was sought, as this was considered a prerequisite to building skills.

Staff in the experimental workshop
1) participated in activities on their attitudes to disability
2) listened to first hand accounts by students with disabilities
3) were exposed to covert modelling and had opportunities to relate to a team member with disabilities in both formal and social settings. Teaching strategies and other material were also presented.

It was hypothesised that experiencing interaction with the team member who was a student with intellectual and physical disabilities would promote positive changes in staff attitudes. Post workshop evaluations tended to support this hypothesis.

The study demonstrated the use of covert modelling in a staff development program designed to skill TAFE staff to work with people with disabilities, and discussed reasons for the effectiveness of the technique.

INTRODUCTION

TAFE'S COMMITMENT TO EQUITY

> "Entrenched inequitable provision will not change until the majority of staff understand disability issues, and how individual actions by staff can begin the process of organisational change." (Head 1994)

Genevieve Head made this statement at the Pathways 11 Conference. She was a project officer involved in the development of Response*Ability*, People with Disabilities: Skilling Staff in Vocational Education, Training and Employment Sectors (1994). The project was sponsored by the National Staff Development Committee. Andrews and Smith (1993 p5) surveyed students with disabilities in post-secondary education and reported that staff attitudes were critical variables in student success. The authors highlighted the need for staff development (1993 p7). The Response*Ability* package provided material to address staff actions and attitudes, using examples relevant to the TAFE situation. TAFE, in FlexAbility: A Strategic Framework for People with Disabilities in TAFE 1994-1996 recognised the need for staff development to equip staff to make equitable provision for students with disabilities and called for delivery targets to be established for staff participation in Response*Ability* workshops (1994 pp 24-25). Response*Ability* has now been replaced by nationally accredited courses, a Certificate 111 in Vocational Educaiton and Training (Disabilities) catering for all staff in the VET sector, and a level IV Certificate for teaching staff which includes an additional module on Inclusive Teaching Practices. The NSW Government has issued a Charter For Equity in Education and Training. A commitment to integrating programs and services for target groups within mainstream provision is included along with a commitment to providing opportunities for students with different needs and aspirations to achieve their full potential. TAFE is examining whether targeted programs are achieving articulation. Indeed, Scott (1994) questions the continued use of the deficit term "access and equity" arguing that TAFE should be moving towards "a vocational education and training system that accommodates diversity."

COVERT MODELLING

Albert Bandura (1971) first documented the effect of observational learning upon subsequent social and intellectual behaviours. Since then, social learning theorists have found that significant amounts of human learning occur through copying models.

In 1974, Brown, Rechsly and Wasserman used covert or surreptitious modelling as a means to change teacher behaviour. Although no directional or attention cues were given in this process, the modelling was reportedly effective. The researchers considered the covert procedure avoided a possible confrontation over methods and reduced the risk of a dependent "expert-client" relationship. The technique is described in The Educational Consultant, by Heron and Harris:

> "Modelling, defined as physically showing an instructional procedure to

> another person, is an effective procedure to use when the teacher has some prerequisite skills already in his or her repertoire, holds the model in esteem, and perceives the model as competent... During covert modelling the consultant performs a desired classroom behaviour in the presence of the teacher but without necessarily saying 'Watch what I do and you do the same'." (1987 pp27-28)

The involvement of a team member with a disability in the workshop was a critical variable; while guest speakers are usually accorded due respect, it was considered that the role of presenter at a two-day residential workshop carried higher status in the group and was thus preferable (Wolfensberger 1969). Another aspect of this respect, treating people in accordance with their chronological age, was to be modelled for the participants.

IMPORTANCE OF INTERPERSONAL RELATIONSHIPS

As Helldin (1992) attests in his article on training special education teachers, teacher values and teacher competence are inseparable because teaching is "social intercourse". In addition to the general relational difficulties, because people with disabilities have frequently been institutionalised or segregated in our culture, many people in our communities (teachers included) have not had the opportunity to practise skills relating to people with disabilities, and may thus experience some fears. Etzioni (1993) supports the view that one of the reasons why teachers cannot form bonds with their students is the lack of opportunities to get to know them. In their research into the problems in a number of American schools, Poplin and Weeres (1992) found that relationships were the most significant problem - and thus that this area offered the most scope for crucial change. Kleinfeld (1975) stated that warm teachers with high expectations can use the personal relationship to further learning and that this instructional technique was the most effective of the four they described. On the basis of the research evidence, merely supplying teachers with knowledge and strategies was unlikely to be successful if their attitudes to people with disabilities or their integration into mainstream classrooms was negative. Attitude change is fundamental to real change because otherwise teachers could sabotage attempts to apply strategies in which they lacked faith.

ACHIEVING CHANGE

Postman and Weingartner (1969 p141) quote Carl Rogers' view that "the only learning which significantly affects behaviour is self-discovered, self-appropriated learning... such self-discovered learning cannot be directly communicated to another". Techniques gleaned from Games trainers Play: Experiential Learning Exercises (Newstron and Scannell 1980) were employed in the workshops. The aim was to produce this sort of transformational learning, or what Noddings (1991) termed motivational displacement referring to that behavioural change "which occurs when we have genuinely received another" and want to put our energies into meeting the other's needs/goals. This change is more likely to be achieved if the "other" is perceived as being similar to ourselves and language is important in focusing attention on similarities between all people rather than making distinctions. (Dattilo and Smith, unpublished monograph). The workshop presenters communicated positive attitudes towards people with disabilities through sensitive terminology, covertly modelling the use of phrases such as "people with disabilities" with whom we have so much in common rather than emphasising the differences by saying "disabled" first.

METHOD

Teacher/Consultants with TAFE NSW's Disability Service were trained to facilitate workshops using the Response*Ability* materials and the inductive learning process. (When using the new accredited modules, 4100A Mandates for Change and 4100D Communicating with People with Disabilities would be presented.) Two teacher consultants planned a two day workshop; for clarity, the author of this article will be referred to as the facilitator and her colleague as the co-facilitator although this does not imply any difference in status between the presenters. The facilitator proposed an innovatory addition to the learning experiences usually provided in Response*Ability* workshops, inviting a student with a disability to join the presenting team. The selected student had an intellectual disability, mild behavioural problems such as a tendency to be inappropriate or too loud, and a physical disability (uncontrolled epilepsy). After several years at TAFE, the student was completing a mainstream certificate course. Her verbal skills were well developed and her outgoing personality made her ideal as a presenter.

The project aims and objectives were explained to the student, who agreed to participate. Numerous short briefings followed covering such aspects as he needs of the participants, the venue, travel arrangements, payment as a part-time teacher, appropriate clothes, things to include in her talk, names of all the participants, the co-facilitator and the planning process. Arrangements were made for the student to meet the co-facilitator and later the three parties had a planning meeting discussing the student's contribution and the format for the staff development. The student previewed the materials to be used and received the same package as the participants.

A residential format was adopted as this would provide many opportunities for casual interactions. This was an intrinsic part of the planned hidden curriculum, because the modelling of appropriate ways to relate to a person with a disability could take place in a variety of situations. Furthermore, the teachers participating would naturally be in contact with the person both in the formal training session and socially, although they would be able to exercise some measure of control over the latter.

The staff development was advertised internally and interested teachers self-identified. Nineteen teachers with varying amounts of mainstream teaching experience, attended. A needs analysis (Appendix 1) was conducted at the outset, establishing the level of contact that participants reported with people having various disabilities. They were then asked to react to a number of statements using a continuum from low to moderate to high to indicate the degree of agreement with propositions on the advertising flyer such as:

> "- Despite the high percentage of people with disabilities in the Australian population their representation in vocational education and training in TAFE is extremely low.
> - Research on disability and post-secondary education clearly highlights that staff attitudes, understanding, and actions, are critical to student participation and success.
> - New legislation makes discrimination against the law..." (Appendix 2)

Staff were asked if they considered the representation in TAFE of people with disabilities was low, moderate or high, to rate the importance of staff attitudes, understanding and actions, how aware they were of new legislation which makes discrimination on the basis of disability against the law, and so on. This survey was completed again at the conclusion of the workshop to gauge any training effects.

The participants were not aware that the presence on the team of the student with disabilities was the pivotal aspect of the attitude change process planned. She attended all sessions and participated on an equal basis in all group activities and discussions. Opportunities to enhance her status occurred for example by asking who had a first aid certificate, knowing she did, and asking her advice on handling contingencies such as epileptic fits in the classroom. Another student with a back injury presented a talk as a guest speaker. The student with intellectual disabilities presented her talk in the form of an interview by the facilitator then she handled questions about her experiences at school, in segregated classes, being mainstreamed at TAFE with and without support, and her work experience. On the second day when teachers were asked to work out a sequence analysis for how to teach a person with an intellectual disability how to work an overhead projector, the student co-operated by selecting one participant to instruct her. While the formal setting provided many opportunities for covert modelling, many valuable informal situations naturally arose at meals and in the evenings. The facilitator and co-facilitator ensured their language attitudes and actions towards the third member of the team conveyed respect.

RESULTS AND DISCUSSION

Etzioni (1993) had postulated that teachers lacked opportunities to get to know their students and were thus unable to form the necessary bonds with them. The Response*Ability* staff development provided staff with many such opportunities. The three team presenters arrived the evening before the workshop, as did three of the participating teachers so dinner was the first opportunity for the facilitators to model appropriate behaviour towards the person with the disability as she ordered wine, consulted the menu, and was included in the conversation. By the end of the evening, each of the teachers appeared to have established a personal relationship with the student team member and she was "best friends" with one Head Teacher. The next night she had a different teacher sit next to her at dinner and he became her favourite person, being selected to instruct her on the use of the overhead projector.

Her involvement in all the sessions was accepted as a matter of course, so participants had the opportunity to observe techniques such as those advocated by Kleinfeld (1975). These included allowing the necessary time for the student to express her ideas, giving her choices, directing her attention to the need to abide by ground rules and expecting her to be able to meet these group expectations. In every interaction the teachers could see what was not done (for example that there was no talking down to the student) so there was no need to make these points explicitly.

The conditions for covert modelling set down by Heron and Harris (1987) were met in that the TAFE staff attending the staff development workshops were assumed to have a variety of pre-existing skills so that showing them how and when to apply those skills was as important as enhancing them, and the teacher/Consultants presenting the program were likely to be perceived by participants as having expertise relating to people with disabilities.

By the time the facilitator presented the formal session on strategies for working with people with intellectual disabilities, all of the participants would have had some first hand experience (because the presenter with a disability was prone to take the initiative if she had not yet talked to someone.) Statements such as:

- Students with intellectual disabilities is merely a category - it gives no indication of individual students' abilities.
- Students can learn but not necessarily as quickly as other students.
- Students have short attention spans..." (Response*Ability* Worksheet 2)

were self evident, which made the task of devising teaching strategies to address difficulties such as those listed above much more meaningful. Next, the participants were asked to use task analysis to formulate an instructional sequence for teaching the student to use an overhead projector. The teacher selected by the student team member was a computer programmer and he reduced the steps considerably by dint of asking the student to put the transparency on the platen and switch on the machine before moving the trolley into position. This provoked a debate about what shortcuts were legitimate which was useful as the research by Andrews and Smith (1993) highlights staff involvement in achieving reasonable accommodation of the needs of the
students with disabilities in their classes. The participation of a current student gave this exercise immediacy and authenticity.

In addition, the teachers had discovered some important lessons which were not usually addressed in staff developments for example how trusting some people with intellectual disabilities can be, quickly bestowing their friendship.

As explained earlier, the survey used for pretest and post -test measures was devised from the Response*Ability* promotional material (Appendix 2) except for the first question which was intended to capture the amount of experience relating to people with disabilities. There was considerable shift in the overall responses here. Whereas at the outset there were a total of 30 Low, 29 Moderate and 11 High ratings recorded, after the workshop the totals were 24 Low 23 Moderate and 29 High. Individual pretest and post-test responses to the item "Generally, how much experience have you had with people with disabilities?" for each participant are shown. (Table 1).

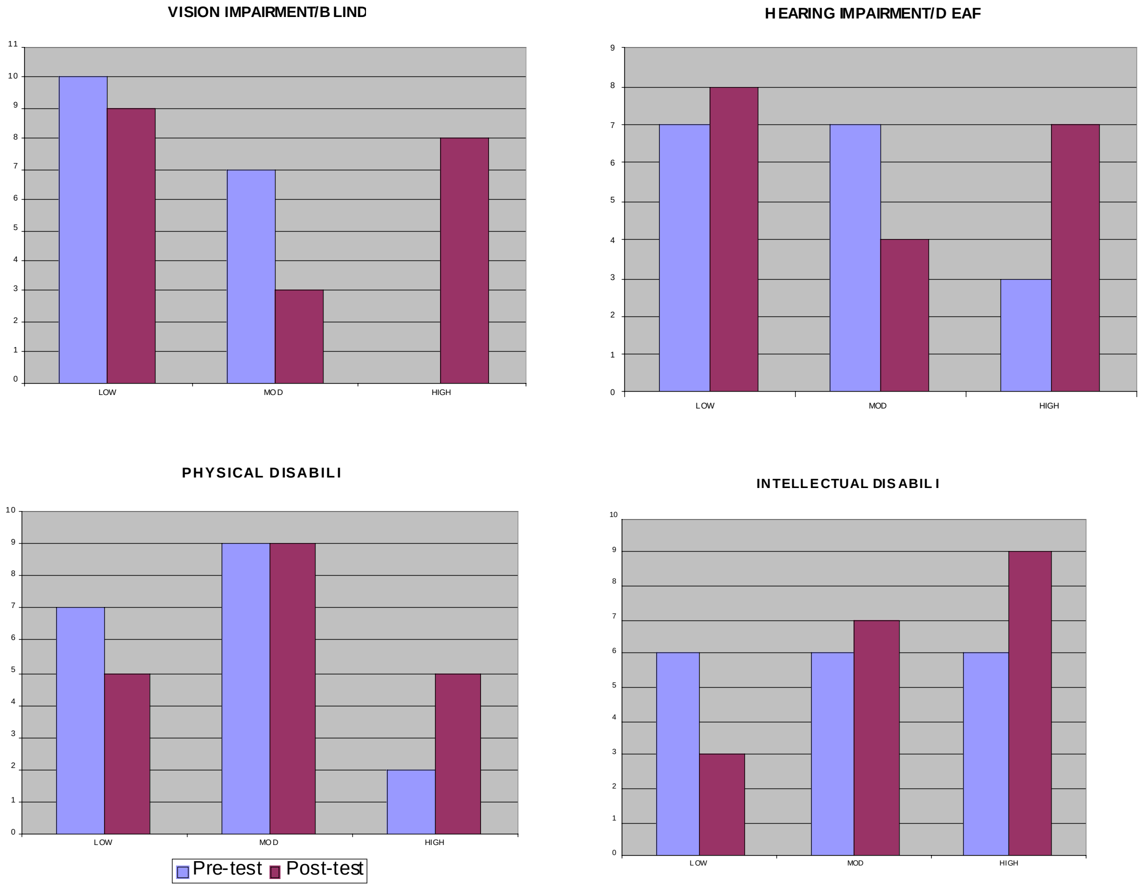

Table 1: Levels of Interaction

Item 7, "How do you rate yourself on the requisite skills to cater for students with disabilities?" elicited 6 Low and 12 Moderate responses (with one abstention) in the pretest and moved to 1 Low, 7 Moderate and 11 Highs indicating a significant improvement in this area. (Table 2)

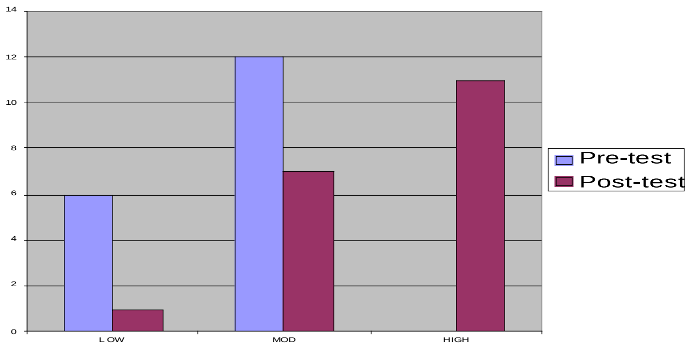

Table 2: Skills

There are two possible explanations for the effect obtained, either the learning experiences provided at the workshop enabled the participants to acquire new skills or they became more confident of their existing abilities in the process.

In addition to the Response*Ability* activities, the facilitator and co-facilitator were constantly modelling for the teachers appropriate ways of interacting with a person with a disability. The team members did not expect any problems (or at least none they could not handle as seizures occurring was a constant possibility), were not overprotective, used respectful terminology, asked her to help, asked her opinions, gave her choices and demonstrated acceptance of her choices, for example it was quite age appropriate for her to order a glass of wine with dinner, and age appropriateness was one of the vital tenets advocated by Wolfensberger (1969). Being interviewed instead of giving a formal talk was a reasonable adjustment, as called for by Andrews and Smith (1993).

These demonstrations may have enabled colleagues to follow suit, particularly as they had opportunities to practise any skills learned in a natural way at their discretion, an important factor identified by Rogers and cited in Postman and Weingartner (1969).

Perhaps some of the teachers did not acquire any new skills at all. It may be that the whole notion of relating to a person with a disability was demystified by the simple techniques that were modelled. This may have led to a realisation that the interpersonal skills were really already in their repertoire, and were not “special” at all. In some cases, this discovery may have been sufficient to empower the participants to put their existing skills into action and thus form a personal relationship with the person with a disability. This awareness was all that was needed in some of the cases documented by Poplin and Weeres (1992).

Item 8 was intriguing in that participants appeared to become more aware of the incidence of entrenched discriminatory practices by other staff as a result of the workshop. Pretest scores totalled 9 Low and 7 Moderate (with 2 participants not responding) and in the final evaluation there were 7 Low 8 Moderate and 3 High’s recorded by the 18 who responded to the item. (Table 3)

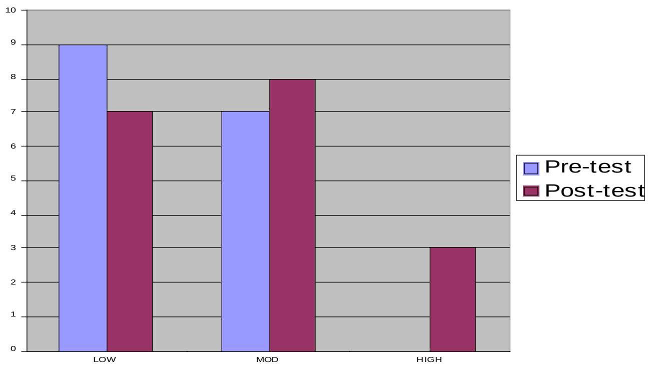

Table 3: Awareness of Discrimination

Perhaps the teachers became more aware of what constituted direct and indirect discrimination in TAFE after learning more about the legislation. However the finding may indicate that the teachers felt threatened by items focusing directly on themselves. The other items did not discriminate as the participants all gave high ratings both before and after. If they felt constrained to give the approved responses on those items, they maybe felt more free when rating others and this may account for the differences obtained on Item 8.

There were 67 positive comments about the workshop elicited by the final question, “What did you find the most beneficial aspects of the workshop?”, many expressing appreciation for the contribution of the person with disabilities on the team. The personal testimony of both student guest speakers was powerful but the participants had the opportunity to form a personal relationship with the team member. Some may suggest that the fact she was interacting with the teachers on the workshop for a longer period was the key variable but the facilitator and co-facilitator interacted with them for the same time span as the student yet the influence of the student team member was more significant. Thus, length of association does not explain the effectiveness of the person with the disability in evoking such positive responses.

