**PATHWAYS III**

**DECEMBER 1 - 4 1996**

**Hyatt Regency**, **ADELAIDE**

**Themes:** Transition to Tertiary Programs; Rights, Quality and Equity; Creating an accessible organisational ethos; Physical access, building standards, Curricula that reflect diversity

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Polytechnic Lifeskills Programmes for Students with Special Learning Needs in New Zealand

Theme: Rights, Quality and Equity

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Post compulsory education for students with intellectual disabilities is a new and diverse sector in the New Zealand educational system. While its nature is still developing there are many issues to be investigated. In this paper we would like to consider the following:

 What provision has been made for people with an intellectual disability in New Zealand?

 Background on a lifeskills program at one polytechnic

 Case studies tracking graduates of the program

 The New Zealand Qualifications Framework and future access

What provision is available for post compulsory education in New Zealand?

The provision of post compulsory education in New Zealand for people with an intellectual disability has grown rapidly since its inception in 1986 when there were approximately 30 part time programes and one full time program for students with special needs in the tertiary sector (Thorburn and Lavell 1988).

Since 1986 there has been a rapid growth in the increase of full time programs

(a minimum of 20 hours per week for 12 weeks) offered through out New Zealand peaking in 1993 with twenty four programs with a drop back to 20 programs in 1994.

This rapid growth was due to human service providers moving from the medical discourse to the rights discourse and the acceptance of social role valorization (S.R.V) and the impact of deinstitutionalisation. Most service providers are now encouraging and offering their clients the opportunity to take part in programs that assist people to learn the skills to live successfully in more inclusive settings.

The full time programs offered nationally have developed independently of each other but through data collected in 1993 revealed the common aim of an enhanced lifestyle with a focus towards vocational, social and leisure opportunities.

The growth of these programs has not been smooth or easy and it is one that is fraught with problems such as resourcing, inclusion into mainstream programs,

the high cost of student fees and so on.

We would like to present a background on a lifeskills program at one polytechnic, including case studies tracking four students. We will then discuss opportunities for the future of these programs, including access to the qualifications framework.

QUESTIONNAIRE

In order to find out what lifeskills programs were being offered at polytechnics for people with special learning needs, a questionnaire was developed by the National Polytechnic Disability Forum and sent out to all polytechnics. Thirteen polytechnics responded that they had lifeskills programs, primarily for students with an intellectual disability in 1994.

Nine of the 13 polytechnics provided information on outcomes for the students completing the program. This gave information on outcomes for 16 out of the 20 full time programs listed. Of the 218 students for whom outcomes were reported in the 16 lifeskills programs (see Table 1), 54% of the students went on to further education, 10% obtained full or part time employment, and 18% went onto a sheltered work placement.

KEY:

F EDUC - further education E MP FT - full time employment

EMP PT - part time employment WORK EX - work experience

S WRKPLACE - supported workplace SUP EMP - supported employment

VOL WORK - voluntary work NKNOWN – unknown

What kind of further education the students went on to was not specified, but most probably it was within the polytechnic system. Some of the programs such as the two described above, lead on to the next level. For example, one of the students in the case study went onto the 20 week program described above for a different target group after completing the Choices program, and then went onto a TOPs program (government funded vocational program). Ten of the students who completed the lifeskills programs were placed under a supported employment agency and futher 10 on work experience. In the last couple of years, the number of supported employment agencies has increased. In Auckland, for example, there is Poly-Emp, which is an agency that assists students from the three Auckland polytechnics in the transition from tertiary education to employment. This service liaises with course co-ordinators and students throughout their period of tertiary education, and provides opportunities for the students to work toward their goals of 'meaningful integrated employment' (Poly-Emp Mission statement). After a career planning meeting and job search, on-the-job training and ongoing support is given. The results from this study showed of those who gained employment, 16 were working part time compared with 6 who were working full time. This correlates with the findings of Poly-Emp. who have found that most students have found part time work during the last year.

Background on a Life Skills Program at One Institute of Technology

Auckland has three Technical Institutes located in the central, west and south of the city. Manukau Institute of Technology is based in the south of the city and has over 500 full time staff, more than 5,500 full time and 15,000 part time students. It currently offers over 1,350 part time courses and 105 full time programs. Two of these full time programs cater for students with special learning needs who attend the Institute for 34 weeks of the year.

The students enter at Level 1 for the first year of the program and move on to Level 2 in the second year. Each class has a full time tutor and a full time tutor assistant and enrols fifteen students for each year level.