Whether the staff learned or discovered the necessary relational skills, after such an experience, their attitudes will never be the same again. This relationship like any other implies a challenge. Getting to know this person as an individual, with a unique personality, certain abilities, problems, hopes and dreams leaves an unspoken demand “ How will you behave to other people with disabilities now you know me?” She begged the question – they cannot escape answering. Perhaps the answer will be the sort of dramatic attitudinal change that Noddings (1991) called for, motivational displacement.

Of course it is not possible to measure directly the impact of a surreptitious technique but all the feedback was positive and this is significant because there was a risk that the inclusion of the person with disabilities in the group could have a negative effect. Prejudices could have been reinforced, the schism between people with disabilities and people without disabilities could have widened, participants could have been resentful or polarised by her presence on the team.

But these unfortunate outcomes did not eventuate. Having a student with disabilities on the staff development team was an implicit demonstration of positive regard and faith in her abilities (Kleinfeld 1975).

There has been some concern that inviting people with disabilities to be guest speakers at Response*Ability* workshops is tokenistic. The Facilitator's Guide (1994 p9) gives specific instructions on their inclusion as an integral part of the workshop, and as these were carefully followed in this innovatory workshop where a student with disabilities was a presenter, no such criticism was received.

Finally it should be acknowledged that the teachers participating in the workshop may have been resistant had they been aware that the interaction with the team member with a disability was in effect the dependent variable. As Heron and Harris (1987) and Brown Rechsly and Wasserman (1974) explained, covert modelling was a particularly useful technique with experienced teachers on a staff development because it facilitated change.

CONCLUSION

As hypothesised, mainstream TAFE teachers participating in a workshop where a student with a disability was a member of the presenting team rated the experience of interacting with this team member as positive and valuable. Her presence and the interactions which were covertly modelled constituted the hidden curriculum of the staff development activity. This experience was expected to improve the ability of the teachers to be successful catering for students with disabilities.

It is fitting to conclude with a quotation from this vital person whose co-operation made it possible for an effective attitude change intervention to be provided. When the student was asked to be a presenter because "teachers might be a little afraid of people with intellectual disabilities or people with epilepsy if they had never met anyone like that before", she replied: " I don' know why. We're just like anyone else!"

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APPENDIX 1

YOUR NEEDS

1. Generally, how much interaction have you had with people with disabilities?

VISION IMPAIRMENT/BLIND

LOW MODERATE HIGH

HEARING IMPAIRMENT/DEAF

LOW MODERATE HIGH

PHYSICAL DISABILITY

LOW MODERATE HIGH

INTELLECTUAL DISABILITY

LOW MODERATE HIGH

2. Do you consider the representation in TAFE of people with disabilities is

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LOW MODERATE HIGH

3. How important are staff attitudes, understanding and actions to the participation and progress of students with disabilities?

LOW MODERATE HIGH

4. What is your level of awareness of new legislation which makes discrimination on the basis of disability against the law?

LOW MODERATE HIGH

5. To what degree do available options for students with disabilities reflect current trends and philosophies?

LOW MODERATE HIGH

6. To what extent do you believe students with disabilities have a right to further education, training and work opportunities?

LOW **MODERATE** **HIGH**

7. How do you rate yourself on the requisite skills to cater for students with disabilities?

LOW **MODERATE** **HIGH**

8. What is the incidence of entrenched discriminatory practices by staff?

LOW **MODERATE** **HIGH**

9. Do you think TAFE has a responsibility to model best practice?

LOW **MODERATE** **HIGH**

10. BEFORE:What do you particularly want to achieve in the workshop?
OR
AFTER: What did you find the most beneficial aspects of the workshop?

LEGAL AND ETHICAL DILEMMAS AND ISSUES FOR DISABILITY LIAISON OFFICERS IN TERTIARY INSTITUTIONS.

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ABSTRACT

It is five years since Commonwealth disability discrimination legislation (the Disability Discrimination Act, 1992) was enacted in Australia. In that time a steady stream of students with disabilities have lodged complaints under the Act. Many of these complaints are resolved through conciliation and it is likely that some directly affect or involve Disability Liaison Officers (DLOs) either before, during or after the process. How do DLOs in tertiary institutions deal with this when they are not lawyers and yet may have significant responsibility for assisting the institution to understand and act within the spirit of the laws that govern our work? What are some of the considerations as they move into an era where their roles increasingly come into contact with the legal system? We will consider ethical and legal issues associated with individual professional practice including negligence, negligent misstatement and client confidentiality. We will also

address contextual professional concerns such as intra- and inter-role conflict (for example advocate versus mediator, or DLO role versus other University roles), and the difficulty of working in complex environments with competing agendas. Brief attention will be given to practical strategies that may assist in avoiding some legal and ethical pitfalls.

INTRODUCTION

With the enactment of the Disability Discrimination Act (DDAct) in 1993 and the appointment of a Disability Discrimination Commissioner a new era in disability rights and advocacy began in Australia. The late Disability Discrimination Commissioner, Elizabeth Hastings (1997) noted that despite there already being relevant anti-discrimination law in most states it has been the introduction of federal legislation that has encouraged national activity in upholding the rights of citizens with disabilities. The Commissioner (1997) also noted that complaints regarding discrimination in education occupy 8-10% (approximately 739, HREOC, 1998) of all complaints received and that the majority of post-school complaints are conciliated before a hearing. This suggests that Disability Liaison Officers (DLOs) in tertiary institutions are likely to be involved in an increasing amount of activity with regard to complaints and conciliation under the DDAct as well as what may be regarded as the core components of a DLO role: assisting the institution to provide advice, services and support for students with disabilities. This brings extra stress and complication to a role that can be already fraught with difficulties and competing demands (Woods and Golding, 1997). It is important therefore to consider how DLOs can provide services to people with disabilities and to their employer in a way that meets the inherent demands and compromises ethically and legally.

THE ROLE OF THE DISABILITY LIAISON OFFICER (DLO)

DLOs come from a variety of professional backgrounds and experiences. They may be social workers, welfare workers, educators, psychologists, community workers, occupational therapists, rehabilitation workers and other allied health and welfare professionals. As such it is difficult to identify a single code of ethics for the practice of DLOs as a profession; DLOs may refer to many different codes of ethics or practice. This paper will refer to the Australian Association of Social Workers Code of Ethics (1998) as an example of guidelines for conduct outlined for professional practice. It is chosen because it is the code most familiar to the authors however it is acknowledged that other professions' codes could be used equally well as a resource for practising DLOs. In discussing some of the legal issues the example of social workers and welfare workers will also be used but the legal premises stated may equally apply to a number of analogous health, education and welfare professionals working as DLOs.

The position description of a DLO is usually very broad and covers a variety of tasks and responsibilities. Wood et al (1997, p3) succinctly identify four of the key functions in the following:

- “Provision of individual support;
- community education and networking;
- public relations and;
- systemic advocacy/policy development and monitoring.”
  A fifth could be added;
- development of services and programs to facilitate the access, retention and success of students with disabilities.

Many of the challenges in this position come from the reality of working as an employee for a large and complex bureaucracy and from the necessity of balancing the student’s needs with those of the institution. Further to this different levels of responsibility and authority will reside with the position according its placement within the infrastructure and this will also result in different capacities to effect change. For example some positions may be found within a multifocus team including health, counselling and welfare staff, whilst others exist in independent disability units or as part of an Equity Unit. DLO positions in some institutions are graded at a higher HEW level and have a more direct line of access to senior management. These factors influence the way in which the DLO will discharge their duties.

LEGAL AND ETHICAL CONSIDERATIONS

In many instances, a breach of an ethical obligation may also constitute a breach of a legal obligation for a worker in the human services area. An example of such an instance is where a worker breaches the confidentiality of a client by communicating details of the client's case to a third party when not authorised by the client to do so.

There have been few cases in Australia where a social worker or a social welfare worker has been sued in their professional capacity[1]. Nearly all of those cases involving social workers have been settled prior to a court hearing. None of those cases involved a worker acting as a DLO. Bates, Blackwood, Boersig, Mackie and McPhee, 1996., at p.13, comment:

“The legal position of social workers is somewhat amorphous, the reason being that, hitherto, that position has not been tested in the Australian courts...There are two reasons for this fact: first, the scope of much welfare work is not clearly delineated, with the result that the ascertainment of relevant standards of care is made more difficult. Secondly, by definition, the people with whom social workers deal are, in one way or another, in a disadvantaged position in a general social sense and especially in regard to the law and its administration.”

There are a number of circumstances where the actions of a DLO might come under scrutiny from a legal body. They include direct personal scrutiny, internal disciplinary inquiry,

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[1] There have been cases were teachers working in that professional role have been sued , ref to Richards v

indirect legal scrutiny, coronial inquiry, ombudsman inquiry, internal department inquiry, ministerial inquiry, parliamentary committee of inquiry, or a royal commission.

The legal and ethical considerations related to various aspect of the DLO role will be considered in more detail under three headings:

A. The DLO as assessor of student needs;
B. The DLO as adviser to staff and provider of training
C. The DLO intra- and inter- role conflict

It needs to be noted that the points that follow are framed from within the authors' experience and perspective. Consideration is given to the DLO role as we understand it however it is recognised that others may have different experiences and opinions. It should also be noted that whilst efforts have been made to ensure this paper is relevant for TAFE DLOs it is written from largely University experience.

A. The DLO as assessor of student needs

1. Ethical decision making

A primary task of the DLO is to make an assessment of a student with a disability for the purpose of identifying the types of services and facilities required to allow the student to participate as independently, fully and equally as others. In practice this involves working with the student to identify how they may be disadvantaged in the educational setting as a result of functional limitations or other factors related to a disability or medical condition. A major component of the DLO role is to make recommendations to others in the institution on ways in which the student should be accommodated. The DLO also has a role in organising for provision of direct support services including note taking or other personal support, equipment loans, materials in alternative formats and the like.

This latter aspect of the role means that DLOs are constantly in a position of making decisions on eligibility of individuals for services. DLOs must be able to justify the sort of support being requested and /or recommended is one that will achieve maximum results. They are required to use their professional expertise to make judgements about an individual's situation in a way that may either benefit or disadvantage that student in terms of a service received. This type of public service decision making carries with it the risk of negligence as discussed in detail below.

The ethical considerations associated with making a decision that a student feels is against their best interests needs to be considered by each individual DLO. In the first instance it requires clear delineation of the criteria on which decisions are based regarding eligibility for service. Some questions to ask as part of this process include:

- Are the criteria fair and reasonable?;
- Do they assist the DLO to impartially decide who is eligible and will benefit from a service? and;
- Are the criteria known and understood by possible users of the service?

It is also important to note that despite the existence of such criteria that DLOs may still have to make difficult decisions. It is important that DLOs have as much information and support to assist them to do so. For this reason peer support from co-workers, or where a

DLO is a sole practitioner from professional networks such as the state TAFE and University service provider organisations and the national on-line discussion list ozuni-disability, becomes an important source of information and an opportunity for informed discussion.

However if a student is unhappy with the DLO decision it also necessary to consider what processes or mechanisms are available for the student to have this decision reviewed. Some questions to consider include:

- How are the processes advertised to the student? and;
- Will the student feel able to access these processes without prejudice?

The organisational context also impacts on the way DLOs make decisions with regard to allocation of services Some institutions do not prioritise disability as high as others; disability support is a costly area with little potential for generating income for the institution. Additionally tertiary institutions have undertaken a program of budget cuts across many areas of their functioning as a result of internal and external Commonwealth pressures in the last few years. The result has been a limiting or reduction of resources to some disability support areas. The DLO has to make decisions about service provision in an environment where because of the reasons above there may not be enough to resource all eligible students at the level they either require or request. This creates an ethical dilemma where the DLO must develop extra-ordinary criteria to decide between equally needy and eligible cases for allocation of restricted resources. The AASW Code of ethics goes into some detail about the social worker's obligation in this type of situation suggesting that the worker must be able to "justify any action which violates or diminishes the civil or legal rights of others" (1998, p6). Below we will consider the legal implications of inappropriate resourcing.

2. Legal Risk - Negligence

Apart from the moral and ethical dilemmas raised by these type of situations they also carry the risk of legal action. In the case of a reduction of funding or inappropriate levels to meet demands for support services such as note taking, a student may claim they were not sufficiently warned or apprised of this possibility by the DLO when they commenced using and depending on the service and/ or that they are not provided for at the level required, and as a result they are forced to withdraw from study to their short or long term financial or other detriment (Bates, 1996). It is submitted that in this case and others where DLOs are expected to provide services and advice the most probable method of legal redress being obtained against a DLO personally is through the tort of negligence and in particular, negligent misstatement.

A 'tort' is a civil wrong. It will involve the bringing of a civil action by a person or body against the DLO and his or her employer. The law of negligence derives from the English House of Lords decision of Donoghue v Stevenson [1932] AC 652.[2] The elements which

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[2] The facts of the decision were that on 26 August 1928, Mrs May Donoghue, a shop assistant, and her friend, went to the Wellmeadow Cafe in Paisley. Mrs Donoghue's friend ordered and paid for a drink of ginger beer for Mrs Donoghue.

must be proven in establishing the tort of negligence, as derived from that decision are as follows:

- A Duty of Care:

In Donoghue v Stevenson, Lord Atkin set out the rule as to whom one has a duty to take care thus:

"The rule that you are to love your neighbour becomes in law, you must not injure your neighbour; and the lawyer's question, Who is my neighbour? receives a restricted reply. You must take reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour. Who, then, in law is my neighbour? The answer seems to be persons who are so closely and directly affected by my act that I ought reasonably to have them in contemplation as being so affected when I am directing my mind to the acts or omissions which are called in question. "(p.580).

- Breach of Standard of Care:

It is not sufficient simply to establish that the defendant owed the plaintiff a duty of care. It must then be proven that the defendant's conduct complained of fell short of a reasonable standard of care. How does the court determine what is a reasonable standard? The standard of care is an objective one. If a DLO is being sued for an alleged breach of his or her professional duty, then the standard of reasonable care and skill required is that of the ordinary skilled DLO exercising and professing to have that skill. In determining the level of competence, the court may well have regard to relevant professional codes of ethics.

Will the court take into account the fact that a DLO may have been practising for only a very short time when determining whether he or she has met the required standard? Unless the plaintiff was aware that the DLO was inexperienced and consented to a lesser level of care on that basis, the answer is no. The standard required of a new practitioner is that of a competent professional.

- Damages

It must be proved that the ultimate damage suffered was a direct and foreseeable result of the negligent act.

Additionally where a DLO is required to perform a certain duty under legislation (a statutory obligation), then breach of that duty may be evidence of negligence. This might occur if a DLO were to neglect duties under for example Freedom of Information legislation. There are no doubt other examples of this type of negligence which are beyond the scope of this paper to examine.

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purchased it from the manufacturer, Mr Stevenson) poured the ginger beer into a glass and Mrs Donoghue commenced drinking it. Mrs Donoghue then noticed that there was a decomposed snail in the bottle. She suffered gastroenteritis, severe shock and mental depression and loss of wages from her time off work. Mrs Donoghue sued the manufacturer, Mr Stevenson, for negligence. Mr Stevenson argued that Mrs Donoghue had no grounds for proceeding against him: he had no contract with her, and had no duty in respect of her.

The House of Lords found that Mr Stevenson did in fact have a duty to Mrs Stevenson to take care.

Returning to the example of the effect of inappropriate levels of resourcing (for example funds for note taking) to meet the demands of clients, how likely is it that a DLO could be personally sued for negligence? The first important point to note is that the DLO is required under all circumstances to appropriately allocate resources and this would be examined by the court. If there were reduced resources the DLO may be liable if it could be demonstrated that s/he failed to allocate those resources in a competent (ie non-negligent) manner. It seems more likely however that the institution or the DLO as a department may be accused of discrimination by a student who has not received reasonable services to meet their needs under the DDAct.

Elizabeth Hastings confirmed this noting that the majority of complaints in the education area have been in relation to the *failure of institutions* to provide "adequate or appropriate assistance, for example, Auslan signing, note taking, assessment and examination accommodation and/or personal care, and the recognition of an adjustment for certain learning disabilities."(1997, p10). Many of these complaints are conciliated which means that the issues are not fully or publicly discussed and the case law relating to the DDAct remains limited (Hasting, 1997).

3 Negotiating a path through ethical and legal dilemmas related to providing for student needs

The AASW's Code suggests that as part of the profession's commitment to social justice social workers have an ethical obligation to work to change unfair practices that appear in their workplace. This is particularly challenging when DLOs may find themselves being used as an instrument to carry out an unfair practice such as reduction of services due to budget cuts or managing minimal services that do not cover the needs of all eligible students. In a situation where budget cuts are foreshadowed, or if resources are currently not enough, what is the DLO's best course of action? Providing well researched documentation to senior management explaining the effects of inadequate resourcing (including the potential for a compliant under legislation) is vital. This is part of the DLOs obligation as an employee of the institution, to protect the institution from legal action or embarrassment through timely and appropriate advice. It may also protect a DLO from being individually sued for negligence in the discharge of their duties if they can establish that they informed those in control of funding of the potential legal issues.

In terms of obligations to students, who are the recipients of services, the DLO obligations are multifaceted. It is clearly not ethical nor part of a DLO role to actively dissuade students from taking action against the institution. Equally however it can be argued that it is not the DLO role to actively campaign against the institution by taking part in a student's or students' complaint. The section on client self determination in the AASW Code states that clients must be informed of their right to make a complaint if they are unhappy with any decision made or service offered and that they be referred to appropriate assistance to do so. If students need more information on how internal or external complaints processes work they can be referred to the appropriate person within the institution or to specialist disability agencies. However part of the DLO obligation remains to continue to campaign internally against such measures. This is important ethically where DLO's feel that service provision is compromised by defensive practices, such as adopting policies that restrict receipt of service to potentially eligible students (Collingridge, 1991), and in terms of the common feature of the DLO role in tertiary education; *to advocate for systemic change to ensure the rights of people with disabilities are upheld*. It is also important if the DLO is to be afforded any protection from legal action.

B. The DLO as adviser to staff and provider of training

1. Overview of the DLO role as "adviser" and "trainer"

Another aspect of the DLO role that has particular legal implications is that of providing information regarding legal concepts to staff in the institution. The position description for the Disability Liaison Officer (metropolitan) position at Monash University includes the statement, "the incumbent is also expected to make judgements and provide advice regarding the university's responsibilities under the *Commonwealth Disability Discrimination Act*, 1992". Whilst the level to which this expected will vary from one institution to another it would be expected that DLOs generally provide advice on aspects of the DDAct. This includes concepts such as discrimination, (indirect and direct), harassment, reasonable adjustments, unjustifiable hardship and Disability Action Plan, as defined in the DDAct (see Definitions in Appendix). Academic and general staff in educational institutions are increasingly expected to know and understand these concepts so that they can provide goods, services and facilities that do not in any way exclude or discriminate against a person with a disability.

It should be noted that training and awareness raising will often be covered in an institution's Action Plan, if they have lodged one with the Human Rights and Equal Opportunity Commission. Statements in Action Plans commit the institution to training activities and give some support to the DLO in encouraging this, they are a promise made by the institution. However there is potential conflict here in that whilst the duty to conduct staff training and awareness raising activities is regularly mentioned in the DLO position description there are often neither human nor financial resources to adequately do so. This raises the issue of what would be considered an adequate level of information dissemination by the Human Rights and Equal Opportunity Commission (HREOC) if it were ever examined. Further where a DLO has been involved in inadequately preparing an Action plan, such as inaccurately identifying current activities; devising inappropriate strategies or policies, stipulating inappropriate targets or allocating responsibility in a way which may endanger the adequate dissemination of services, then the DLO may be found liable for negligence by a client who relies on or is potentially damaged by that Action Plan. Moreover, where an Action Plan is lodged and the institution fails to act in accordance with that Action Plan, this may be considered grounds for both discrimination and a separate a negligence action as the institution has failed to comply with it's (albeit voluntary) standard of care.

In the meantime DLOs attempt to offer as much training as they can, often choosing to focus limited resources to critical areas such as obligations under the DDAct or specific disabilities. A resource in this area is the DEETYA funded state Co-operative projects, some of which have facilitated the development of staff training packages for use by DLOs. These include "Inclusive Practices- Optimum Outcomes" (Parson, 1996, through

Victorian Regional Disability Liaison Office) and “Supporting Students with Psychiatric Disabilities” (Bretag and Sladden, undated, through the Disability Steering Committee of the Tertiary Institutions of South Australia).

The potential legal risk in the provision of training and advice will now be examined

2. Legal Risk- Negligent Misstatement

Most DLOs are not legally trained and are therefore potentially put at risk by giving advice on legal concepts/ issues they are not qualified to give (Charlesworth Turner and Foreman, 1990). For example the potential may exist for a negligent misstatement to be made that could cause a student or staff member to take an incorrect action or inaction causing harm to themselves or others.

When considering the DLO’s liability under this form of negligence we refer to the principles set out by Barwick C.J in Shaddock & Associates Ply Ltd v Parramatta City Council (1981) 150 CLR 225:

- The circumstances must be such as to have caused the speaker or be calculated to cause the speaker to realise he is being trusted by the recipient of the information or advice, to give information which the recipient believes the speaker to possess or to which the recipient believes the speaker to have access.

- The subject matter of the information or advice must be of a serious or business nature.

- The speaker must realise or the circumstances must be such that he ought to have realised that the recipient intended to act upon the information or advice.

- The circumstances must be such that it is reasonable in all the circumstances for the recipient to seek, or to accept, and to rely upon the utterance of the speaker (at p,571).

Therefore, where advice is given by the DLO, which, the DLO knows will be relied on, and then if damage is suffered from relying on that advice, an action in negligence will exist. It is said that a special relationship of trust is established by the provision of advice and the reliance on it. It should be noted that this rule can apply even where the DLO providing the advice does not profess to possess actual skill or judgement in that area, but where he/she knows that his/her advice is being relied on in any event. So, if, for example, the DLO advises a client as to his or her rights under the DD Act, and that advice proves to be incorrect, then the DLO will still be found liable for damage resulting from that reliance, even though the DLO had not professed to have legal qualifications or training.

Accordingly, in Shaddock's case, Barwick C.J commented:
“The elements of the special relationship do not require either the actual possession of skill or judgment on the part of the speaker, or any profession by him to possess the same. His willingness to proffer information or advice in the relationship which I have described is, in my opinion, sufficient”

The importance of this area of negligence for the DLO cannot be understated. The worker/ client and worker/worker relationship in the institution will often be entirely premised on the provision of advice or information.

However it is the case that good professional practice should afford DLOs some protection in this situation. DLOs acting ethically and professionally should seek to identify when they may be placing students and other staff at risk by taking on an inappropriate expert role. This requires the individual DLO clearly stating when they are uncertain of aspects of the legislation in practice. Encouraging the student or client to take on a more proactive role in acting on their own behalf and finding the information they need is a way of ensuring client self determination as stated in the AASW's code of ethics as well as defining one's own boundaries as worker. Important in this is use of appropriate referrals, for example to specialist legal services such as the Disability Discrimination Legal Service or equivalent in each state or territory. Appropriate referral is an important skill which can prevent the occurrence of negligent misstatement (Charlesworth et al, 1990). Another strategy used to avoid problems in this area is for DLOs to have regular refresher training in the DDAct and its implications in tertiary education. Reference to the Human Rights and Equal Opportunity home page on the world wide web also gives current information on cases heard and judged (ie but not those conciliated). These strategies are important for DLOs who practice in areas where the law has a direct impact on the provision of services, and where the institution expects them to ensure that it is complying with aspects of appropriate legislation in the way services, facilities and benefits are provided.

3. Organisational Context

Another issue that can effect the provision of training and information on the DDAct can be the complex nature and different agendas within the institution. The role and aims of the DLO may not be understood or fully appreciated by others. Wood et al state that "attempts to influence the institution in the direction of recognising that students with a disability are part of the regular student body and that services need to be inclusive in their planning and policy development are often greeted with degrees of indifference or, if with acceptance, then only at the level of rhetoric." (p5). The need to educate staff about their responsibilities under the DDAct or appropriate state legislation may also not be understood and may be seen as extreme political correctness or the DLO 'telling staff what to do'. This can put a DLO into conflict with levels of management or other staff who may have a different perception of the DLO role or may not feel that DLOs are qualified to give such advice. Yet part of a DLO's role typically includes informing staff that there are legal requirements to provide reasonable adjustments if they are to ensure that the person with the disability has an equal opportunity or access. Solid and consistent work in promoting the DLO as a professional resource for everyone, freely available to colleagues to assist them to make fair and reasonable accommodations in a manner that produces qualified and diverse graduates, can help overcome some misconceptions.

C. The DLO Intra and inter- role conflict

1. Intra role conflict

The type of conflicts described thus far although unique in some respects are also quite typical of those found by the specialist staff working in a large organisation. The DLO role is complex in that although it involves supporting the rights of people with disabilities within the system it is often involved in complex negotiation rather than pure advocacy. This is because the work is from within the system promoting change, as opposed to working externally to force change. DLOs therefore have an obligation to the institution as well as the student. Sometimes these obligations compete and create intra-role conflict. An example of this may be when alternative arrangements for assessment are recommended and there is conflict between what that student may need or require to compete on an even footing and what seems fair, reasonable and maintains academic integrity as far as the institution is concerned. The DLO has assessed the students needing certain accommodations but still cannot afford to ignore the concerns regrading academic standards and integrity. Academic integrity means ensuring that the educational standard is maintained when making any change to assessment for a student. The DLO's credibility as a tertiary professional is judged by their understanding and promotion of academic integrity as part of their service to the core mission of the institution; to teach and have students learn. In considering what constitutes an ethical approach in the DLO's work fairness for all students of the institution must be considered in finding a compromise that balances all parties needs to the extent possible.

In dealing with such a dilemma the DLO will use negotiation or mediation skills to find an acceptable balance for both parties. Sometimes however this does not work or is not appropriate. This may be the case where other staff are resistant to providing services for students with disabilities. Advocacy on behalf of a student is necessary in these situations and this can create it's own difficulties. Often there is the issue of disclosure of disability and confidentiality. Many students, especially those whose disability has associated stigma, (for example mental illness), may not want information disclosed to teaching staff. Yet it is often in the most sensitive of cases such as mental illness that there is more pressure to help academics understand because the requests made may often be significantly different from the standard, (for example in the case of alternative arrangements for assessment where a take home exam paper or an assignment in lieu of exam or double extra time in a private venue is recommended).

2 Legal Risk - Confidentiality

The issue of confidentiality is one that must be considered fully because it is an area where professional helpers such as DLOs may be at some risk legally (Charlesworth et al, 1990; Kirkwood, 1982). The duty of a DLO to maintain the confidentiality of his or her clients is based on the notion of client autonomy and self-determination, pursuant to which, information involving the client is said to be owned by and used only at the discretion of that client.

It is important to note that confidentiality is rarely absolute, either as a matter of law or ethics. As Swain notes at p.227:

"In reality, the only way that an agency-based worker could give a guarantee of absolute confidentiality would be not to record the information disclosed at all, probably unethical, in terms of the commitment to professional practice and accountability - and to guarantee that the information retained in the social worker's memory would never be released. Given that social workers have no right to claim professional privilege, this commitment, too, cannot be given. Information given to the social worker with the proviso 'I don't want anyone but you to know about this' should be carefully resisted - social workers cannot give such a guarantee legally, and ethically should not, as an attempt to place the worker in breach of such other obligations as, for example, the obligation to warn third parties of the risk of harm to them. Even the sole practitioner cannot be certain that client communications will not need to be passed on to others, from secretarial staff, to colleagues, to practitioners in other organisations when a referral is negotiated."

The DLO's duty of confidentiality towards the client has both an ethical and legal basis. For example, If the DLO was a social worker, then he or she would be bound by the Australian Association of Social Workers Code of Ethics (1998) which states:
“ 4.4 Confidentiality and Privacy -

- The social worker will respect the confidentiality of information contained in the course of professional service.
- The social worker will not share confidences revealed by clients without their consent except when compelling moral or ethical reasons exist.
- The social worker needs to inform clients fully about the limits of confidentiality in any given situation, the purposes for which information is obtained and how it might be used.
- The social worker will afford clients reasonable access to official social work records concerning them.
- When providing clients with access to records, the social worker will take due care to protect the confidences of others contained in those records.
- The social worker will obtain informed consent of clients before their activities are electronically recorded or observed by a third party. Such records will not be used for any purpose without informed consent.”

The law has not yet addressed the question as to whether a DLO, or indeed any professional working in an analogous profession, has a general duty of confidentiality to his or her client where there is no specific legislative provision governing the situation.

In the case of Foster v Mountford and Rigby Ltd (1976) 14 ALR 71, Muirhead J. of the Northern Territory Supreme Court, relied on a statement of Denning MR in Fraser v Evans [1969] 1 All ER 8, where the Master of the Rolls said at 11: 'No person is permitted to divulge to the world information which he has received in confidence unless he has just cause or excuse for doing so,

In many situations, in the course of his or her employment, a DLO will be specifically compelled by legislation not to breach a client's confidence. A breach of such legislation may well result in legal or disciplinary action being taken by the employer. The client whose confidentiality is breached may have grounds for legal redress against the DLO and/or his or her employer.

When is it permissible to disclose a confidence?
There are three situations in which it might be appropriate to disclose a confidence, without having obtained the client's express permission to do so.

- Legal requirements

There are a number of situations where the law may require disclosure of information. It is important to note that, generally, the DLO- client relationship is not recognised by the law as a 'privileged' one: that is, the law does not accept that the nature of the relationship is such that the worker should not be required, even in court, to reveal the client's confidences.

The circumstances where the law might require that the duty of confidentiality be breached include:
i. Where there is a legislative requirement to reveal certain information;
ii. Where the worker is subpoenaed to give evidence and/or produce documents as to a certain client;
iii. Where a search warrant is obtained and information disclosed in the course of execution of the warrant;
iv. Where there are official directions by the worker's superiors to provide certain information.

- Implied consent of client

There are a number of circumstances where there will be implied consent to disclosure. For example, if a client requests the presence of another person in a counselling session. Swain (1995) at p.230 refers to implied consent to disclosure of information occurring where a client is referred to another agency or person:

“clearly if a social worker and client agree that a referral to a given agency or person is to be arranged, and that the referral is to be negotiated by the worker, that process cannot occur without at least some information about the client being disclosed. Even should a referral letter contain no more details than the simple request:

Would you please arrange an appointment to talk to Mr and Mrs McWilliams?

the referral has disclosed several pieces of information: that Mr and Mrs McWilliams are in some way known to the agency responsible for sending the note; that they are or are perceived to be a couple; that they in some way have a problem or difficulty for which further assistance is needed. The fact that such a note comes from a particular organisation probably also communicates that the nature of that problem or difficulty is one which the referring organisation was unable to deal...So, too, with referrals or consultative processes within a treatment team, as in the negotiations between members of a multi disciplinary team in a hospital about the appropriate care to be offered to a patient. It is implied that the patient in such a setting consents to the necessary disclosure of information between, say, the physiotherapist and social worker, just as it is essential that disclosure occur between different shifts of medical and nursing staff." (Swain 1995, pp.230-231).

- The duty to warn

It is submitted that the duty of confidentiality of a DLO to his or her client must be overridden in circumstances where the a duty to warn a third party should be accorded a higher priority. Charlesworth et al. (1990) refer to the duty incumbent on a social worker or social welfare worker to warn:

"When clients indicate that they are likely to hurt themselves or others, the question of breaching confidentiality has to be weighed against the risk to others. In family disputes both serious and idle threats may be made. For instance, a spouse who has been suddenly made aware of his or her partner's wish to end the marriage, may say they will kill themselves and their children. A social worker in these circumstances will have to make a decision about whether the threat is realistic or not. Ironically, there is no clear indication of what is realistic or not, or of the degree of risk involved in a particular case, unless the attempt is actually made." Charlesworth et al. (1990,p.26).

The United States decision of Tarosoff v Regents of the University of California, 13 Gal, 3rd 117, 529, p2d, 553, 118 Cal Rptr 129 (1974) (Tarasoff I) and Tarasoff v Regents of the University of California, 17 Cal 3rd 425, p2d 334 13 1 Cal Rptr 14 9176) (Tarasoff ii), involved a university counsellor who was told by his client that he intended to kill his fiancee when she returned from holidays. He consulted the university psychiatrist and passed his concerns on to the police. He did not feel that it was appropriate to breach his duty of confidentiality to his client by passing on his concerns to the fiancee. The police interviewed the client, and decided to let him go. The client subsequently murdered his fiancee. The fiancee's parents filed a wrongful death suit.

Charlesworth et al. (1990) describe the effect of the Tarasoff decision thus:

"...two important principles emerged from the judgments... (The matter was appealed on four occasions but was eventually settled out of court.)...Both were exceptions to the general rule that the client's right to self-determination involves the right not to be subject to outside control. The first exception was based on the special relationship existing between a counsellor (therapist) and a client requiring the counsellor to act if, first, there are means of limiting the effect of the client's actions (such as warning others or seeking committal to an institution), and secondly, if the risk to specified others is foreseeable. It was held that in spite of the difficulty of predicting dangerousness, this sort of decision was constantly made by professionals when dealing with child abuse cases, or when assessing the likelihood of a client committing further criminal offences. The second principle to emerge from the Tarasoff decision was that if the actions taken by professionals immediately or eventually increase the risk to third parties, they are liable for those actions or their consequences." Charlesworth et al. (1990, p.26).

The issue of duty to warn may arise for DLO with students who are seriously depressed or perhaps have some form of psychiatric disability, the symptoms of which are not currently being controlled by medication. It is not unforeseeable that some students in these situations may speak of harm to themselves or others.

3. Negotiating Confidentiality

The literature on confidentiality suggests that the most ethical way of dealing with this issue is to engage in a full discussion of the limits on confidentiality (as outlined above) and particularly if total confidentiality is requested by the student, a discussion regarding the ways in which this may limit the DLO's actions on behalf of the client. In this way many ambiguities can be avoided. It is also important to gain express permission to disclose details and this should be in writing (King, 1996). Obviously these type of discussions are not automatically initiated with each client (consider the example of a student with a broken arm coming for basic advice), but where there is a disability or issue that seems to raise concerns for the DLO in terms of their ability to either maintain that confidence or effectively advocate for the student then these type of issues should be discussed openly.

4. Inter-role conflict

There can be problems even when a student does permit disclosure of details of their disability. This may occur where an examiner or lecturer still refuses an alternative arrangement for assessment even though it is judged to be the fairest way for the student to compete because of their disability and seems to the DLO to have given due consideration to academic integrity. Here we find examples of inter-role conflict where the DLO and the lecturer or examiner are in disagreement and negotiations have not been successful. These situations are particularly difficult and require the DLO to weigh up how disadvantaging the outcome of not receiving the adjustment will be for student and then act accordingly. This may include informing staff, their department heads, Deans etc, that they could be discriminating against this student by not providing for the student's specific needs. However the issue of what constitutes reasonable adjustments and unjustifiable hardship in this situation is ultimately difficult to assess with any certainty, particularly given that the DDAct still requires interpretation in these areas as they apply to tertiary education. As stated before many complaints are conciliated which does not allow for the outcome to be known. Whilst ethically a DLO may feel extremely committed to advocating for a student there are limits on what can be accommodated and in these instances the student may have no recourse but to lodge a complaint formally through institution grievance procedures or the like. At this point the DLO role may become one of supporting the student at hearings as requested by them. It may also be appropriate to follow up with the department or faculty head in writing to outline the concerns of the DLO if this has not already occurred.

AVOIDING LEGAL AND ETHICAL DILEMMAS

Many potential legal and ethical dilemmas can be avoided through the continuing development and professionalisation of the DLO role. Ensuring that good work practices are maintained is important (Kirkwood, 1982; Charlesworth et al 1990) including thorough assessment interviews, engagement of and good communication with students, a good system of record keeping and formal correspondence (Swain, 1995), diligently notifying senior management of potential or actual problems and an internal system of checks and reviews by other DLOs of any decisions made that are likely to significantly affect students. In addition to this an extremely useful resource is the national "Students with Disabilities: Code of Practice for Australian Tertiary institutions" (O'Connor, Watson, Power and Hartley, 1998) which identifies national minimum standards of service and support that should be planned for and implemented, as well as examples of best practice from institutions around the country. This document, and the Australian Vice Chancellors Committee publication " Guidelines relating to students with disabilities" are significant indications of the growing awareness, understanding and commitment of management in tertiary institutions to the area of disability support and to the professional, ethical and efficient administration of support services. They can therefore be helpful as both a personal resource and as guidelines to support the role and activities of the DLO.

CONCLUSION

In conclusion, legal and ethical issues are present in the DLO's role. In considering the role it has become apparent that these types of issues are not always directly DLO-client related, but are often formed at the nexus of client- DLO- employer or DLO- worker-employer relationships. In avoiding what has been described as defensive practices when faced with such legal and ethical dilemmas it is important to consider good practice skills. The development of micro (inter personal) and macro (inter organisational) skills, appropriate use of research, knowledge of the appropriate code of ethics and reference to peers (work colleagues), mentors, and experts can all be beneficial in helping to guide the DLO through uncertain territory. Opportunities for professional development and sharing of experiences (such as Conferences, discussion lists and the activities of the Regional Disability Liaison Offices/units) are vital to DLOs continuing to develop a strong professional identity whilst minimising the potential and impact of ethical dilemmas and legal risks.

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APPENDIX

LEGAL DEFINITIONS UNDER THE DISABILITY DISCRIMINATION ACT

Disability

Pursuant to section of the DD Act, 'disability' is defined as follows:

'"disability" , in relation to a person, means:

(a) total or partial loss of the person's bodily or mental functions; or

(b) total or partial loss of a part of the body; or

(c) the presence in the body of organisms causing disease or illness; or

(d) the presence in the body of organisms capable of causing disease or illness;

(e) the malfunction, malformation or disfigurement of a part of the person's body; or

(f) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; or

(g) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour '

Educational Institution

Section 4 of the DD Act defines 'educational institution' as a 'school, college, university or other institution at which education or training is provided'. Concomitantly, section 4 defines 'educational authority' as 'a body or person administering an educational institution'

Unjustifiable Hardship

Section 11 of the DD Act defines 'unjustifiable hardship' as follows:

'For the purposes of this Act, in determining what constitutes unjustifiable hardship, all relevant circumstances of the particular case are to be taken into account including:

(a) the nature of the benefit or detriment likely to accrue or to be suffered by any persons concerned; and

(b) the effect of the disability of a person concerned; and

(c) the financial circumstances and the estimated amount of expenditure required to be made by the person claiming unjustifiable hardship; and

(d) in the case of the provision of services, or the making available of facilities - an action plan given to the Commission under section 64.'