Students applying for the program have a range of special learning needs that include visual, hearing, and physical disability, as well as some degree of intellectual impairment. Student's skills can range from being independent to dependent, literate to illiterate, vocal to non-vocal. The students come from a range of settings that include special classes in regular schools, special schools, community placements and workshops. They are in the Tech for four days a week and spend one day a week on a work experience placement with a range of support depending on individual need.

The programs aim to provide students who have special learning needs with the opportunity to develop personally, gain knowledge, skills and confidence through participating on a program in a tertiary environment.

So - who are the programs for?

New Horizons [Level 1] and Choices [Level 2] are for adults with special learning needs who -

 \* choose to be part of an adult learning environment

 \* are prepared to commit themselves to full time study

 \* are willing to participate in the work experience program

 \* are able to participate in setting their own goals

The programs promote -

 \* community awareness

 \* social development

 \* vocational awareness

 \* work exploration

and include -

 \* communication and social skills

 \* vocational skills

 \* functional academic skills

 \* leisure and recreation skills

 \* independent living skills

Within these five areas of learning are classes that include computing, cooking, horticulture, first aid, driver education and outdoor education.

The students apply for these programs through the normal application process at the Tech and are interviewed. An IEP [Individual Education Plan] meeting is held with the successful applicants and their support people [parents, caregivers or key support person], at which the student sets individual learning goals. These goals are reviewed mid-year.

Of importance to the success of the students being at the Tech is the student's key support person.

Key support people have responsibility to -

 \* support the student to meet their goals

 \* liaise with the Tech

 \* attend planning meetings

 \* liaise with New Zealand Income Support to facilitate payment of fees and transport costs where necessary.

CASE STUDIES

Two recent studies that have been done at Manukau Institute of Technology have highlighted some of the barriers and benefits of work experience and tertiary education for students with an intellectual disability. Maciver (1994) looked at whether students attending a lifeskills program have a higher degree of satisfaction in integrated work placements or in sheltered placements. A Quality of Work Experience Scale based on Cummins (1991) Comprehensive Quality of Life Scale - Intellectual Disability (Com-Qol ID) was used. The scores relating to Quality of Work Experience showed there were no differences between the subjects who attended the sheltered and integrated work placements, although the size of the sample limits the findings. An analysis of work experience goals the students set showed that within the sheltered group, the goals were oriented towards communication, whereas for the integrated group, the large majority were work skills. One explanation for this could be that the ethos within the sheltered environment is more social than task oriented. Another major barrier to successful work experience highlighted in this study are the students' limited experiences of community inclusion in terms of social and vocational interaction.

The second study tracked four students who completed a lifeskills program called Choices at Manukau Institute of Technology in 1994. The students and their caregivers or key person were selected to take part in the study from the total group of 15 students. A semi stuctured interview was arranged with the four students and their caregivers 6 months after the completion of the course. Key questions were asked during a conversation about the student's experience at polytechnic.

The information was summarised for each of the 4 students outlining:

 - the personal goals that were set for the programmme

 - a personal evaluation from the student on those goals

 - notes on the progress of the student from the tutors and caregivers perspective

Soana, Tom and Moira made progress in most areas according to everyone concerned, and their time at polytechnic resulted in real benefits for them. Soana said " I don’t like going home early...because I want to do more work , like doing some more reading".

The opportunity for further education was an important one for different reasons for each of the four students. The two school leavers, Candace and Soana, had the opportunity to continue their education in an adult learning environment. This was important since their opportunities to develop independence from their home situation were limited previously. The 'new' responsibility for many of the students of getting to polytechnic on their own, whether by bus or organizing their own taxi, was a big challenge for them. Meeting new people and 'actively participating' in setting their own goals, such as choosing the type of work for their work experience placement that interests them, opened up opportunities and possibilities for them.. For Tom and Moira, the two 'mature' students, it was also a challenge, but in a different way. They have had more life experiences, such as having lived away from home, and Moira's main support comes from IHC now. However, both have missed opportunities to complete their schooling, with Tom, for example, leaving school at 15 and Moira not finishing secondary school. It took Tom a further year at polytechnic to achieve some of his goals, and Moira would like to continue to develop her reading and writing skills through adult literacy classes.

During the interview, the students discussed the progress they made in achieving personal goals. In the area of anger management, for example, one student said "I might get angry, but I always keep my temper inside me...and if it (anger) happens at work, I ask if I can go away and sit down for awhile". This area, as well as developing assertion skills and other conversational skills were important skills for the students, and the parents' caregivers also saw changes in these areas. The development of confidence, self esteem and motivation was a major aspect of this as also found by Riches and Parmenter (1990) in their study of TAFE transition courses. Even for Candace, who felt she’ sometimes doesn't speak up' enough, just being aware of it may make a difference to her in the future.

Although Candace enjoyed polytechnic, especially the people she met and the class work she did, she did not find work until a year later and did not make progress in her goals for independence. However, she did take some classes at an activity centre and this year has found employment. Her path toward reaching her goals has been much slower than the others.

Everyone concerned with the student shared the same goals and dreams as the student themselves, that is what made the student's experience at polytechnic the best it could be.

Student: "I like everybody in the classroom, everyone helped each other out, and if there were any problems...(I liked) trying to sit down in a group, trying to sort something out."

Caregiver: "The job she has worked in up until now was the 'ultimate goal from last year'. She knows now what she can cope with and what she can't."

Tutor assistant: "She described her year at polytechnic as a year for her to sort of assess where she is and what she could look into and explore, and do it safely."

The New Zealand Qualifications Framework and Future Access

What is the Qualifications Framework?

The New Zealand Qualifications Framework was established in the 1990 Education Amendment Act to develop a national qualifications framework that provides a co-ordinated approach to education and training throughout the country.

The Framework is designed to give New Zealanders the chance to receive national recognition for their skills and qualifications. It's purpose is to also dramatically increase learner's opportunities to acquire new skills and knowledge. Learners will be able to move freely between education and training in order to do so.

In the past, too many people have faced barriers to learning, especially after their initial education and training. Often those who did continue had no means of gaining national recognition for their skills and knowledge, and those wishing to change career direction or cross-credit what they already had faced similar difficulties. In some skill areas there has been no education and training available at all. The National Qualifications Framework offers choice, flexibility, education, training and a national system with national recognition. It offers a variety of entry points and pathways for people to gain new skills and qualifications at any age and at any stage in their careers - lifelong learning from senior secondary school onwards.

Benefits for learners include:

 - formal recognition of skills and knowledge listed on a national database

 - skills and qualifications that are portable

 - greater choice and flexibility in what, where and how to learn

 - opportunity to build towards national qualifications

How will the system work?

Providers will develop learning programmes that can be assessed against unit standards. Providers can be schools, polytechnics, private and government training establishments, colleges of education, wananga and the workplace. Framework credit gained at any of these venues can be accumulated towards a nationally recognised qualification. All providers offering learning that is linked to the Framework have to be accredited by the Qualifications Authority.

Benefits for the providers include:

 - unit standards being offered that lead to nationally recognised skills and qualifications.

 - an opportunity to develop programmes that meet a wider range of learning styles and needs.

 - provision for cross-crediting between sectors and other providers.

 - opportunities to expand the range of programmes in response to industry

 training needs.

The Framework consists of eight levels ranging from Level one, which is entry level education and training, to Level eight that offers the most advanced learning. All unit standards are assigned to a level.

Unit standards are the building blocks of the Framework. Thousands of unit standards are being developed to cover skills and knowledge required for employment and living in today's fast-changing world - forestry, office systems, maths, English, manufacturing, computing, history etc. All learning leading to credit on the framework will be assessed against these unit standards. In this way, the Framework will help create a 'seamless' education system that will bring together secondary education, industry training and tertiary education beneath the one umbrella.

How do learners achieve credit?

Each unit standard specifies the key skills and knowledge that learners must become competent in, in order to gain credit. As the learners gain credit the unit standard and it's credit value are listed on the learner's Record of Learning which is held on a national database. This is updated as more credits from the unit standards are earned. When the required number of credits are earned the learners will gain a National Certificate or a National Diploma.

What about students with special learning needs?

Traditionally students with special learning needs have been denied national recognition of their achievements as the first rung of the qualification's ladder was School Certificate [an exam sat in the third year of secondary school]. Success in this exam was unacheivable for many students who would leave school with no recognition of their achievements.

However, the Qualifications Framework assumes inclusion for all learners and has provided the opportunity for students with special learning needs to gain recognition for their achievements like everyone else.

Early in 1996 an Advisory Group of representatives from the sector who work with these students was formed. The Advisory Group consists of a representative from:

 Tertiary providers

 Secondary schools

 Special schools

 Private Training Establishments

 Maori

 Pacific Island

 Special Education Service

 Educators of Visually Impaired

 Educators of Hearing Impaired

 Educators of Physically Impaired

 NZQA

 Two unit standard writers

The aim of this group is to produce a matrix of unit standard titles and purpose statements which reflect the competencies required by learners with special learning needs that are not presently covered by the developments for the qualifications framework.