The DD Act provides that circumstances are not to be considered 'materially different' simply '...because of the fact that different accommodation or services may be required by the person with a disability'.

Discrimination

Section 6 of the DD Act defines indirect disability discrimination as occurring when the discriminator requires the aggrieved person to comply with a requirement or condition:

'(a) with which a substantially higher proportion of persons without the disability comply or are able to comply; and

(b) which is not reasonable having regard tot he circumstances of the case; and

(c) with which the aggrieved person does not or is not able to comply'

Is it worth referring to the specific forms of discrimination provided for eg. Section 7: discriminating on the basis that a person requires a palliative or therapeutic device, or auxiliary aids; section 8 precludes discrimination on the basis that a person is accompanied by an interpreter, a reader, an assistant or a carer; or, per section 9, is accompanied by a guide dog, hearing assistance dog or other animal trained to assist them?

Where an act is done for 2 or more reasons and one of those reasons relates to the disability of the aggrieved, then that act is considered discriminatory. Section 10 asserts:

'If:

(a) an act is done for 2 or more reasons; and

(b) one of the reasons is the disability of a person (whether or not it is the dominant or a substantial reason for doing the act);

then, for the purposes of this Act, the act is taken to be done for that reason.'

THE DOGS AT THE END OF THE SLEIGH: ACADEMIC AND SOCIAL PARTICIPATION AND TERTIARY STUDENTS WITH HEARING DISABILITIES.

Geoffrey M. Smith
Murdoch University.

Thank you for the opportunity to be able to speak at Pathways 4. It is indeed a pleasure to be able to welcome you all to Perth and to be able to tell you something of my research, which has occupied me for quite a few years. I hope you will find the comments to be interesting and will give you some understanding of the problems that face Deaf and hearing impaired students today, in their desire to attain postsecondary educational qualifications in the hope of being able to lead active and fulfilling lives in mainstream society.

My current study had its genesis while I was an undergraduate student at Murdoch University in the 1970's, when I entered the workforce and when I subsequently studied part_time for a Librarianship qualification. As you might be aware, I have a severe hearing loss, as the result of childhood meningitis, but I was able to function pretty well in a mainstream school, without the benefit of support services other than private tutoring in certain subjects. Indeed without the help of my parents and several very dedicated school teachers, I doubt whether I would have been able to reach the academic level that I am currently at. However, I have been confronted with significant problems in the workforce which have never been adequately resolved to my satisfaction. As a result, I got thinking about my current situation, my family and personal background, how I coped with academic life, my social life and how I coped in the workforce. Also, I met some other Deaf or hearing impaired people also with academic qualifications and also sharing some of the same experiences that I had, and I became aware of the fact that there seemed to be remarkable similarities in our family, social, academic and work experiences. This led me to wonder just how widespread these similarities were among those Deaf or hearing impaired people who had experienced life at the postsecondary education level, and how we might use these experiences to help prepare and support future generations of Deaf and hearing impaired students who would be entering postsecondary education in increasing numbers. This,in turn,led me to some preliminary research and formed the basis of the research proposal for my current studies at Murdoch University.

In 1991, at a Conference held by the Social Sciences and Humanities Research Council, in Calgary, Canada, discussions as to the direction which research on the education of deaf and hearing impaired students should take, resulted in an article in the ACEHI Journal (Schein, et.al., 1991), listing research objectives in this field. Among the objectives was one that suggested research into integrated or mainstreamed deaf and hearing impaired students who are "...academically successful and well adjusted" and to see what factors "...make the difference between successful and unsuccessful students"(p.106). The question was put forward that researchers could "...look at common denominators and trace these back to determine those associated with success or failure" (p.106).

One area of education which was given particular emphasis, was that of postsecondary education. Here, Schein, et.al (1991) indicate that research is needed to identify factors associated with success by deaf and hearing impaired students in postsecondary institutions and how postsecondary education prepares these students for employment upon graduation.

In addition, Schein and Mallory (1990) point to the lack of attention that tertiary institutions give to the social life of deaf and hearing impaired students. The importance of social activity, was demonstrated by Schein (1986) who stated that deaf and hearing impaired students may drop out from an institution because they find themselves socially isolated even though they may be making acceptable academic progress.

This indicates that successful integration at the tertiary level can depend not only on factors contributing to academic success, but also that social success or social integration is just as important. Furthermore there may be specific factors contributing to this aspect of integration.

Basically, if we are looking at the successful integration of deaf and hearing impaired students, we have to look not only at the academic side, but the social side also. Therefore research must address factors leading to successful academic integration, to successful social integration and to the interrelationship between these factors. By doing so, it may then be possible to help future generations of deaf and hearing impaired students to undertake successful study at the tertiary level, an educational level that is fast becoming a necessity for any form of employment.

There have of course been many studies looking at the area of academic and social integration of Deaf and hearing impaired students, both at the secondary and postsecondary level, but the majority of them came from the United States and seemed to focus on students who had attended specialist institutions such as Gallaudet University and the National Technical Institute for the Deaf (NTID). Some had looked at students integrated into mainstream settings, but none had looked at the Australian situation in depth. Now, Australia has some specialist services for Deaf and hearing impaired students, most notably at Griffith University and at the University of Melbourne, but we have no specialist institution for Deaf and hearing impaired students along the lines of Gallaudet University and the National Technical Institute for the Deaf (NTID). Therefore, any student who desires to undertake postsecondary education, has no choice, but to enrol and therefore integrate into a mainstream University or College. And this institution may or may not have the support resources necessary for the individual requirements of each individual Deaf or hearing impaired student. So, it was felt that the Australian setting was ideal for examining the factors concerning successful versus unsuccessful academic and socialintegration, partly because such students had to integrate into a mainstream institution and partly because no comparable studies had been done in this setting in the way proposed by Schein and his associates.

The problem then became one of how to identify these factors. In other words, what sort of research method to use. During this period of bibliographical searching, I came across a questionnaire developed by the Institute for Research on Exceptional Children. The questionnaire covered many of the factors that were under consideration for the current study, and it was decided to adapt this questionnaire for Australian conditions. The questionnaire actually went through a series of drafts before it emerged in its final form. For one thing, it had to be modified in its wording to more accurately reflect the Australian situation, and we also had to take into account modern standards of speech (read political correctness) and the need to more accurately reflect the growing numbers of members of the Deaf community in postsecondary institutions and the acceptance of AUSLAN as a means of communication.

The questionnaire by this time had become quite large in scope and format and has in fact ended up totalling 38 pages in length. Quite a hefty document, to be sure, but even though attempts were made to cut down on the size a bit, the sheer number of factors and areas of concern that I wanted to cover, meant that it was still quite large in its final format. Some concern was expressed that the size would be quite daunting to potential respondents, but I later found that students who tackled it at the draft stages did not find it hard or too long and in fact tended to take about half an hour to complete all the questions.

I initially tested the questionnaire on several people that I knew who had University degrees and who were hearing impaired. Further modifications were made on the basis of feedback from these people. After several more adjustments and changes, I approached the Disability Services Co_Ordinator at Edith Cowan University and arranged for a trail run by hearing impaired students who were currently enrolled or known to have enrolled at that university. A major setback occurred when it became evident that certain core questions were causing some confusion among the students, leading to inconsistent responses. So.. further rewriting was necessary. Finally, early this year the questionnaire was finished and printed in its final format.

The first University approached was the University of Western Australia. I had met the Disabilities Officer, Mark Edwards, at the Pathways 3 Conference in Adelaide and he was well aware of the research that I was doing and was quite willing to put me in touch with the known Deaf or hearing impaired students at the university. Ten questionnaires were sent out via the Disabilities Officer to these students and of these ten, five returned the completed questionnaires. From these completed questionnaires, it became evident that the time spent on developing and refining the questionnaire was worthwhile, asthe students seemed to find it very straightforward.

However, it was from this point that I realised that the study was going to go beyond a quantitative analysis based on
responses to the individual questions.

At the end of the questionnaire, a large space was left for students to put down any comments about the questionnaire or about their experiences as a Deaf or hearing impaired person which were related to their adjustment to university or college life. It was meant only as a space for the respondents to write about anything that might have been missed in the questionnaire or to expound further on particular issues. It was not really expected that many further comments would be forthcoming, especially given the size and complexity of the questionnaire. However, it was surprising to find that each and every student filled the space with comments which often overflowed onto the next page. each student had something to say or something to "get off their chests".

What was evident from these responses was that the students by and large had some very serious problems in coping with the academic and social constraints that arise as a result of the hearing loss. Furthermore, even those with what could be considered a mild hearing loss still had significant problems, most notably of a social nature. It was through the questionnaire that the students found an outlet for expressing their frustration regarding these problems and indeed it could be said that completing the questionnaire was a sort of catharsis for them, a means of bringing out all the concerns, frustrations, and anger and expressing them through the questionnaire. Consider some of the responses:

1. "Lecturers are fairly useless. No concessions made by lecturers at all. "They simply couldn't remember to take account of me"

2. "I've tried a lot of initiation and am mostly rebuffed"

3. "I don't look like a "disabled" person... I freely tell people that I cannot hear them; it just doesn't make any difference."

4. "(I) encountered several occasions where I was discriminated against because I couldn't hear what the other party was saying. Felt terribly inferior, more isolation and disappointed in life."

5. "(I have)...difficulty in hearing other students in discussions, etc."

6. I have noticed the extra effort required to understand lecturers (especially new words / concepts).

It became clear from these initial responses that Deaf orhearing impaired students appear to have serious concerns and grievances not necessarily with the support services provided, because they are often quite happy with what is provided, but more concerned with situations for which there appears to be no ready made answer or solution.

In essence, the problems appear to be those concerned with social interaction. Interaction with lecturers, tutors and other students in both an academic and social setting. Support services tend to be made available in terms of academic support, in the provision of note taking services and amplification systems, but what is really lacking are services that help the student with social interaction, and unfortunately, there appears to be no ready solution to these problems. But most of the students who filled out the questionnaire appear to be quite highly motivated and their desire for academic success appears to help them overcome some of the hurdles placed in their path. But I cannot help but feel that if the social and communication problems that they experience and the social isolation that results from this can be in some way overcome, then the whole educational experience of studying at a postsecondary institution would be much more pleasant for them.

Bear in mind that this is an observation made on the current situation in Western Australia. At this time, I have only just started to get in touch with students at other tertiary institutions and the observations and responses might be different. But if they are not and these other students also express the same frustrations and anger regarding the social problems created by their hearing loss, then I believe we have a very serious problem. The Deaf or hearing impaired students are upset with their social and communication situation. They battle lecturers who don't appear to understand the students problem. They battle isolation in the tutorial situation and in other formal and informal situations. They experience social isolation on a daily basis which makes the university or college experience a very lonely one. There are very few avenues which they see as being sympathetic to their problems and understanding of their needs.

One of the students who responded to the questionnaire, put the whole issue in a very succinct manner. He stated that in his view, Deaf or hearing impaired students are among the last to receive support services suitable for their needs. This view is no doubt influenced by the view that Deaf or hearing impaired students are not as visible as those with other disabilities. This led the respondent to state that Deaf or hearing impaired students are the "dogs at the end of the sleigh" with only a view of everybody else's backsides. Though not expressed quite so forcibly by other respondents, it is clear that there seems to be some dissatisfaction with current levels of support services.

The results of the study so far have been interesting, and it is clear that on_going research will be vital and that it will be interesting to see if the same views are common Australia_wide. If this proves to be the case, then I feel that therewill be the need to seriously reconsider what support services are actually required by Deaf or hearing impaired students so that they are able to achieve full social and academic integration and not be made to feel that they are the dogs at the end of the sleigh.

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WHAT'S SO ESSENTIAL ABOUT THIS REQUIREMENT?: Guidelines to determine the Essential Requirements of University Courses

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PREAMBLE

This paper is a summery of the work undertaken by the project team. The full paper will be available at the conference.

The paper is about a work in progress, as the project is, at the time of writing, in it's third and final phase. It will describe a co-operative project undertaken by Curtin University on behalf of the four public universities in Western Australia and funded by the DEETYA grants for Co-operative Projects for Higher Education Students with Disabilities (CPHESD).. The project has undertaken *to design guidelines which will assist university schools and departments to determine the essential requirement of their units and courses and to assist Heads of Schools/Departments in their dealings with students with disabilities/medical conditions who encounter difficulties in fulfilling course requirements, as a consequence of their disability/medical condition.*

This undertaking is merely a first step in considering this complex area and it is hoped, will act as a catalyst to prompt further debate, because debate it is! The early work of this project has exposed the variety of opinions from all who have contributed, disability service providers and academic staff alike.

What is not in doubt however, is that this is an enquiry which has been welcomed by all, if only to start the ball rolling on clarifying thoughts and procedures in an process which is sometimes fraught with misunderstanding.

The project was undertaken to be helpful.

Curtin University, in which Phase 1 and part of Phase 2 of the project, were undertaken, is like many other Australian universities, increasingly devolving central responsibility to the academic divisions or faculties. This puts the head of school/department, often untrained for the job and unsupported in it, in a position of increasing responsibility for "everything" (as they describe it). When it comes to students with disabilities, many heads will openly acknowledge they do not know what to do to accommodate these students. While other services eg. Counselling, student support services, play a vital role in supporting the academic areas, the reality is that the heads of school/department have final responsibility and authority for the students enrolled in their courses and they need helpful, clear guidelines and procedures with which to respond to student needs.

It is the reality that students do not always present themselves to the Disability Service Officer (DSO) as the first point of contact, and even when invited or directed to do so, many choose not to. They occasionally prefer to confide in a school staff member eg a tutor or a school receptionist. Experience has shown that these are the situations which have the potential to result in unintentional discrimination and can cause the most distress for all parties. The unintentional discrimination and distress is inevitably the result of a lack of procedure.

The project sought in part to address *this* situation, not the situation where students present to the DSO in the first place. As the project progressed, it became increasingly clear that the inclusion of a draft procedure might also be helpful. The guideline questions, the original goal of the project, were designed to assist a school/department to determine what is inherently required in order to pass a unit and therefore the course, and were intended for use whether the student disclosed to the school or the DSO.

INTRODUCTION

An increasing number of people with disabilities and medical conditions are applying for and obtaining places in university courses. Universities are therefore being challenged to consider their procedures, course content and assessment methods and the boundaries of their responsibilities in order to provide non-discriminatory educational opportunities for all their students.

There are restraints on the universities as a consequence of state and federal legislation, the Disability Services Act, WA (DSA), 1992 and the Commonwealth Disability Discrimination Act (DDA), 1992, which the universities are just coming to terms with. The DDA, (DDA: pp 17) states that ‘it is unlawful for an education authority to discriminate against a person on the ground of the person’s disability or a disability of any of the other person’s associates . .’

Further, the manual “Acting Against Disability Discrimination”, 1994, (pp 114) designed to assist the community to use the federal Disability Discrimination Act (DDA) states that " . . it is unlawful for education authorities to refuse to admit a person with a disability to a professional or a skill-based training course on the basis that the person with a disability is unlikely to be able to work in the profession or trade because of his or her disability. Qualifying and vocational bodies may refuse to authorise or to qualify a person with a disability, if because of the person's disability, the person is unable to carry out the inherent requirements of the trade or profession. Educational authorities are not able to pre-empt the decisions of the qualifying body".

Rapid learning curves are evident, as per the frequent discussion on the invaluable, national OZUNI-Disability internet network. Within my own university, significant discussions about the university’s obligations vis a vis its’ students with disabilities/medical conditions have become more commonplace at a very senior level of management. The recent adoption of our Disability Services Plan attests to this.

One strategy for universities to provide non-discriminatory educational opportunities, is for *schools and departments within the universities to clearly articulate the essential requirements of their courses and individual units/subjects*. Whether or not any prospective student is permitted entry to a course or unit depends on whether he/she is able to meet those essential requirements.

The universities (ie the faculties, schools, departments etc) must therefore, become clearer about the inherent requirements and the core skills of the courses they offer and be able to enunciate this clearly to both prospective and currently enrolled students. This is a difficult task, as it can challenge the very essence of what the course is *really* about, in a way that schools have not previously been forced to consider.

The project team believed guidelines for this task might be helpful. The team also believes that whatever is produced from the project will be a guiding document only and can be adapted by others to suit their local situation.

THE PROJECT

The overall aim of the project was to investigate and determine guidelines which would assist schools and departments to examine their units and therefore their courses, in order to understand and make clear the inherent requirements of the course and to eliminate unnecessary barriers for prospective and enrolled students with disabilities.

Specific aims

Specifically, the project aims:

To develop guidelines to assist Heads of Schools/Departments to meet the obligations of the universities which have been described above and to ensure that students with disabilities/medical conditions are provided with opportunities to participate fairly and equitably in the education benefits offered by universities.

To assist universities to align their practices with the Commonwealth's Disability Discrimination Act (1992)), the state Disability Services Act (1992) and relevant Disability Service Plans.

To assist Heads of Schools/Departments in accommodating students with disabilities/medical conditions who encounter difficulties in fulfilling course requirements as a consequence of their disability/medical condition.

METHODOLOGY

While the project is being undertaken by Curtin University of Technology on behalf of the four public universities in Western Australia, the project team, which includes a member of the public and an academic staff member from the University of Western Australia (see **Appendix 1**), agreed that Phase 1, the pilot study, should be undertaken at Curtin University, with the other universities being invited to participate in Phase 2.

Phase 1 - Pilot Study. The project officer interviewed ten volunteer Heads of Schools/Departments. These were drawn from across the academic Divisions at Curtin University - Curtin Business School, Health Sciences, Maths and Sciences, Humanities and including two distance campuses, Muresk Institute of Agriculture and the School of Mines. An interview schedule designed by the project team was used. The questions investigated:

- the current situation within schools/departments regarding the written information they make available about their courses
- what the schools/departments consider to be “essential, important and optional” units and why
- whether there are laboratory and fieldwork components of their courses; and what they consider to be the purpose and essential skills required in these experiences

The interview questions were also posted, with an invitation to comment, on the national OZUNI-Disability network to DSO’s in both the university and TAFE sectors,

Phase 2 The data gathered in the pilot study was used to design the draft proforma (see **Appendix 2**)which comprised a number of guideline questions and a draft procedure page. This draft proforma has been circulated to selected schools and departments across the four public universities in Western Australia. These eight schools comprise two from each of the Western Australian universities. The draft was sent to the Deputy Vice Chancellors responsible for equity issues in each of the universities and they were invited to select two schools to participate in the project. The draft proforma has also been posted on the OZUNI-Disability network and the comments received, always gratefully, will be incorporated into the final proforma.

Phase 3 The preparation of the final proforma, which will be printed and distributed to all Western Australian universities. The final proforma will also be posted on the internet, for use by others.

The project is currently in this phase with the Phase 2 feedback from the other universities and some OZUNI-Disability network feedback just to hand. It is the intention of the project team to have the final guidelines ready for reporting at the conference.

PRELIMINARY FINDINGS

Phase 1. *Interview with volunteer Heads of Schools/Departments at Curtin University)*

All the respondents welcomed the project.

All of the schools/departments interviewed had had experiences of accommodating students with disabilities, and all acknowledged they had been able to do this by referring the matter to the University Counselling Service. Some schools (55%), however, wanted clearer university guidelines with recommended procedures to follow when they were dealing with a student with a disability/medical condition.

Some schools expressed particular concern regarding students who presented with mental health problems and who were to participate in fieldwork placements. The schools had several levels of concern over 'duty of care' issues and their responsibilities to both the student and the outside community agencies. These schools too, asked for guidelines and procedures as to how to handle these situations.