A matrix of approxiamately ninety unit standard titles has been compiled and are at present being distributed for consultation among the various sector networks. The titles cover the domains of:

 perceptual motor

 personal care

 living skills

 social skills

 interpersonal skills

 functional academic skills

Following consultation the unit standard titles will be refined, performance criteria written and put on the framework. Providers then put together programmes that incorporate these unit standards that will meet the learning needs of the students they are programming for. Also to be put into place will be a moderation system to ensure consistency of assessment among the providers.

But what are the benefits and the issues that face both the student and provider in this sector of education?

The Benefits:

 An opportunity to attend post compulsory education that was not available pre 1989

 Development of communication and work related social skills

 Increased ability to make their own personal decisions

 Establishment of supported employment agencies linked to the educational provider

 Access to national qualifications framework

 National recognition of achievement

 Establishment of the National Polytechnic Disability Forum and the joint tertiary approach to address the funding issues for all students at the post compulsory level

The barriers and issues are:

 Issues of dependency versus independence especially safety issues for school leavers

 Limited experiences of community inclusion in terms of social and

 vocational interaction

 The title used to access these unit standards under on the framework

 The title [and hence the label] used on the student's Record of Learning

 To what degree performance criteria in the unit standards are broken down

 Should the unit standards be put together to form a national certificate or should they remain as a pool of general unit standards to be put into a program by the providers?

 Lack of funding for the provider

The Future

McKay and colleagues (1995) stated that:

 the nature of education has been that not everyone seeks to access such learning, and that the institutions themselves have traditionally not been designed to make their collective knowledge and other resources available

 to all. Nevertheless, we recommended that tertiary settings (including polytechnics, colleges of education and universities) remain open to

 discuss ways in which their courses and general resources might be of

 value to people with intellectual disability. (pg.153)

The study presented demonstrates the benefits of tertiary education.There are some important issues that need to be addressed concerning 'inclusion' in regular instructional programmes versus participation in separate entry level programmes. It may be that students with special learning needs benefit from full inclusion, yet it will be crucial for them to have peer support and opportunities to form friendships with other students. Making new friends was important to the four students who were interviewed and the opportunity to work, mix and learn together with their peers and the wider community is the best way to provide the opportunity for community participation. In the short term the students on the lifeskills programmes must have the opportunity to access beginning level skills that are in the process of being put on the National Qualifications Framework. This is the aim of the Special Learning Needs Advisory Group whose mission statement is to:

 'expand the Framework by developing unit standards which

 promote access to, and national recognition of, knowledge

 and skills for all learners'.

In the future more open access to a wider range of tertiary programs must be developed.

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**DISABILITY ADVISERS: SO MUCH DONE, SO MUCH STILL TO DO....., WHERE TO NOW?**

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INTRODUCTION AND BACKGROUND

Disability Adviser positions were first established in Australian universities around 1980 to initiate, develop and co-ordinate services for students with disabilities. Simple in conception and initial expectations, the positions have grown hugely in complexity. They have acquired numerous new roles, require an excessive variety of skills, and have conflicts of demand in clinical and administrative work which have lead many Advisers to the point of burnout.

The need for discussion of the role of Disability Advisers became apparent to the members of UDAN (New South Wales and the ACT Universities Disability Access Network) last year when there was agreement on a number of issues:

\* Disability Advisers were (repeatedly) experiencing burnout symptoms

\* there was a certain lack of direction given that most of the essential services were in place

\* there was general experience of Disability Advisers' work being undervalued, under-resourced and underpaid

\* the positions had completed their initial evolutionary phase which had resulted in a range of duties and skills far more complex and extensive than ever anticipated

\* the likelihood of a much greater monitoring role for Advisers with the move into the second developmental phase of Disability Adviser positions and the mainstreaming of the provision of disability services

\* there was dissatisfaction at the lack of professional recognition of Disability Advisers and a firm belief that a crystallisation of role and status would assist the delivery of service and therefore the effectiveness and efficiency of Disability Services Offices.

This paper will attempt to help all people involved in the provision of services for students with disabilities at universities to grasp the issues now confronting Advisers, to understand the effect those issues have on the quality, level and future direction of services, and to develop strategies to deal with the issues.