When asked particularly about the way the schools/departments advertise their courses and outline the essential requirements of their units, the surveyed schools used a variety of methods - the university handbook, career nights, brochures, videos, internet etc. the handbook information was reviewed at least once a year and the respondent schools used a variety of sources to determine what information about the course and the pre-requisite skills required for entry should go in the handbook. These include Academic Boards, Boards of Studies, heads of schools, Curriculum committees, and whole of school meetings. Often requirements listed in the handbook were included for 'traditional' reasons or as a result of employer's requests or requests from a professional body eg the Australian Association of Social Workers.

90% of the surveyed schools had specific handbooks and manuals in addition to the university handbook, but few included reference to the school's/department's policies or procedures which relate to students with disabilities/medical conditions. Further, 90% of the respondent schools had not reviewed their school handbook information as a consequence of having enrolled a student with a disability or having experienced any difficulties related to this student's admission.

Most schools reported they did not encourage pre-course counselling as a routine practice.

There was little grasp of '*end line responsibility*' with regard to accommodating a student with a disability, as most schools relied heavily on the University Counselling Service. As a consequence, there was no academic staff member nominated within the school to be an appropriate contact person for a student with a disability.

Further, there was little understanding of the concept of the 'essential requirements' of a unit. When asked about the differences in 'essential, important and optional' units, schools described them as follows. 'Essential' units were compulsory, sequential and core building units. All first year units were essential and many were considered so as a consequence of the wishes of employers or the demands of the professional bodies which set essential requirements for registration. The workplace, community expectations and a sense of tradition also influenced the decision that a unit was essential.

45% of the surveyed schools defined 'important' units as electives. These were also influenced by 'market conditions'.

55% of the respondent schools offered self-paced learning options eg. open learning units and distance education.

All schools surveyed said fieldwork, practical and laboratory work was included in their course and all were compulsory.

Phase 2 *Preparation of draft proforma*

The responses from Phase 1. lead the team to believe that while a number of guideline questions would be helpful, the respondents also sought advice on procedures. Consequently, the draft proforma included a suggested procedure for dealing with disclosure of a disability and a request for accommodations for a student with a disability/medical condition.

This draft proforma was distributed to two schools in each of the four West Australian universities, making a total of eight schools. The project officer interviewed some schools, other preferring to simply send in their comments. The draft proforma was also posted on the OZUNI-Disability network.

All the responses to this round of the project have only just been received at the time of writing and there has been no opportunity to collate the data.

This phase has however, drawn lively debate, with a variety of opinions being expressed. What has not been in contention however, is that guidelines and procedures would be welcomed. In some cases schools have reported that this is 'what they do informally, but have not written it down'.

It is the intention of the project team to have the detailed data available at the time of the conference.

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Appendix 1

PROJECT TEAM

Associate Professor Owen Watts, Curtin University of Technology (Team Leader)

Ms. Robyn Carroll, Law School, University of Western Australia

Ms. Cozette Frazer, Curtin University of Technology

Dr. Neil Stewart, Community member

Associate Professor Alex Radloff, Curtin University of Technology

Ms. Cheryl Stickels, Curtin University of Technol0gy

Dr. Bob Loss, Curtin University of Technology (retired from project)

Ms Sue Hebiton, Curtin University of Technology Project Officer

DRAFT

CURTIN UNIVERSITY of TECHNOLOGY

Guidelines to Determine the Essential Requirements of University Courses

(Accommodation of Students with Disabilities and/or Medical Conditions)

September, 1998

Co-operative Projects for Higher Education Students with Disabilities
(CPHESD)

Prepared by Curtin University of Technology on behalf of the Post Secondary Education Disability Network (PSEDN)

PROCEDURE FOR DEALING WITH REQUESTS FROM STUDENTS/PROSPECTIVE STUDENTS FOR ACCOMMODATION ON THE GROUNDS OF DISABILITY

This procedure is designed for use by university staff with students/prospective students who have disclosed that they have a disability and are seeking accommodation. The procedure to approve or disallow the accommodation is preferably completed prior to the commencement of semester, or within two weeks of the request.

Staff should be aware however, that these procedures **should not be used** in the following situations:

- Where there is visual evidence of a disability but no formal disclosure or request for accommodation by the student.

- When the student has disclosed to a member of staff within the school that they have a disability but are not seeking any accommodation.

- When an independent third party, either internal or external to the university, discloses information to the school without the written consent or knowledge of the student. (In these instances the matter should be referred to the Head of School who may seek advice from the Counsellor (Disability).

FOUR STAGE PROCESS FOR DEALING FOR REQUESTS FOR ACCOMMODATION

Stage 1. *Requests to a school for course information by a student who discloses a disability*
In this case the staff member approached may give general written information and the details of school/department procedures for providing information or procedures relating to accommodation on the grounds of disability,

Stage 2. *Discussions with Head of School or designated staff member.*
At this stage discussions should focus on accommodation requirements within units rather than making general statements about the student's capacity to handle the course, his/her employment prospects or registration requirements from professional or other bodies. Students are informed that appropriate documentation regarding the disability or medical condition is required. The Counsellor (Disability) is an appropriate source of referral if the student is unable or unwilling to provide the necessary details. Discussion without receipt of written verification should be information based only.

Stage 3. *Discussions following receipt of appropriate documentation.*
At this stage discussion should focus on the specifics of the student's request. (It may be useful to work through the attached student request form on an individual unit basis). At this stage it is also appropriate to raise the issue of confidentiality and disclosure with the student and to fill out the Release of Information Consent Form should further discussion be necessary within either the school/department or the University.

Stage 4. *Matters requiring referral to the Head of School*
Should the designated staff member consider that the school is not able to accommodate the student's disability on the grounds of either unjustifiable hardship or the compromise of the unit's academic integrity, the matter should be referred to the Head of School**.** (The Head of School may find it useful to work through the attached guideline questions). If areas of ambiguity remain the Head of School should seek appropriate advice from within the University (eg University Counselling Service Legal Services).

(Curtin University only). If the nature of a student's disability presents the school/department with significant concerns and requires more than routine consideration, the Senior Deputy Vice Chancellor will direct the Head of Counselling to co-ordinate input from all relevant areas of the university in order for the Senior DVC's office to determine the course of action.

STUDENT REQUEST FORM FOR ACCOMMODATION OF A DISABILITY

PART A - PERSONAL DETAILS

Name:

Is the student : prospective student currently enrolled
Student Number (if appropriate):
Contact Details

PART B - DETAILS OF REQUEST

Name of unit in which the accommodation is being sought.:

What specific accommodation is the student seeking?

Provision of special equipment	Yes	No
Physical modification of environment	Yes	No
Modification of course content	Yes	No
Substitution of an alternative academic unit	Yes	No
Provision of extra time in the examination	Yes	No
Extension of submission dates	Yes	No
Other modifications of assessment procedures	Yes	No
Use of support services eg note takers	Yes	No
Other		

Has the student provided documentation supporting their request? Yes No

If No or documentation is inappropriate, offer referral to Counsellor (Disability) or appropriate service provider.

PART C - CONFIDENTIALITY AND DISCLOSURE

Have you discussed with the student issues relating to confidentiality? Yes No

Does the request for accommodation need to be discussed with others in school / university?
Yes No

If Yes has the student signed the release of information form Yes No

(If No, request will be dealt with as information only and further discussion about the accommodation cannot proceed at this time)

PART D - OUTCOME

If, in your opinion, the school is able to accommodate the request then the request procedure is complete. If further discussion is necessary eg money is required to be spent and / or if, in your opinion the accommodation affects the academic integrity of the unit, refer matter to Head of School.

Is the request:	able to be accommodated	requires further discussion (Refer to guideline questions)

RELEASE OF INFORMATION CONSENT FORM

Name..Phone No..…………
Address...…………

I hereby give permission for:

Name..Phone No..…………
Address...…………

To contact:

Name..Phone No..…………
Address...…………

To provide information / documents as described:

....…………
....…………
....…………
....…………
....…………
....…………
....…………
....…………
....…………

Signed..Date...……………
Witness...……………
Address...Date..……………

GUIDELINE QUESTIONS TO ASSIST IN DETERMINING THE ESSENTIAL REQUIREMENTS OF UNITS AND WHETHER ACCOMMODATIONS CAN BE MADE FOR A STUDENT WITH A DISABILITY/MEDICAL CONDITION

Question 1. What aspect(s) of the student's disability leads to the view that they may have difficulty acquiring the required skills and passing the assessment for this unit?

Here, the student's view on how they will manage the content and assessment requirements of the unit must be explored. The school/department must clarify the *essential* elements of the unit and be prepared to discuss alternative means to achieve the same learning and assessment outcomes.

Question 2. What skills/abilities/knowledge must a student demonstrate to complete the unit, ie outcomes? (eg, cognitive, technical, interpersonal communication etc)

The school/department needs to distinguish, if possible, between *essential* and *desirable* outcomes.

Usually a course will be comprised of some or all core/compulsory units. The current status of a unit, especially where it is based on professional requirements, may not necessarily establish that it is essential to the course. The decision about what are the essential requirements of a unit and consequently the course, is a matter of academic judgement, but this must be **justifiable** other than on **historical** or **employment-based** grounds. It is important that external requirements (eg from professional bodies, external agencies) are not imported unless they are essential to the academic course.

(Note: It is unlawful for the university to exclude a person entry to a course simply because, in view of the person's disability, the person is unlikely to be able to gain employment in the field for which the course prepares them).

Question 3 How are the required skills/abilities/knowledge taught and assessed?

Here, the school/department needs also to consider the purpose of, and participation in both fieldwork and practical laboratory units. Does the teaching and assessment of this unit involve an agency external to the university? Does the external agency have input into determining the skills/abilities/knowledge taught in the unit?

Is the unit self-paced learning, practicum or fieldwork-based, or 'wet or dry' laboratory work? Is the student required to prepare assignments, complete examinations, prepare oral and tutorial presentations, participate in group projects or complete continuous test assessments?

Who has decided the content and assessment style of the unit?

Question 4 Is the present method of instruction the only way that the required skill/ability/knowledge can be acquired or imparted?

In answering this question, the university is reminded that a concern about a possible consequence from the industry, trade or profession cannot influence the decision to provide an accommodation in a unit (as per question 2).

Many schools and departments already have experience with accommodating students with disabilities, using special equipment, allowing extra time for completion of work, providing notes etc. In deciding what accommodations should be made it must be noted that the university will unlawfully discriminate against a person with a disability if they do not accommodate the student's disability unless it can be shown that the accommodation would impose *unjustifiable hardship* on

In determining what constitutes unjustifiable hardship to an institution in terms of providing requested access or special facilities to a person with a disability, all relevant circumstances of the particular case are to be taken into account including:

(a) the nature of the benefit or detriment likely to accrue or to be suffered by any persons concerned; and
(b) the effect of the disability of a person concerned; and
(c) the financial circumstances and the estimated amount of expenditure required to be made by the person claiming unjustifiable hardship.

(Section 11 Disability Discrimination Act 1992)

Question 5 In what way(s) could the teaching and assessment requirements reasonably accommodate the student's disability?

In answering this question a school/department is encouraged to examine it's answer to question 3 and 4 in the light of it's answer to question 2.

The school/department is reminded that it needs to determine which activities/tasks within a unit are *essential*, and which are *ancillary*.

For example:

A geology student may be required to go on a field trip which involves travelling to a remote location in a 4WD vehicle, collect rock samples from an area of rocky terrain, analyse the rock sample at a base camp laboratory and spend the night at the base camp. Is the essential task the selection and collection of the rock sample, or is it the analysis of the rock sample? (It may be both). If it is only the analysis of the sample which is essential to the unit it may be feasible to dispense with some aspects of the field trip for a student who has a disability which would preclude them from collecting the rock samples.

LIKELY OUTCOMES OF THE REQUEST FOR ACCOMMODATION

- The student's request is accommodated.

- A planned management process is put in place for expected duration of study period where student's disability or medical condition will have an effect.

- Student discontinues unit or course.

- Student receives counselling and/or advice about other courses

- School/department handbooks and promotional material are reviewed and revised if necessary to ensure that essential academic requirement of units and courses are explicit.

- Pre-course counselling service for students is available and encouraged.

PracABILITY – ASSESSING AND ADDRESSING THE PRACTICAL ISSUES FACING STUDENTS WITH DISABILITIES UNDERTAKING PRACTICAL PLACEMENTS IN NURSING COURSES AT UNIVERSITY

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ABSTRACT

The issue of the position of the practical placement of a university course vis-à-vis the requirements of the Disability Discrimination Act is one that lacks clarity. This dilemma is often raised by staff and students when students are required to undertake some kind of practical placement during their course through an agency external to the University. In addition, where professional or registration bodies require that certain 'inherent requirements' be met for registration, and universities are required to facilitate the demonstration of these requirements or capabilities, universities can be placed in a dichotomous situation. This presentation will report on a Cooperative research project involving the University of Ballarat, Victoria University of Technology and Australian Catholic University, aimed at producing guidelines for universities about how clinical placements in the nursing area can accommodate students with disabilities.

INTRODUCTION

In presenting this paper the aim is to share the preliminary research findings, and proposed research endeavours, of a study currently being undertaken which aims to identify the issues and dilemmas associated with students with disabilities, when they undertake the clinical practicum component of a University-based nursing course. The research is entitled ‘PracABILITY,’a title purposely selected to convey the research’s primary aim which is to provide a workable model for facilitating completion of a Bachelor of Nursing program by individuals with a disability. The research dispenses with the traditional research archetype in that it does not attempt to manipulate variables to discover some heretofore unknown truth. Instead the research seeks to validate, or at least give credence to, a model, developed as an outcome of intensive focus group activity, and informed by a questionnaire, which seeks to facilitate individuals with disabilities successfully completing the clinical practicum component of a Bachelor of Nursing (BN) program.

RATIONALE FOR THE STUDY

The issue of the position of practical placements of university courses *vis-a-vis* the requirements of the Disability Discrimination Act (DDA) is one that lacks clarity. The Act itself does not help to clarify the situation, and relevant sections appear to possibly be contradictory. Advice obtained from the Disability Discrimination Commissioner (Hastings, December 1995) does not fully clarify the situation and also points to the apparent contradictions within the provisions of the Act.

This particular dilemma is being felt throughout Australian universities and is often raised by staff and students who are required to undertake some kind of practical placement during their course through an agency external to the University. This occurs most commonly in courses such as Nursing, Education, Social Work, Medicine, Physiotherapy, Child Care, and Human Movement. These placements require students to work with vulnerable groups in society such as hospital patients, psychiatric patients, school children, very young children and youth and adolescent groups. Decisions about placement of students in these situations can be perceived to involve judgements about balancing the rights of one group of people with particular needs (students with disabilities) against the rights of another group. Many practical issues arise that need to be tackled openly and honestly and with a practical problem-solving approach.

Where professional or registration bodies stipulate that certain 'inherent requirements' need to be met in order to obtain registration, and universities are required to facilitate the demonstration of these requirements or capabilities, universities can be placed in a dichotomous situation. They can feel torn between the requirements of registration bodies and industry, and the needs of their students with disabilities, who may require adjustments or accommodations.

Not only students, but also staff can feel that they are caught between, on the one hand, the provisions of the DDA, which require that universities make accommodations in education provision, and on the other hand, the ability of employers to insist on the meeting of 'inherent requirements'.

As the period in which the DDA has been in force lengthens, these more complex issues are beginning to demand solutions. As students' expectations about tertiary study become greater, and as staff become more familiar with the participation of students with disabilities in their courses, the 'boundaries' are being increasingly pushed further. Whereas in the past, people with disabilities would have been generally considered unsuitable to undertake courses such as nursing, now people with disabilities are increasingly seeking admission into such courses. Students with disabilities are also now much more likely to disclose their disability, and to request adjustments be made for them.

CURRENT DILEMMAS

A number of Australian universities have reported difficulties in recent years in dealing with some of the issues involved with the participation of students with disabilities in practice-based courses. This commonly tends to occur at the stage where students are about to undertake practical placements. Such placements bring into sharp focus the practical dilemmas that can exist and also can give rise to perceptions of apparent dangers to the client groups involved. A number of such cases have surfaced in nursing courses at several Australian universities recently and some attention has been given to the issue (Lord and Willis, 1997). Discussions with disability and other staff at several universities throughout Australia indicate that this is an issue that is being keenly felt at present, and is one for which people are actively attempting to seek solutions.

As a result of individual cases at Victoria University of Technology, Australian Catholic University and the University of Ballarat, academic staff and disability and equity practitioners combined to try to seek solutions to these issues. As a result, a research project involving these three Victorian universities is currently being undertaken, which is being funded through the DEETYA Cooperative projects scheme.

AUSTRALIAN AND OVERSEAS RESEARCH

The issue is also being felt in other countries outside Australia. From contact with universities in the United Kingdom, the United States, and New Zealand, and from an examination of a large number of articles in journals and conferences, it is apparent that the very same dilemmas are being felt.

From research we have so far conducted, and from our contacts made with Australian and overseas universities, it is clear that students with disabilities are generally actively discouraged from undertaking nursing courses. People with disabilities who are already nurses also report that they have faced major barriers and obstacles in achieving their career aspirations, and have often only been accepted into nursing courses after several attempts at entry, or by having to demonstrate their capabilities elsewhere first.

A British study, 'Deaf Peoples' Access to Nursing Education' (Wright, 1997), investigated the experiences of deaf students in nursing courses in the UK, and conducted an extensive literature review.

The literature review showed that little attention had been given to the topic, but a small number of case studies of deaf people working as nurses were found. These case studies described the enormous hurdles and prejudices that students with hearing impairments had been forced to overcome in their quest to achieve their career ambitions. Wright states, 'In spite of the struggle that each individual had in terms of becoming a student ... each has proven competent and safe practitioners despite the fear of occupational health and other staff for patient safety'.

From his study, Wright concludes that deaf people can access nursing courses and achieve similar academic grades to hearing students and can achieve the same standard in terms of academic and placement competencies. He states, however, that '...it appears that deafness itself is not a handicap, but nursing as a whole appears to focus on deaf peoples' disability rather than ability.' He refers to the 'uncaring behaviour of the caring profession' towards nurses with disabilities once they are in their posts, although he found that nurses with disabilities are treated more favourably than those who are trying to enter the profession. 'There also appears to be a difference in the support given to people who become disabled after they become employed', Wright states.

Wright describes how deaf people are actively discouraged from considering nursing as a career, and the systemic barriers that exist. Information on nursing courses sent to prospective students often includes a statement about conditions that may preclude them from entering the profession and often includes deafness. Wright also describes examples in the US where, despite the existence of the Americans with Disabilities Act, nursing students are still required to be 'competent enough physically and mentally'.

In the case studies, Wright describes the extent of discouragement that students receive. Many took years to achieve access to courses, usually having to demonstrate their capabilities in other fields first. One of the major concerns was with patient safety, and students had to demonstrate the strategies that they employ to address these concerns. These included amplified stethoscopes, using vibrations in floors to help identifying background noise, using reflective surfaces to identify what is going on behind or to the side, acoustic techniques to take blood pressure and vibrating pagers and alarm mechanisms.

Elsewhere in the UK, the University of Leeds is conducting research involving interviews with staff and students with a view to developing a clinical placement assessment instrument (Ricchariya, 1998). At Sheffield University, the Department of Mental Health and Learning Disability Nursing is working with students with disabilities, especially students with hearing impairments and learning disabilities, and has produced booklets for staff and students on disability and nursing (Wright, 1996, 1997, 1997/8).