To achieve this, we will firstly identify the issues in categories of personal, professional, institutional and political, then develop strategies under the same headings which will provide mechanisms to effect the required changes. The emphasis will be to provide strategies that are workable. The first part of the presentation will be as a paper, the larger part will be conducted as a workshop.

THE NEXT STEPS.....

Having identified the need for further investigation, the next steps were to:

\* make enquiries with other State networks and Advisers to see if they had similar experiences

\* identify the issues of concern

\* develop strategies to address the perceived primary issues of:

 + recognition of the importance of the Disability Advisers' work to universities

 + requirement for adequate resourcing

 + professional recognition of Disability Advisers and standardisation of fair duty statements

\* develop strategies for Disability Advisers to recognise and deal with institutional inadequacies and professional difficulties

\* develop personal coping strategies for Disability Advisers.

\* seek feedback from, and share our findings with, interested people at a national level via an appropriate mechanism (eg Pathways Conference and TEDCA?)

WHAT'S HAPPENING IN OTHER STATES

We believed that what was going on in NSW was likely to be repeated in other states and territories as well, so a quick telephone survey which confirmed our thoughts was carried out.

The concerns were universal;.....too many students to deal with, too many other duties to perform, too few resources to do the job..... all leading to Disability Adviser exhaustion and the risk of diminishing quality of service.

WHAT THE LITERATURE/POLICY DOCUMENTS SAY....

1) The *Code of Practice for Tertiary Institutions: Students with Disabilities* commissioned by DEETYA, was widely discussed and scrutinised during the national consultation process. The document as yet has no official status and its final format is not known at the time of writing. These comments are based on the version available at a consultation meeting.

Although (correctly) written with the benefit of students as the focus, the institution and the teaching staff are also acknowledged as having rights and responsibilities, but the service providers are not recognised as key players. There is an expectation "that reasonable provisions will be made to accommodate their (students with disabilities) requirements", and there are policy and disability unit expectations as well as lengthy material on specialist services and programs for students with disabilities. There is a statement on services to the effect that "specialist services (should be) staffed by people with appropriate qualifications" but this is viewed as referring to services such as sign interpreting.

The draft *Code of Practice* document is an otherwise sound and thorough document with the promise of great benefit for students with disabilities. Both authors of this paper attended consultation sessions but the issue of provisions for Disability Advisers slipped past both of us.

2) Two other publications will be discussed at the workshop. They are *Equality, Diversity and Excellence: Advancing the National Higher Education Equity Framework* from NBEET (National Board of Employment, Education and Training) April 1996, and *Guidelines for Disability Services in Higher Education*, Commissioned Report Number 29, NBEET, August 1994.

THE DEVELOPING ROLE OF DISABILITY ADVISERS

As stated above, the initial simplistic role of the Disability Adviser positions was to initiate, develop and co-ordinate services to students with disabilities. The task seemed uncomplicated, comparatively cheap in terms of salary and resources, and would mean universities were complying with equity requirements. What a mistake! What a misconception!

Services often developed in a welfare model based in a counselling environment but have since moved to a rights based equity/service model embedded in legislation, complete with accountability for any lack of service provision. The services students required expanded exponentially, till Advisers' activities permeated every facet of university life......lectures, curriculum. library resources, information technology, special exam arrangements, physical access, sporting and social facilities, academic services, loans and scholarships, accommodation, policy making bodies, local government, community organisations, secondary schools, TAFE, other universities etc.

Institutional factors then crept in to complicate the matter. Many universities were subjected to reviews which aimed at redirecting funding away from an administrative core to academic areas. More and more had to be done with the same, or less, human resources and the same, or less, budget.

Amalgamations took place in 1990 and funding cuts have been non-stop during the 90's, culminating in Amanda Vandstone's memorable contribution, the effects of which are not yet clear at the time of writing. We can only be grateful that equity and social justice had a high profile under Labour and have not yet been discounted by the present Government. In the meantime, Quality and Equity money has been used as both as a carrot and a stick.