In Australia, a small number of universities are actively working with stakeholders to try to resolve some of these issues.

At Edith Cowan University, staff are working with various stakeholders to produce a flow chart of recommended steps to follow in arranging practical placements for nursing students with disabilities (see Lord and Willis, 1997). Lord and Willis have produced a number of recommendations for education providers, employers, and the Nursing Board, aimed at improving the processes involved in preparing students with disabilities for nursing courses and placements, as well as improving the practices of the profession and education providers. These include making available career and course advice to students, counselling if necessary, and the provision of information to all concerned parties to ensure that they are aware of their responsibilities under the DDA.

In South Australia, UniAbility has developed a process where university staff, the Nurses Board, the Deans of Nursing, employers, and unions are being brought together to discuss the issues involved and to develop a protocol of recommended actions.

PracABILITY PROJECT

The PracAbility project is undertaking a thorough examination of the range of issues involved in this area, as well as consultation with the broad range of stakeholders involved, with the aim of developing a recommended model for good practice. The first stage in this process is the development of a questionnaire which will be distributed widely to groups including nursing students, non-nursing students, nursing lecturers, clinical instructors, hospital administrators and clinicians.

The project team is also consulting with various relevant stakeholder groups throughout the project, such as nurse registration bodies, external agencies such as hospitals, clinical instructors, peak disability groups, students and other relevant bodies (such as the Victorian Nurses Board). It will also consult with groups such as the Disability Law Advocacy Service, the Human Rights and Equal Opportunity Commission and Villamanta Legal Service to clarify legal and legislative issues.

FURTHER EXPLANATION OF THE AIM OF THE STUDY

In attempting to identify the issues, problems and dilemmas associated with disability in the context of undertaking BN clinical practicum, it was necessary to identify those persons and bodies with a vested interest in clinical practicum as it was acknowledged that they exert power, in some manner, over the outcomes of clinical practicum. To elaborate, peers can exert great influence over an individual’s career choice, and bodies such as the Nurses Board of Victoria have the power to award, or otherwise, nurse registration. To identify such persons, and bodies, hereafter referred to as key players, the researchers engaged in intensive focus group activity.

Subsequently the key players were identified as,

- Peers, that is fellow students in the BN program and other undergraduate programs such as the Bachelor of Education program,
- Lecturers in the BN program ,
- Clinical Educators involved in the BN program,
- Clinicians who practise in the wards and units to which the students are assigned,
- Nurse Administrators of hospitals associated with the Universities' clinical education programs and
- Peak Bodies, such as the respective nurses' boards of each state and territory of Australia.

A conscious decision was made not to target those students and graduates with known disabilities, as to do so was perceived as a potential violation of their confidentiality. Furthermore they are few in number which possibly reflects the current lack of support within Universities for such people wanting to complete a BN program. Consideration is however being given to communicating with registered nurses who have sustained a disability since their initial registration as a nurse. Their input is viewed as highly valuable and the Nurses Board of Victoria have indicated they may be able to assist in accessing such people.

ASSUMPTIONS UNDERPINNING THE STUDY

The study is built upon three fundamental assumptions. The first is that disability itself should nto preclude individuals with disabilities from becoming nurses. The second is that a model which facilitates those with a disability to complete clinical practicum, only has utility if those associated with its implementation (that is the key players) are dedicated to its success. The third assumption is that support for such a model correlates with an individual's attitudes, knowledge of, and experience of disability.

THE RESEARCHERS

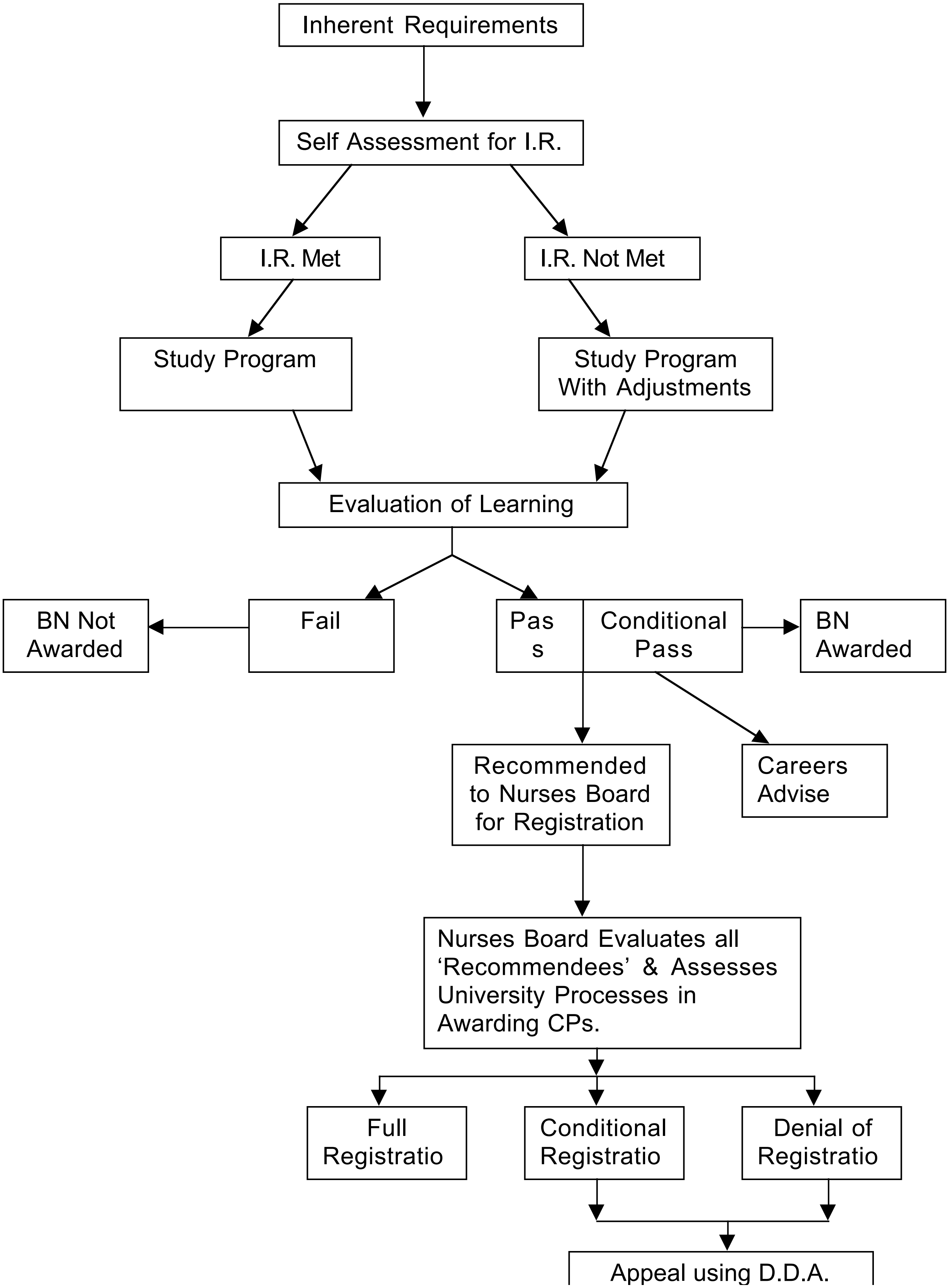
The research group comprises nurse academics from each of the three universities participating in the study plus the equity officers of the same universities. In all the group is comprised of 7 people all of whom have personal experience of dealing with individuals in a BN program who have a disability.

OBJECTIVES OF THE STUDY and the RESEARCH PROCESS

The objectives of the study, like any other arise from the primary aim of the study, which in this instance is to provide a workable model for facilitating completion of a BN program by individuals with a disability. The objectives of the study also reflect the assumptions underpinning the study. Subsequently the objectives of the study are to identify key players';

1. knowledge of disability and the support services available to such individuals2. experiences of disability
3. attitudes toward students with disabilities who undertake clinical practicum within a BN program
4. level of acceptance of the proposed model.

THE MODEL


Inherent Requirements
Self Assessment for I.R.
I.R. Met
I.R. Not Met
Study Program
Study Program With Adjustments
Evaluation of Learning
BN Not Awarded
Fail
Pas s
Conditional Pass
BN Awarded
Recommended to Nurses Board for Registration
Careers Advise
Nurses Board Evaluates all 'Recommendees' & Assesses University Processes in Awarding CPs.
Full Registratio
Conditional Registratio
Denial of Registratio
Appeal using D.D.A.

EXPLANATION OF THE MODEL

The PracABILITY model aims to;

1. empower students with disabilities by
    a) providing them with factual information regarding the inherent requirements of the nurse and
    b) by encouraging them to self assess against these requirements to subsequently identify their owns needs.
2. provide educators with an additional option (that is notion of conditional pass) when assessing students with disability.
3. recognise the heterogeneous nature of nursing by providing for conditional registration.
4. create partnership between the registering authority and the university in dealing with individuals with disability.
5. create a path of progression through a BN program that is not totally linear but instead provides built-in feedback loops which maximise a student's opportunities for successful completion.

THE PracABILITY PROCESS EXPLAINED

It is envisaged, at this stage of the model's evolution that it will work as follows:

1. On entry to the course the inherent requirements of the role of nurse will be communicated to all students. Students will then be asked to assess themselves against such requirements and to make themselves known to the disability liaison officer if they believe they do not possess some or all of the inherent requirements. The researchers are most cognisant of the difficulty in identifying inherent requirements but believe the data collected, via the questionnaire and the focus group discussions associated with this research will, at least begin, to distil such requirements.
2. Students who identify themselves to the disability liaison officer will receive 'adjustments' .
3. Students regardless of disability then proceed through the BN program in the usual manner.
4. At the point in the BN program where clinical evaluation occurs the option of awarding a conditional pass will be available to lecturers. However this will only be considered if no other options (ie. adjustments, adaptive technology) exist for the student to be able to undertake a practical placement. In other words it is envisaged that this option will only be used in extenuating circumstances. Furthermore the researchers intend to develop by way of focus group discussions, criteria for the use of conditional passes.
5. On awarding a conditional pass the University takes responsibility for notifying the registering authority of its existence, and the circumstances surrounding its awarding, when the student is presented for registration.
6. The registering authority, upon receiving the names of those who have completed the University component of a BN program then evoke one of three options, these being a) the granting of registration as a nurse b) the refusal of registration as a

nurse or c) the granting of conditional registration ie only permitting the recipient to practice in prescribed areas of nursing practice. At this point it should be noted that the notion of conditional registration is possible under the Nurses Act in Victoria although historically it has typically applied to nurses who sustain a disability after their initial registration as a nurse. However its existence within the Nurses Act regulations is encouraging and gives hope that it can be extended to those entering the nursing profession. It also gives hope that it will be possible in other States and Territories of the nation, a situation that will be confirmed as the research proceeds.

7. Students being denied full registration would of course have the option as they do now, of seeking redress through the DDA.
8. It should also be noted that the PracABILITY model, as proposed provides links back into the education system. To elaborate, the registering authority would have under this model the right to make comment on the University's processes and procedures in awarding a conditional pass.

DATA COLLECTION PROCEDURES

Data for this study is being collected by two primary means; questionnaire and focus group interviews. To particularise, a questionnaire has been developed, as an outcome of focus group discussions of a group comprising nurse academics from the three collaborating universities plus the equity and disability officers of the same universities. The questionnaire (a copy of which is attached) comprises 3 sections with the first being titled "about you" which seeks the usual demographic data about the respondent. The second section aims to gauge the level of respondents understanding of the Disability Discrimination Act (DDA) by way of their response to three 'true or false' statements .The third section of the questionnaire entitled "entry to practice" is complex in its structure, as it has to be given the complexity of the data it is attempting to collect. To elaborate, it provides respondents with a list of chronic "medical" conditions and disabilities and asks that they identify those which in their view should preclude a person from becoming a nurse. It also asks them to rank order these conditions in terms of their potential to exclude or restrict an individual from being a nurse. It is anticipated that this section of the questionnaire will provide insight into the strength of the prevailing myths regarding disability while assisting the researchers to identify the inherent requirements of the nurse.

Section D of the questionnaire uses a Likett scale to gauge respondents level of agreement with a range of attitudinal statements pertaining to disability. Like the previous section of the questionnaire it is envisioned that this data will provide insight into pervailing myths regarding disability and will assist in identifying the inherent requirements of the nurse.

The second means by which data is to be collected for this study is by focus group discussion. It is envisaged that focus groups, of each category of key players will be established. Each focus group will be asked, among other things, to discuss the PracABILITY model, with their comments being used to aid in the evolution of the model.

DATA ANALYSIS PROCEDURES

The questionnaire will be analysed using standard statistical procedures with cross tabulation of responses against category of respondent. The information thus gained will allow the researchers to tailor an educational materials to meet the needs of specific groups of key players. Information gained through focus group discussions will be captured in the form of "minutes", and as previously stated will be used to aid in the evolution of the PracABILITY model.

THE RESEARCH OUTCOMES AND A VIEW TO THE FUTURE

It is anticipated that the research will produce a workable model that aids in facilitating individuals with disability to complete a BN program, and to subsequently gain registration as a nurse. The researchers believe the wide consultative process being undertaken as part of this research process will ensure that a workable model will eventuate.

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UNIVERSITY TO EMPLOYMENT:
CURRENT STRATEGIES AND FUTURE DIRECTIONS

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INTRODUCTION

Universities throughout Australia have been working to improve the access, participation and outcomes for people with disabilities and medical conditions in higher education. In Western Australia, the universities have been concerned about the employment outcomes of graduates with disabilities and medical conditions, and the support available to assist these graduates. To address these concerns the Post-Secondary Education Network of Western Australia (PSEDN) proposed a project which would report on the experiences of graduates with disabilities and medical conditions and the supports they need to make the successful transition to employment, and develop resources to assist graduates in the transition. Funding was secured through a joint universities grant from the Department of Employment, Education, Training and Youth Affairs (DEETYA) in Western Australia. The project was jointly managed by Murdoch University and the University of Western Australia. E-QUAL (Educating for Quality), consultants in the disability field, were contracted to undertake the project.
The outcomes of the project were:

Outcome 1 - A report describing:

- the experiences of graduates with disabilities or medical conditions when seeking employment;
- the concerns of students with disabilities or medical conditions about the transition to employment; and
- the main supports that graduates require to assist them in their transition to employment.

Outcome 2 - Resources and workshops to assist graduates to make the transition from higher education into employment that could be utilised by Graduate Career Advisors.

This paper briefly describes the methodology used, the findings, the resources and workshops developed, and the implications of future employment trends for graduates with disabilities. Those interested in further details about the project and the findings should refer to the complete report (Hynes, Syme, Lawn, Jones, Brown and Edwards, 1996).

For the purpose of this paper, students and graduates with disabilities and medical conditions will be referred to simply as students and graduates.

METHODOLOGY

To research the needs of students and graduates in the transition from university to employment, the following methodology was used:

- literature review;
- legislation, policy and program review;
- analysis of Graduate Destination Surveys from 1993 and 1994;
- survey of Western Australian graduates; and
- survey of Western Australian students.

Further details of the last three steps in the methodology follow.

Analysis of Graduate Destination Survey

A specific report on the activities of graduates with disabilities involved in recent Graduate Destination Surveys was secured from the Graduate Careers Council of Australia. The report detailed activities of students with disabilities who graduated in 1993 and 1994 in Western Australia and Australia as a whole, and compared them to graduates without disabilities.

Within the Graduate Destination Survey, graduates are asked about their study and employment situation on 30 April in the year of the survey. The 1995 survey asks 1994 graduates about their situation on 30 April 1995, approximately six months after their graduation.

The outcomes for graduates with disabilities and graduates without disabilities were compared using national samples. Comparisons were made between graduates with disabilities (n=1668) and two randomly selected samples of graduates without disabilities (sample 1, n=1666; sample 2, n=1673). This process avoided the statistical artefacts that could be introduced by differences in the sample sizes. Graduates with disabilities represent 1% of the total graduate population.

Comparisons were also made between outcomes for Western Australian graduates with disabilities (n=83) and a random sample of Western Australian graduates without disabilities (n=83).

Graduates with disabilities who completed the Graduate Destination Survey from Western Australia (n=83) were compared with graduates with disabilities from other states (n=1668) on the following variables:

- age;
- gender;
- broad field of study; and
- level of qualifications.

Survey of Western Australian Graduates

A survey was undertaken with Western Australian graduates. The survey targeted graduates who had completed studies in 1993, 1994 and 1995 although graduates who had completed studies since 1988 were also included. The purpose of the survey was to:

- identify job search strategies used by target graduates and their effectiveness;
- identify barriers faced by graduates when seeking work and upon securing work;
- determine assistance graduates needed to make a successful transition from university to employment; and
- collect information about what target graduates were doing on the 29 March 1996 (the census date used by the WA universities for other data collection purposes).

Questions were developed in conjunction with the project managers and based on findings in the literature review and the Graduate Destination Survey report. The survey was trialed with several graduates prior to distribution.

The survey was distributed:

- by post to graduates who had previously disclosed to universities that they had a disability or medical condition. Survey forms were provided to the universities to copy and mail directly to these graduates; and
- through disability services and consumer organisations. These agencies publicised the survey through notices and newsletters, and actively sought out members who were graduates.

Graduates were sent a written survey with a reply paid envelope. Alternative formats were offered such as large print and face to face or telephone interviews.

A total of 388 surveys were sent to graduates from the University of Western Australia, Curtin University, Edith Cowan University and Murdoch University and 62 surveys were returned.

Survey of Western Australian Students

Current students were surveyed to identify the expectations and concerns they had in relation to employment upon graduation and to determine the most appropriate ways to support them in their transition to employment.

The purpose of the survey was to:

- establish what students planned to do following graduation;
- establish student concerns and perceptions about finding work after graduation;
- identify the job related issues that students wanted more information on;
- establish how students would like to access career information; and
- determine whether the needs across the students as a heterogeneous group were different to the needs expressed within each disability group.

Questions were developed with the project managers and based on findings in the survey of graduates and the literature review.

The survey was distributed:

- by post to those who had identified themselves to universities as having a disability or medical condition; and
- through disability services and consumer organisations.

Survey forms with reply paid envelopes were provided to the universities to copy and direct mail to students. Alternative formats and interviews were also offered.

A total of 470 surveys were sent to students from the University of Western Australia, Curtin University, Edith Cowan University and Murdoch University and 120 surveys were returned.

OUTCOME 1 - A REPORT ON THE FINDINGS

For the purposes of this paper, only the findings in terms of the employment outcomes and experiences of graduates and the anticipated support needs of students in the transition to employment are described. To discriminate between the various sources of information, the students and graduates surveyed for the project are referred to as target students and target graduates respectively.

Characteristics of Students and Graduates

Age

The median age of the target graduate sample was between 30 and 39 years. This is consistent with the national survey, ie. GDS, in which the median age of Western Australian graduates was 36, and nationally 32 years. The median age of the target student sample was between 25 - 29 years. The older average age found across the sample groups of graduates and students is consistent with the reported trend that students with disabilities tend to enrol in tertiary education at an older age. The older ages may also be the consequence of people changing careers due to disablement and/or students with disabilities taking longer than others to complete their degree.

Gender

Based on the national, state and current project figures, more females than males with disabilities were studying and graduating from Australian universities. (Male students and graduates 32 - 44%, Female students and graduates 52 - 64%.)