If you didn't yet realise why you were so busy, these are some of the things you have probably have to do:

\* advise prospective students, carers, counsellors etc

\* interview each new student with disabilities to assess needs and advise about services

\* cope with growth in numbers seeking services and increasingly severe levels of disability

\* deal with students in crisis

\* keep informed of developments in disability legislation, equity issues and requirements, DEETYA requirements

\* write, print and distribute promotional material

\* produce reports, contribute to policy formulation

\* maintain a data base and prepare statistics for the University and DEETYA

\* respond to requests for information (DEETYA, public, academic surveys)

\* campaign for funding

\* supervise staff, (if lucky enough to have any)

\* assist students with disabilities at enrolment

\* develop and run a notetaking scheme

\* develop and run a volunteer reader scheme

\* conduct customer satisfaction and other surveys

\* set up a Disability Resource Room with adaptive technology

\* maintain office

\* organise special exam conditions

\* advocate for individual students about meeting course requirements

\* work to empower individual students so they can take more responsibility for meeting their own needs

\* arrange on campus parking for students with disabilities

\* attend equipment expos/speak on disability provisions

\* keep abreast of the development of new services and adaptive technology

\* run staff development/student training courses

\* liaise with other university organisations such as student union and sporting bodies

\* be pre-emptively involved with improving physical access

\* sit on appropriate committees/write minutes

\* network with other Disability Advisers, both state and national

\* in your spare time, indulge in special projects and write conference papers

SOME OF THE SKILLS DISABILITY ADVISERS HAVE NEEDED TO PERFORM THEIR JOBS:

\* excellent oral and written communication skills, negotiation skills

\* budgeting

\* counselling

\* high level of organisational and planning skills

\* understanding of legislative requirements, policy documents

\* technical expertise

(From this point the paper will be conducted as a workshop)

ISSUES AND STRESS FACTORS FACED BY DISABILITY ADVISERS:

*Personal*

\* learning to cope with the stress of working in a high volume, under-funded,

 under-resourced area.

\* having to do a lot with a little (time and resources)

\* balancing the needs of a heavy workload with family and private needs

\* constantly dealing with people whose life circumstances may be undeniably difficult or tragic

\* dealing with students for whom university study is not the best choice, who may not have the academic strengths or who may have been offered a place by "too kind" academic staff (Students have the right to try but shouldn't be set up to fail)

*Professional*

\* lack of professional peer support in work place. There is generally only one Disability Adviser at each university or on each campus and so we must turn to tangentially related groups such as counsellors and EEO offices. There are state networks and TEDCA (Tertiary Education Disabilities Council of Australia) which is unfunded. Disability Advisers have not become a Special Interest Group under ANZSSA. Thus there is no group to advocate on our behalf

\* no career path leading into the position so Advisers commence work with differing and incomplete skills and have to learn as they go. State networks have played an important role in skill sharing and development

\* working full-time in a specialist area provides few opportunities for other equity experience which may contribute to career advancement

\* undervaluing of work and role in institutions. Perhaps if the work is acknowledged, its complexity and extent are not

\* lack of relief staff when Advisers are ill or take leave. The pressure is on Advisers to "keep coming in" even when unwell

\* being there 35 hours per week plus for students in need. (Counsellors have a limit set on the number of face to face hours they must do each day)

\* dealing with many students of all ages whose disability is severe and permanent (unlike Counsellors for whom a significant number of clients have temporary or minor problems eg relationship breakup, exam anxiety)

\* establishing the point at which students are no longer eligible for services (when they have exceeded eligibility or are simply prolonging the agony by persisting with study)

\* burden of knowing that if your office does not provide/initiate/organise services for students with disabilities, it is highly unlikely that anyone else will

\* balancing the roles of advocating for students within the university versus providing reasonable protection for your employer (eg on the one hand encouraging students to apply for sign interpreting support if appropriate, while on the other, continuing to warn the university of the high cost and the fact that the student may lodge a complaint if the service is not provided)

\* Advisers have assumed the responsibility of anticipating professional registration difficulties for students with disabilities and, if appropriate, notifying the student's departments and the student (eg Nursing students with sensory, learning or psychiatric disabilities)

\* working under the threat of being taken before the Human Rights Commission or before the Anti Discrimination Board should appropriate services not be provided and a student lodge a complaint

\* volume and diversity of work. Having to use almost every skill every day

\* aiming for excellence of service. Feeling of failure and letting students down if they don't receive the services they need to minimise their educational disadvantage

\* having the responsibility of providing the services which could well make the difference between success or failure for our clients. Having inadequate resources to do so. Having to rank eligibility if resources are scarce

\*drain of being multi-skilled at different levels: personal/clinical/organisational (communication, counselling, management, budgeting, technical, knowledge of disabilities and medical terminology, their effect of university activities, self-care.). Needing to change roles and skills several times each day.

\* challenge of keeping up with frequent significant developments in technology across the range of disabilities

\* countering possible danger of backward step converting Disability Services from a rights based Student Services model to a medical/welfare model

\* defining areas of responsibility where others do not wish to take responsibility (eg Advisers often have to initiate access improvements and encourage academics to provide alternative formats)

\* many staff in Advisers' areas are volunteers (notetakers, readers, carers) and are therefore not included as part of our professional experience, but are often more difficult to co-ordinate

*Institutional and organisational*

\* dilemma of conflicting demands. Which is more urgent, meeting students face to face when services are required or meeting paperwork deadlines? My personal feeling is that if students are not getting the services, then the Service has failed. Lack of recognition of this component in duty statements, but time out for paperwork may mean an unattended Disability Office

\* high volume of administrative paperwork required; policy documents, business plans, educational profiles, annual reports, inserts in other publications, responses to DEETYA, service providers, AVCC, which take the Adviser away from face to face service provision

\* lack of clerical support contributes to insufficient time to spend with individual students and means Advisers often "waste" their time on clerical work

\* geographic spread. Many Advisers are responsible for services on a number of far flung campuses since amalgamation

\* different groups of students with different needs, not only different disabilities, but distance education students and international students. Even students with the same disability may have vastly different needs

\* huge increases in numbers of people with disabilities, and more severe disabilities, attending university as information about the availability of services spreads

\* insufficient time or resources to run training courses which would educate other staff and ultimately help Advisers

\* need to set boundaries for responsibility (eg a cut finger is not a disability) and publicise so inappropriate referrals are not made. Handling students with a *temporary disability* is an administrative convenience for the University. Should such students simply be referred on to the relevant service provider eg Exams Branch?

\* difficulty working in areas where policy has not been officially declared or clearly defined (eg international students with disabilities, applicants with intellectual disability)

\* difficulty of developing and expanding services to meet growing and new demands, or even of maintaining existing services in the face of threatened funding cuts. Lack of control over budget allocation

\* deciding which tasks to shed/services to cut as other demands increase and resources dwindle

\* too much is still done in universities on a grace and favour basis. This could also arise from the "softly, softly approach of winning people over by persuasion rather than imposing something on them which they may resist. Attempts to mainstream services

\* high need students and "bushfires" take too much time to the detriment other students

\* having to fight for funding within the university

\* needing to justify policy changes and service provision for small numbers of high need students with specific needs

\* sensing the underlying negative values which still occur occasionally in universities that students with disabilities should not be at university. Dealing with such attitudes in a positive and productive way

*Political*

\* powerlessness to affect government policy, difficulty having a voice at that level. Frequent lack of consultation with practitioners by government about policy direction and formulation

\* disability issues probably not ranking highly, even among equity issues, with Vice-Chancellors

STRATEGIES TO IMPROVE THE QUALITY AND EFFECTIVENESS OF DISABILITY ADVISER POSITIONS:

*Personal*

\* identify stress factors

\* beware of *rustout.* This differs from *burnout* in that it has a longer lead time, is more insidious because it is harder to detect, has a worse effect because it permeates further before being detected, and requires at least as much effort as burnout to overcome

\* adopt a personal communication style that you are comfortable with. Some of the following strategies may be useful:

- reward with generous thanks the people who help you . It may be their duty to do so but if they feel really good about it they will want to do it again

- praise to others the performance of those who have helped you implement services

- within your own institution, seek assistance in the provision of services as if you expect a positive, co-operative, even enthusiastic response. People will follow your lead

- where a lecturer may be required to do a little extra work, such as provide material in an alternative format, give the impression that you are helping them comply with policy etc and providing a safeguard for them. They will be happier to work with you if they see you as an assistant rather than a source of work

\* beware of slipping into informal arrangements for services based on your ability to persuade rather than developing a formal arrangement based on the University's obligation to provide them

*Professional*

\* have a long think about priorities. Should you deliver face to face services or should you write policy papers, attend committee meetings and training sessions? Policy development, meetings and training sessions are all essential, but if students can't see someone or receive the support they need, then the service isn't working. Recognise the dilemma and develop a balance in your work you are happy with

\* decide what you think is the appropriate level of classification for your position in your university. Compare what you do with other Advisers and their classification. Seek an assessment of your position with your Union, Classifications Office, Industrial Relations Office etc, then take what steps you can to obtain the correct classification

\* use to the hilt whatever authority your position bestows

\* identify specific skills in which Advisers are unlikely to have previously received training. Seek professional training in these areas whenever possible. Seek as much of this as possible from your employer. If better training is available outside the university, ask your employer to pay for it