Disability

Students and graduates surveyed had a range of medical conditions and disabilities. Different impairments were categorised on the basis of functional limitations. Based on the survey results, muscular skeletal impairments (26% of graduates, 37% of students) were the most common disability across students and graduates. People with a hearing impairment (4% students, 5% graduates) formed the smallest group studying at or graduating from university. The majority (76%) of student and graduate respondents reported that their disability or medical condition was acquired, and that others would not be aware of their condition. Thirty-six percent of the graduate sample and 31% of the student sample reported having more than one impairment.

Enrolment Trends

The enrolment patterns of target students and graduates reflected the national and state enrolment trends across different fields of study. The humanities and social sciences were the most popular areas of study.

Graduate Outcomes and Experiences

Employment Status

Findings from the GDS and target graduate sample survey support the findings of Frank, Karste and Boles (1989), of the differences in securing employment between graduates with disabilities and those without.

The GDS found that more Western Australian graduates with disabilities in comparison to other graduates were unemployed. Of those who were employed, more were working part-time and were not seeking full-time work.

Of the target graduates surveyed, approximately 26% were unemployed on 29 March, 1996. This included 50% of 1994 and 1995 graduates who had graduated eighteen months and six months earlier respectively. Consistent with the findings from the GDS, while 65% of graduates surveyed were employed, over 21% were in part-time work.

The survey found that graduates with qualifications in business, education or health were more likely to be employed than graduates from other disciplines. Those who had humanities qualifications (which based on national, state and sample figures is 35 - 40% of all graduates with disabilities) formed the group least likely to be employed and most likely to be re-enrolled in further study.

More graduates with disabilities that were not visible (37%) were employed at the time of the survey than graduates with disabilities that were visible (15%).

Conditions of Employment

At a national level, the Graduate Destination Survey, showed no differences between employed graduates with disabilities and other graduates in relation to their duties, hours of work, conditions of employment or salary.

In the target graduate sample, 47% of graduates were employed by state, federal or local government with the largest proportion employed by the state government. Private business employed 32% with the greatest proportion employed by large business.

Of those employed (n= 40), 87% were employed in work related to their degree. Of those employed full-time, 96% were employed in work related to their degree, compared to only 69% of those employed part-time.

The Graduate Destination Survey found that a significantly higher percentage of graduates with disabilities were self employed nationally compared with graduates without disabilities (5.9% compared to 3.35%). The target graduate survey, in which 10% of graduates were self employed, reflected this trend.

Target graduates earned wages comparable with others, both nationally and in WA, as measured through the GDS. The average wage for 1994 graduates nationally was $29 674 for graduates with disabilities and $30 090 for graduates without disabilities. Income levels of the target graduate sample showed similar levels of earnings.

The Graduate Destination Survey found that graduates with disabilities worked, on average, similar hours to other graduates both nationally (37.3 to 38.1) and in WA (36.8 to 35). The target graduate survey found similar results.

The above findings indicate that once employed, full-time graduates with disabilities are treated similar to other employees. This contrasts with overseas research findings (Frank et al, 1989; Thompson, 1994; Foster and Welsh, 1991) that employed graduates with disabilities experience poorer working conditions.

Job Satisfaction

Across the target graduate sample more full-time workers were satisfied with their jobs than part-time workers. Over half of those employed part-time (58%) said that their job fell below expectations compared to approximately a quarter (27%) of full-time workers. Of those employed full-time, 67% thought there was the possibility of promotion within their job, while none of those employed part-time thought they had any possibility of promotion.

This finding is consistent with the level of job satisfaction commonly found among full-time and part-time workers (Ondusko, 1991).

Barriers to Securing Employment

Consistent with the literature, the most common barrier reported across all disability types by graduates seeking work in Western Australia is employer attitudes (31%).

Other barriers reported in the graduate survey were more disability specific:

- transport was a particular barrier that faced people with vision impairments, although overall this group appear to be the least likely to face barriers in seeking work;
- equipment barriers typically affected people with hearing, musculo-skeletal, neurological and vision impairments;
- personal factors (including age, experience and job interests) impacted on people with a visible disability or mental illness;
- difficulties with interview requirements was a barrier reported by graduates with cognitive impairments.

Work Experience

The Graduate Destination Survey indicated that nationally, significantly more graduates without disabilities (approx 69%) than graduates with disabilities (60%) worked during their final years of study. In Western Australia this difference was even more marked (78% graduates without disabilities; 55% graduates with disabilities) though not statistically significant. The lack of work experience was one of several explanations put forward by Frank et al (1989) for the longer job hunting time experienced by graduates with disabilities.

The target graduate survey shows 90% of target graduates (N=62) had had some work experience before, during or after graduating. Experience ranged from full-time work through to voluntary work, and was not necessarily career related. Target graduates reported a number of benefits resulting from work experiences. They include, in order of frequency reported:

- valuable work experience to add to resume;

- experience at describing disability;
- knowledge of employer needs and expectations;
- knowledge of personal capacity to work;
- valuable networks/contacts;
- increased confidence;
- knowledge of the different types of work;
- increased awareness of personal skills; and
- experience at interviews.

Frank et al (1989) suggested that graduates' experience of longer periods of unemployment may also be due to inadequate job hunting skills and strategies. Studies found that graduates with disabilities relied on friends and newspapers for assistance whereas graduates without disabilities primarily relied on teaching staff and career counsellors.

The survey findings followed this trend. Target graduates were twice as likely to respond to vacancies in the newspapers than use more effective methods of job search, such as leads from university staff, lecturers and counsellors.

Other suggestions from target graduates about how work could be secured were:

- through placements during university courses;
- by setting up a small business;
- through contacts made in a mentor scheme;
- through referrals from other employers; and
- by advertising in professional journals.

Barriers to Maintaining Employment

In the survey of target graduates, inflexible work routines (ie excessive hours and not enough breaks) were the most cited barrier to maintaining employment. Of the employed graduates surveyed however, 82% did not experience any barriers once they had secured a job.

Strategies to Maintain Employment

Most target graduates surveyed reported that they required no aids or accommodations to carry out their job.

The types of assistance which graduates with different impairments reported they did require included:

- people with hearing or musculo-skeletal impairments required equipment, eg telephone typewriter;
- apart from people with hearing and vision impairments, all other people with disabilities needed flexible hours and/or frequent breaks;

- people with cognitive impairments such as dyslexia, required secretarial support; and
- people with neurological impairments such as cerebral palsy, required good access and parking.

People with cognitive and vision impairments were the only graduates to use support from an external employment agency.

Target graduates commented repeatedly that educating employers and the wider community about the abilities of people with disabilities would increase their employment opportunities. This is consistent with the fact that the major barrier perceived by target graduates in securing employment is employer attitudes.

Supports Identified by Target Graduates

The survey of target graduates gathered views on the value of different types of support and information.

As a group, target graduates rated the following as the most useful information:

- where to find employment opportunities;
- how to write resumes and job applications; and
- how to participate in telephone and face to face interviews.

Other information was ranked highly only among specific disability groups:

- people with mental illness, cognitive and musculo-skeletal impairments were more interested in information on disclosure than others;
- people with medical conditions considered coaching/moral support during job search, as more important than other groups; and
- people with cognitive impairments, were more interested in resources to enhance employment success such as financial incentives for employers than others.

Target graduates on the whole preferred to receive information one to one from university staff, although on-campus workshops and written resources were also popular across a large percentage of the sample.

Graduates with a disability that was not visible, ranked anonymous methods of receiving information (eg magazine and the Internet) higher than people whose disability was visible.

Those who had a visible disability preferred to access information in a more personal manner such as one to one, via workshops and via external career services.

Student expectations and needs

Anticipated Barriers to Securing Employment

Target students were asked to describe barriers to employment that they anticipated at the end of their studies. Similar to target graduates, the barrier most commonly cited across all disabilities was the attitudes and lack of understanding of employers and co-workers (31% of all respondents).

Other barriers reported by target students were more disability specific. As for target graduates, transport was foreseen as being a barrier for people with vision impairment, lack of equipment was seen as a probable barrier for people with hearing impairments.

Job Seeking Strategies

Many target students had had periods of employment or work experience. They had most often relied on friends for job-search assistance. Students reported wanting to know more about job search strategies involving:

- university staff;
- leads from professionals with a disability; and
- direct approaches to employers.

These sources matched the main sources that graduates without disabilities used to find employment (Frank et al, 1989).

Supports Identified by Students

In contrast to the graduates surveyed, information on deciding when, where and how to disclose a disability or medical condition to employers was the most frequently reported area in which target students (over 70%) wanted further information. The same percentage of students wanted further information about negotiating workplace conditions related to occupational health and safety, wages, holidays, promotions and salary reviews, and addressing employer concerns about workers compensation and liability. Eight students said they would like more information on starting a small business.

Like the graduates, when students were presented with a range of formats to access information, one-to-one counselling was found to be the most popular means. Although workshops were not the most preferred method of accessing information, 65% of the students did say they would participate in workshops if available. Of those interested in workshops, over 82% said they would like the workshops to be led by a mix of the following:

- an external professional career service;
- University Career Advisors;
- a Disability Support Officer;

- graduates with disabilities; and
- employers.

The most popular time for the workshops to be held was semester breaks or after final year exams. Half-day formats were preferred by 76% of students. Students were also asked if they were interested in participating in a range of extra-curricula activities designed to increase their understanding of the world of work. Sixty-one percent of students were interested in participating in a mentor scheme with a graduate from the same field of study and, although 92% of target students had completed some form of work experience, over 50% of the sample were also interested in study-related work experience.

OUTCOME 2 - DEVELOPMENT OF RESOURCES AND WORKSHOPS

The initial brief for the project identified four outcomes in the area of resources and workshops.

1. Resource materials to assist target graduates make the transition from university to employment.
2. Workshops to assist target graduates make the transition to employment.
3. Resource materials for Graduate Careers Advisors and other appropriate university staff to assist them in their support and advice to target students.
4. A train the trainer workshop to enable university staff to use the resources and conduct workshops for students and graduates.

Resource Materials and Workshops for Graduates

On the basis of the findings, E-QUAL developed a workshop and resource materials for recent graduates or final year students with disabilities or medical conditions, aimed at assisting them in the transition to employment.

Learning objectives for the workshop included awareness of:

- employer expectations of graduates;
- anti-discrimination legislation, and how it works;
- opportunities for employment for graduates with disabilities and medical conditions;
- resources and supports to assist graduates with disabilities and medical conditions in the transition to employment;
- personal skills experience and attributes to offer employers;
- disability accommodations and adjustments required at work; and
- experience in discussing strengths and disability-related accommodations required with employers.

The workshop included presentations, individual and small group activities and a panel session where graduates had the opportunity to hear from panel members about employment opportunities, employer requirements and supports available. Members of the panel included an employed graduate with a disability, employers - private and public sector, a small business advisor, an external professional career service and an employment agency for people with disabilities.

The resources included supporting material from the workshop as well as more detailed information on government programs, supports available and setting up a business.

Two half-day workshops were trialed in December 1996, one at Murdoch University and one at the University of Western Australia. The workshops were facilitated by E-QUAL, with input from the University Career Advisors and the Disability Support Officers from each campus (who were also the project managers). A total of eighteen graduates or final year students attended the workshops. Participants had a range of disabilities and were enrolled in, or had graduated from a variety of courses.

Feedback about the workshops was collected immediately following the workshops and four months later via questionnaires. Feedback about the resources was also sought from graduates, employers, professional recruitment services, employment agencies for people with disabilities, small business advisors and the University Careers Advisors. Generally the workshops and resources were considered to be very useful. On the basis of the feedback received, a number of minor improvements were made to the workshop program and the resources.

Resource Materials and Workshops for University Careers Advisors

Once the graduate workshop and resource materials were finalised, E-QUAL developed a package for university staff that included resource materials to assist them in providing support and advice to students with disabilities and medical conditions.

Initially the resource materials mirrored those developed for the graduates with some additional information, and resources to run the workshop including session plans and overheads. A train the trainer workshop held in June 1997 provided key players from the universities and TAFE with the opportunity to review the workshop content and format and the resource materials. Feedback received resulted in the manual being reworked to parallel the training already provided by University Career Advisors and allow them to use selected modules as an alternative to the entire workshop program.

The final product is a manual for facilitators and a manual for students. These manuals have recently been printed and will be distributed to universities across Australia towards the end of 1998 and put onto the Internet.

Future Directions

So where to now? The future for graduates with disabilities and medical conditions as with all graduates, will depend on their ability to adapt to the changing world. Employment patterns are changing radically. The proportion of full-time permanent jobs is decreasing, and in its place are more part-time and casual opportunities. New industries are emerging as the trend of outsourcing continues, presenting many opportunities for short term or contract work in a variety of areas. According to the WA Department of Training, 70% of job growth in the next few years is likely to be in the property and business services, wholesale and retail, construction, accommodation, cafes and restaurants and health and community services sectors. Environmental sector opportunities are also increasing. There is an increasing number of persons who are self-employed or in small business, and a growing trend for people to be working from home.

The development of technology is also continuing at a rapid pace. The impact of new technology on communication as well as advances in technology specifically for people with disabilities will potentially increase the competitiveness of graduates with disabilities in the marketplace. Graduates unable to use and keep up to date with technology however, whether disabled or not, are likely to be handicapped in their quest for successful employment.

Employer attitudes, shown to be the most common barrier to employment for graduates with disabilities, are being challenged by the requirements of legislation insisting that people with disabilities have equal access to employment and other areas.

The election which looms ahead as I write this paper, brings with it changes in policy and programs which will affect the opportunities and supports available to graduates with disabilities and medical conditions in the future.

Graduates who have disabilities may find that some of these changes reduce the barriers they encounter in seeking employment. More people working from home offices on a part-time, casual or temporary basis, shifts the responsibility for accessible work premises and flexible work routines to the worker.

Graduates will need to be flexible and prepared to make a career from a variety of sources including work, further education and training, and volunteer and leisure activities. They will need to be innovative, creative and well organised. Many students and graduates with disabilities would already be very familiar with working from home and developing a flexible lifestyle to include study, income generation and leisure.

Professionals who support graduates with disabilities will need to develop in them skills to be self-reliant and capable of developing an employment and lifestyle package that provides satisfaction and financial independence. Training and resources in areas such as starting you own business, setting up a home office, financial management, as well as the traditional areas of selling yourself in an interview and preparing a resume will need to be considered. Mentoring presents an opportunity, highlighted through this project, where graduates could be paired with successful small business operators in non-competing areas.

The outcomes of this project in terms of the resource materials developed and the support needs of students highlighted, will go some way towards better preparing graduates for the transition to employment. The challenge for all of us however, whether we have a disability or not, will be responding and adapting to the many changes in the world of work and lifestyle in general to create a future for ourselves that meets our individual needs. I wish you all well in this endeavour.

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STUDY WITH DISSOCIATION.

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Annette has a Bachelor degree in Social Science, Certificate 1V in workplace training and has just completed her Graduate studies in Primary Health Care. Annette is a member of the Royal Association of Justices for South Australia. She is a Justice of the Peace, and the Treasurer of the Para Districts Justice group. Annette is the Assistant Chairperson of DISSA Inc (formerly Multiple Personality Association). DISSA Inc is a non-government voluntary organisation. Annette presented at the Pathways 111 conference in Adelaide, South Australia, and was elected as one of the students to represent others with a disability in tertiary education.

ABSTRACT

Everyone experiences dissociation, such as day dreaming, or getting lost in a book or movie. This is considered as ‘losing touch’ with conscious awareness of the immediate surroundings. Dissociative Identity Disorder (D.I.D.) formerly known as Multiple Personality Disorder, is a severe form of dissociation. It is the disruption of integrated functions of consciousness, memory, identity or perception of the environment. Some people who experience D.I.D. can hold responsible positions contributing to society in a variety of professions.

This paper defines D.I.D. and discusses some of the difficulties a person with D.I.D. experiences in their education. The education system has expanded their policies to include all people may access study. Without the knowledge of what D.I.D. is, or how people are affected by it, there is difficulty putting in place effective support systems, which are a necessity of integration into the education system. This paper concludes with a discussion of what these support systems could be in the future.

STUDY WITH DISSOCIATION.

This paper discusses dissociation, Dissociative Identity Disorder (D.I.D.), also known as Multiple Personality Disorder, The paper will points out that even though there is a diagnostic criteria for MPD, there is little acceptance between professionals of the condition. There is a focus of survival during the developmental years and when D.I.D.is likely to manifest, as well as revealing alarming statistics from the United States of America. After gaining an understanding of how D.I.D., is caused, and the number of people who may develop D.I.D, the paper will then review the difficulties people with D.I.D may experience in their education., with suggestions of ways of overcoming those difficulties for the future.

Everyone experiences dissociation. When reading a book, if the phone rings, does it take a little while to register the phone ringing? Have you been daydreaming or got lost in a movie? Have you heard of, or experienced 'Highway Hypnosis'? 'Highway Hypnosis' is when drivers travelling the same road repeatedly, learn the areas in which to be more attentive, and the areas where they may relax. Drivers may not consciously remember driving through a particular part of their journey. 'Highway Hypnosis' and the other examples, are considered as 'losing touch' with the conscious awareness of your immediate surroundings, and is the lower continuum of dissociation.

Lalor (1995) describes dissociation as a continuum of awareness beginning with full-awareness, which becomes less conscious as dissociation occurs. The B.A.S.K. model developed by Bennet Braun (cited in Lalor, 1995) explains that we experience reality or awareness on four levels simultaneously. The four levels are behaviour, (affect) emotion, sensation and knowledge. Dissociation can occur in one or more of these levels for differing periods of time. In people with D.I.D. the differing states can be associated within one or more levels of this model. If a part has memory of an event, there may be no knowledge of the experience. The phases after awareness are suppression, denial, repression and the final dissociation.

The DSM-111 (American Psychiatric Association, 1987) defines dissociation as a "disturbance or alteration in the normal integrative function of memory, identity, or consciousness" (p269). Putnam (1991) describes dissociation as "a range ... of behavioural phenomena involving alterations in memory and identity that play important roles in normal and pathological mental process... in response to trauma" (p145).

Dissociation is a normal basic response to trauma. It is a protective mechanism to the altere states of consciousness in answer to the overwhelming trauma. Memories and emotions of the trauma are encoded while in this altered state and therefore are not remembered during 'normal co-consciousness'. In the extreme cases, it gives rise to a set of psychiatric diagnostic criteria known as Dissociative Disorders. These Dissociative Disorders protect the person from experiencing the full impact of the trauma.

I work with people who experience the most severe form of dissociation, Dissociative Identity Disorder (DID); For those who are familiar with Post Traumatic Stress Disorder, this is a common response to trauma and acknowledges the individuals response to a single trauma. D.I.D. however, is a response to prolonged and repeated trauma. Putman (1989) suggests that people with a D.I.D. have faced “years of terror and trauma at the hands of those who are supposed to care for them” (p89).

There is a diagnostic criteria that recognises MPD exists;-

The psychiatric criteria in the DSM-111 for people with a multiple personality is

> “the existence within the individual of two or more distinct personalities, each of which is dominant at a particular time.
>
> The personality that is dominant at any particular time determines the individuals behaviour. [&]
>
> Each individual personality is complex and integrated with its own unique behaviour patterns and social relationship “(cited in Ross, 1989: p82).

Later there was more learnt, and

The DSM-1V added;-

“The existence within the individual of two or more distinct personalities, each with its own enduring pattern of perceiving, relating to, and thinking about the environment and self.

> At least two of these personalities or personality states recurrently take full control of the person’s behaviour. [with]
>
> The presence of at least one of the following:
>
> i) Blank spells or periods of missing time.
>
> ii) Coming out of a blank spell in familiar surroundings.
>
> iii) Extensive amnesia for childhood After age five.
>
> iv) Evidence of some other form of amnesia between personalities (cited in Gelb, 1992. p126).

Therefore, the DSM-111 and the DSM 1V’s definition of D.I.D. accepts the existence within the person of two or more personalities with its own pattern of perceiving, relating and thinking about the environment and self, with each personality taking full-control of the persons behaviour recurrently. It recognises D.I.D. as a complex form of a development post-traumatic dissociative disorder, fundamentally related to severe, repetitive childhood abuse or trauma beginning in the forming developmental years.

During the developmental years all living beings must attach to their caregivers to survive, this is instinct, and there are attachment behaviours that are biologically built in. For example a mother’s milk is let down by reflex when a baby cries. It is not a conscious decision from the brain to releases oxytocin to produce the milk; it just happens by reflex. A baby attaches to the caregiver in order to survive. Therefore, attachment forms the goal of survival, and to thrive the child must attach to its caregiver.

Ross (1997) suggests that in a reasonable healthy family the attachment to the caregiver works fine. "The parents are imperfect, the children have the usual neurotic conflicts about not getting all the ideal and perfect love and nurturence. We all experience ambivalent attachment faced with the task of separation and individuation. In a family with active physical, sexual or emotional abuse, the child still needs to attach to the caregiver, they still need to rely on them for all their emotional and spiritual development". The problem is the person a child needs to rely on is also the perpetrator who is exercising the abuse. When there are problems in a 'reasonable healthy family', surely a bit more understanding could be expected for the 'dysfunctional family'. However, In the professional sector there is a lack of understanding of D.I.D. coupled with mis-diagnosis. D.I.D. in itself is not a psychiatric disorder, it is a defence mechanism against sexual violence and extreme trauma within the formative years. The number of people facing sexual violence and extreme trauma is on the increase. Statistics completed on children alone verify this..

In the United States of America research by Allison (1988) discovered that of those presenting with multiple personalities disorders, 80% were females and 20% were males. Child abuse statistics claim that there were 3,195,000 reported child abuse cases in 1997 in the United States of America, this is an increase of 1.7% on the previous year. Putman (cited in Murray, 1993) reported that 83% of the child abuse cases were of sexual abuse. Putnam (1989) estimates that 1% of the total population experience sexual violence and extreme trauma potentially resulting in a D.I.D. If we compare Putnam's (1988)83% of of the reported child abuse statistics as sexual assault cases, with Putmans's 1% of the reported child abuse population. Then we can extrapolate that an estimated 26,518.5 children reportedly experienced sexual violence in 1997 who could potentially develop D.I.D.

Calculations from above

3,195,00 reported child abuse cases

83% sexual abuse - 2,651,850

1% of the sexual abuse reported - 26,518.5 child abuse cases who may potentially develop D.I.D.

Little has changed since Freud sold out to society to save his professionalism, by retracting his earlier hypothesis towards child sexual abuse. Even though there is a diagnostic criteria, a lot of professionals still do not believe, they are like the society in Freud's days. They deny the existence of sexual abuse and its effects (Lalor, 1995). While society denies the existence of D.I.D, people with D.I.D. will deny or try to hide the effects.

People with D.I.D have difficulty disclosing their disorder, there is an apprehension that they may not be believed or are given a label. Even though being labelled provides explanations for memory blanks and unusual experiences, it may mean they are viewed as 'mad'. Education in areas of D.I.D is important for the general public and professionals, at the moment it is inadequate. D.I.D should not be separated from the broader issue of sexual violence, it should be seen as a defence mechanism of survival against it.

Educational Institutions can help not only by including into their curriculum the issues of MPD, but also by creating the future path of students who are against all odds studying at a tertiary level, trying to gain some semblance of normalcy into their lives which is their basic human right.

On speaking with consumers through contact with Dissa Inc in Adelaide, SA, they expressed a concern that they would like to get help to study, as they found it difficult to keep up with mainstream students. Interviews with students with MPD, revealed that disclosure was of major concern. They felt that they would not be taken seriously or would be viewed differently. There was the issue of how much to disclose. There was a trust issue, earlier in life they had been hurt by those they trusted. Now to get any form of assistance they are being asked to trust. People with D.ID have difficulty in life alone let alone studying, as there is no continuum.

During lectures there is no guarantee which personality or alter will attend. Alters, is the nickname used to describe the other personalities. If an alter takes control, it was stated by Suzie that "We miss the whole dammed day"(Suzie, 1998). It is as if the lecture was not attended [People with D.I.D rarely use the word 'I' as they frequently concieve themselves as many]. Discussion was around having all overheads copied before lectures for all students, so as not to point out any individual student, was suggested. Thereby, not only benefiting the person with a disability but all students as well.

Other areas of discussion were in having a mentor in the field of study, this was felt that it only would work if you could have a friend or someone that had volunteered to do so. A mentor would be required to provide continuity of lectures for the student with D.I.D, and would need the ability to communicate to all levels of personality.

The major requirement of all those interviewed was a need of flexibility by people working in the institutions itself, flexibility with extensions. People with D.I.D find it costly and experience difficulty in accessing health professionals each time a letter is required for a specific subject or incident. It was felt that if original disclosure was made with a supporting document, then that documentation should count for all future extensions, in that course year.

Consumers of Dissa Inc also stated that as a different alter may write each assignment, that it was unrealistic to expect consistency in quality and writing style. The age of alters can range from babies through to the age of the host. The host is the alter or person who is out most of the time. There is no way of knowing when attempting to write an assignment which alter will write, or how old the alter will be. Hence, the argument and style can change mid paper. Therefore, it would be beneficial for a re-submission process to occur without penalty.

The question was asked by some, does the word 'dysfunctional' come to mind, when thinking of study, and assignment due dates? Well, the answer is no!. It is just twice as hard. People with D.I.D are no different than other people with a disability. People with a disability are not special - they have special needs. they are universal to all students. They want to be treated with equity.

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TERTIARY STUDENTS WITH DISABILITIES GROUPS IN NEW ZEALAND

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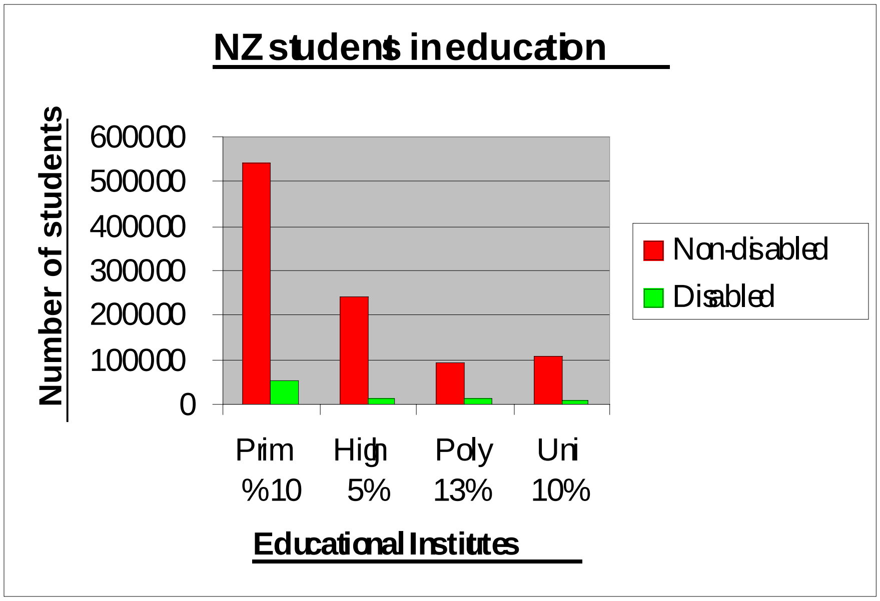
Hello, my name is Jason Watson & I am the President of the **D**isability **A**ssociation of **M**assey **U**niversity. Massey University is located at Palmerston North, New Zealand.

D.A.M.U started life as MUDAG (Massey University Disability Action Group) about 13 years ago, and has developed into what we are today, a dynamic, student-based association that represents the best interests of students with disabilities at Massey University. I would like to add that the name-change to D.A.M.U. was democratically selected by the group and was never meant to be offensive to anyone.

D.A.M.U.'s main premise is to provide a forum where students with disabilities & other members can discuss, debate & challenge any issues that may be of concern to them. We have a custom-designed building, conveniently placed on campus and it is very well used. In the opinions of many who use the facilities the disability building offers, it offers a valuable shelter within the storm of academia! In fact, the only problem with the building is its limited floor space, but I digress, that is a bridge we TSWDs' at Massey must cross. Alright, now onto the more serious stuff…I will start my presentation by giving a brief description of the current situation of disability Support within NZ universities



CURRENT SITUATION

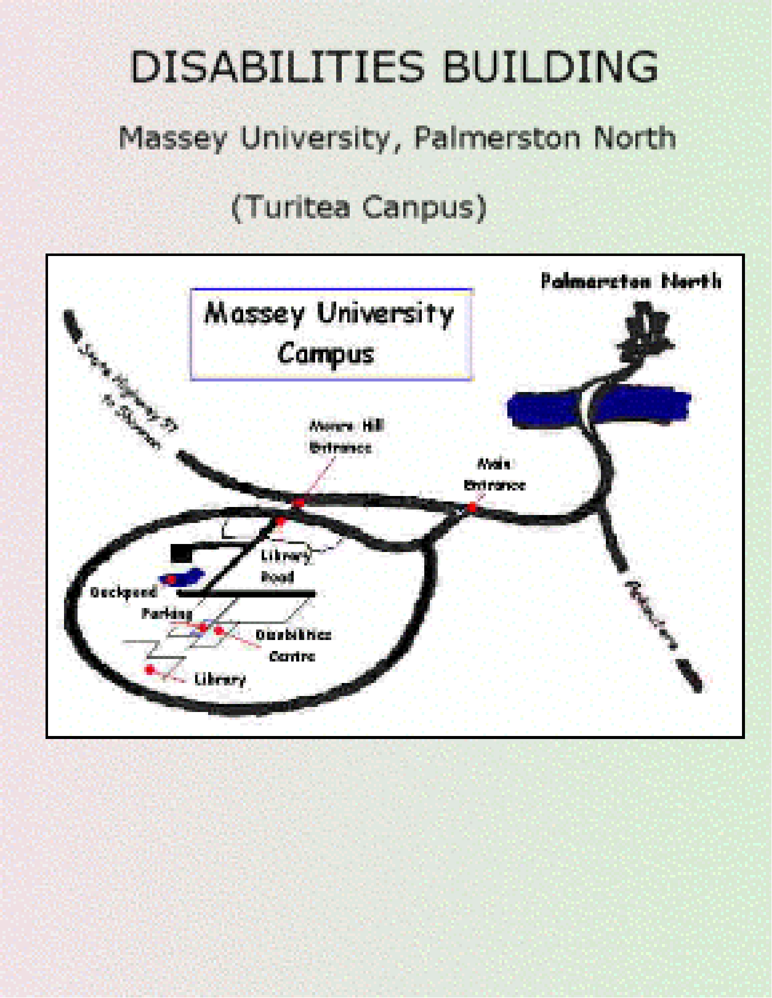
New Zealand has 7 universities, These are (in order of creation), along with the disability group of that university.

- Auckland University
- Waikato University
- Massey University
- Victoria University
- Lincoln University
- Canterbury University
- Otago University

Auckland University	The TSWD group there is called DAGA (Disability Group Auckland University.	
Waikato University	No active TSWD group.	
Massey University	D.A.M.U.	We have already been introduced!
Victoria University	Can-Do!	A very active group.
Canterbury University	SWDs	Students with disabilities.
Lincoln University	LUSDAG	Lincoln University Disability Action Group.
Otago University	OUDAG	Otago University Disability Action Group

It is also important to remember that all these universites have disability coordinators. These people are staff of the university that are facilitate a TSWDs' learning experience.

This is the disability centre at Massey University. I show this not to brag about a facilities… well, partly to brag about it's facilities. But more importantly to highlight how crucial it is to have a space set aside for TSWD's to relax or be around other TSWD's and is comparative to facilities offered to able-bodied students. The then MUDAG were tired of cramming into a small office or tired of "patrolling" the corridors of the library. They became very vocal and lobbied very strenuously. As a result, a building (centrally located) was built for TSWDs'. For interests sake, here is a map from our town to the Massey University, then to the disability building. Well you never know, one day you might want to visit us and see how the "other half" lives. If you do decide to pay us a visit, you're more than welcome and we'll even throw in a free cup of coffee, if you give us a few days warning there may even be biscuits' there!



As much as my vice-chancellor might want me to say it, Massey University is not the “be-all and end-all” of disability support in New Zealand universities. Certainly, I have my own views as to Massey’s catering for Students with disabilities and although I carry a large bias towards Massey I do so at my own priviledge and fully acknowledge the advances made towards TSWDs’ at other universities around New Zealand. Be the advances spontaneous or more contrived they allow for educational knowledge to be spread amongst people that have historically, and irrationally, been discriminated against in the realm of education.

In 1997, the NZ government made a sizeable amount funding available to improve the lot of TSWDs’ at universities. For those universities that already had disability policies in place, this money was gratefully accepted and mostly well used. In light of the statistics of students with and without disabilities that I have previously shown you, the extra funding seems a lot less generous and a lot more necessary.

The current "disorganisation" of Students with Disabilities groups in NZ.

I feel that the lack of organisation amongst students with disabilities groups around New Zealand is a more understandable when put into a somewhat wider context. That is the and ever-worsening financial constraints, to name just a few extra considerations . Further to this, it is my belief that the semesterisation system creates and maintains an environment of discrimination. While most sections of society suffer from a large dose of apathy, TSWDs' are no different and while I can appreciate the limitations of time that hound TSWDs', I can only hope that time and awareness solves this problem.

What does the future hold for disabled students'?

Gazing into my crystal ball, It is my personal belief that Tertiary students disabilities groups within New Zealand need to have national (even international) representation. I say this because it is the intrinsic right of university student to be treated equally. Even further down the road it is my belief is that we need to form together as a student association similar to the New Zealand University Students Association (NZUSA) or the Aoteoroa Polytech Students Union (APSU), but dealing specifically with students with disabilities at a tertiary level.

I want to spend a little time on the subject of technology for TSWDs', specifically computers. Even though this subject may not be immediately clear to people, as a TSWD, I feel it is an important aspect to consider.

As a student with a disability and given the current educational environment it is important that I am able to compete with non-disabled students on a playing-field which is as close to level as it can be. To assist me to do this, I use a computer, and I use it for more than just writing-up my essays. I use it for research, note-keeping & a myriad of other tasks. The greatest tool at our disposal is our own intelligence, anything that augments that is a bonus, mostly a computer does, sometimes it taunts us like a petulant child.

Many people seek to blame technology for many of the ills of the world. This is simply not true. This seems to me to be a bit like shooting a horse for not winning a race; not the trainer and not the jockey, just the horse. Technology is neither good nor bad, it is the application we, as inventors of that technology, put it to. As people with disabilities, could we survive if we did not have the technology we have? Maybe, maybe not but the point is that it is tool, it is not a magical machine that solves any problem put before it, without us it is a dumb, weird looking expensive paper weight.

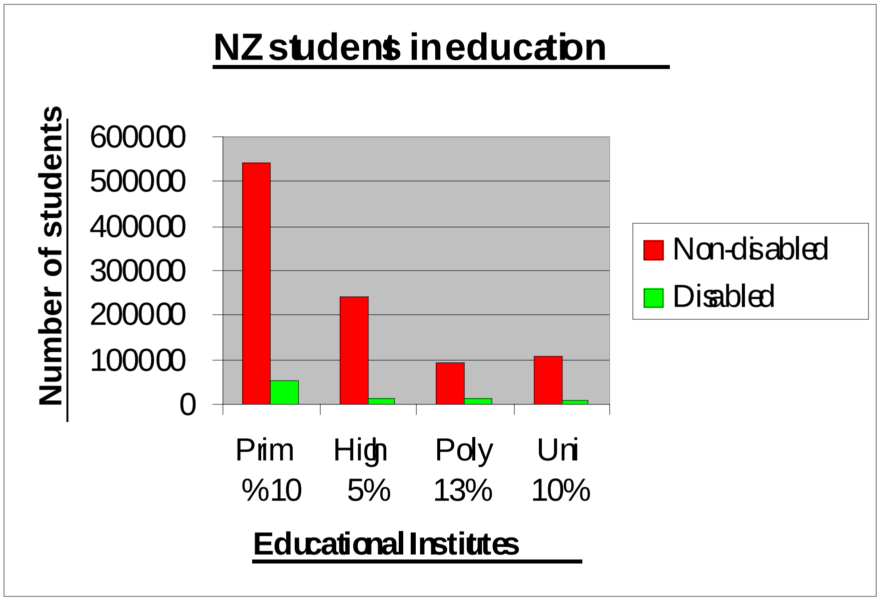
Asides from actually using the computer, there are several important issues to consider before switching the computer on. Ergonomics, comfort, physical access, these are just as important, if not more important, than having the newest computer with all the bells & whistles.

Before I depart from this subject, I would be remiss if I did not mention the 8th virtual wonder of the world, the Internet. I shall try to sum up the Internet in one sentence (never before tried without 1000 pages and a publisher). The Internet is a great resource, but to get to the resources, you have to wade knee-deep in refuse.

THE IMPORTANCE OF NETWORKING (SHARING INFORMATION AND/OR RESOURCES) WITHIN DISABLED STUDENT GROUPS WITHIN NZ.

It is vitally important that we TSWDs' in NZ universities become more aware of our situations. One of the easiest & quickest ways of doing this is to form and maintain links with other universities. Not just to make witty comments, but to share information, refer TSWDs' to other contacts they may want and generally make life easier. Some may see this as incrediably obvious, I can see this, but it is not happening within NZ universities. Recently, NZUSA has developed policies for TSWDs', this is an incredibly encouraging sign and I feel by creating & maintaining networks, our situation, as TSWDs', can only improve.

THE IMPORTANCE ON TARGETTNG SECONDARY STUDENTS WITH DISABILITIES AND INFORM THEM OF THE IMPORTANCE OF TERTIARY



EDUCATION.

This graph shows an alarming trend. It shows an alarming drop-off rate between primary and secondary (high) school. It indicates to me that a lot of students with disabilities are missing their formative years, re-assessing the need for education the entering tertiary education (in many cases, as adults)

I would like to recite to you all here, a maxim which to me offers the best, most tolerant attitude. It comes from the 18th century French dramatist & philosopher Voltaire. It goes and this is not a direct quote: I may not agree with your thoughts, but I will defend with my life the right for you to think them. Thank-you

REFERENCE LIST

Disability Association of Massey University
Tertiary Education Disability Council of Australia
Professor John Pattison
New Zealand Vice Chancellors Committee
New Zealand University Students Association
Aotearoa Polytechnic Student Union
Massey University
Otago University
Auckland University
Victoria University
Waikato University
Canterbury University
Lincoln University
"Disability Counts", New Zealand Statistics
"The dictionary of philosophy", editorial consultant: Andrew Flew
"Jacaranda Resource Atlas for New Zealand" – Edited by E.R. Bloomfield and C.A.Watson
Immanuel Koks
Ministry of Education

BIOGRAPHICAL DETAILS

Jason Watson is an undergraduate student at Massey University, he is completing a Bachelor of Arts in Social Science, and his major is Philosophy. Jason is 28 years old. Jason has a neuromuscular disorder. Jason enjoys computers, reading, movies and is a big science fiction fan.

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