\* publicise within each university to a greater extent the work done by Disability Advisers and its worth to the university. (It is a lamentable female characteristic to be reticent about achievements and as most of the Advisers are female this may have contributed to under publicity)

\* aim for better education of students about what they should and can do for themselves

\* attend the session *Surviving Stress in a Changing University Environment* offered by Phyllis Parr and Kerri Heavens from the University of Western Sydney

\* work with your State network to:

+ achieve professional recognition of Disability Advisers

+ develop of a set of positive performance indicators

+ develop criteria for assessment of your workload (see NBEET *Guidelines for Disability Services in Higher Education)*

+ give consideration to the formation of a disability interest group in ANZSSA

\* make development of peer support a regular item on state network agendas

\* if you find policy drafting, submissions for funding, letters of remonstrance difficult (and so maybe avoid them), network with someone who has had success in the area and arrange for some coaching

\* isolate the clerical work in your position and allocate as much as possible elsewhere

\* incorporate those state networks not yet incorporated as a mechanism to empower them. Once incorporated they are in a position to fundraise and employ staff to expedite clerical functions. State networks served as advocacy groups for the development of services. Now that the services are largely developed, what is the role of the networks. Do they become professional support organisations for their members?

*Institutional and organisational*

\* assess the status of your role and work in your organisation. Do you or the person you report to have authority to make and implement significant decisions? If not, try to establish good communications with someone further up the ladder.

\* establish high level contacts in all the relevant areas of the university: Student Administration, libraries, Properties and Grounds, Accounts, Personnel Services, Academic Board, student accommodation so that you can communicate effectively and directly

\* insist on being a member of the group developing your university's Disability Action Plan so that you can have maximum input

\* exert influence on committees responsible for policy development in equity areas. Ensure an equity/disability impact statement is written into all university policy development and strategic planning

\* if budget cuts affect your activities be specific about which services you will have to cut. Don't feel guilty about it, and let staff and students know what is going on. Encourage staff and students to complain to the relevant powers about lack of resources in your area

\* consider whether you are providing services which might alternatively or more appropriately be provided by another service eg anything other than direct services to students with learning disability or psychiatric conditions could be provided by a Counselling Service. Outsource services to community groups eg refer all work done by volunteer readers back to the Royal Blind Society or equivalent body in your state

\* seek membership of all relevant committees (EEO, Equity etc)

\* offer to present material at staff induction sessions, at staff development training and at student orientation

\* encourage your Staff Development or similar Office to run courses for all university staff in equity to expedite mainstreaming of responsibility for disability services

\* join other related organisations eg NATEEA

\* work to ensure that TEDCA is adequately resourced. Suggest ways in which TEDCA can better consult with and respond to its members (email networks, homepage)

\* believe that you can change entrenched structures

*Political*

\* provide material to DEETYA on the rights and requirements of providers of disability services in universities for inclusion in the *Code of Practice for Tertiary Institutions: Students with Disabilities*

\* while the Co-operative programs continue to receive funding in each state, maximise the benefit with the production of long life materials and/or apply to DEETYA to use the funding in totally different ways

CONCLUSION

We trust this session has been useful to Advisers and others concerned with the provision of services to students with disabilities in universities. A lot has been achieved so far because universities did establish the positions and provide a certain amount of funding, but most has been achieved because Advisers are a dedicated, hard working idealistic group of people, prepared to blaze trails. Being a crusader is fraught with dangers however, both personal and professional, and it is not in the long term interest of the positions to expect occupants to take such a role.

Hopefully the strategies discussed today will help you secure the position of Disability Adviser in your institution and to make it a more effective, secure and fulfilling role to occupy. Your fellow Disability Advisers will probably remain the people with most understanding of your professional dilemmas, so remember to share with them your troubles because they may have the answer, and to share your successes also because it be the answer they need. Good luck!

Transition from School to Employment

for Students with Acquired Brain Injury

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1. INTRODUCTION

This paper presents preliminary findings of a study I am currently involved in, which aims to develop a service model to assist young people with an acquired brain injury (ABI) in the transition from school to post school options.

Several recent Australian studies highlight the need for further documentation of the needs of adolescents with an acquired brain injury. Rice (1994) showed that family breakdown, school drop out, and involvement with the criminal justice system are highly represented in the population of young people with ABI. Kendall (1991) found that people with an acquired brain injury are not accepted by current service providers or do not benefit from the existing models of service provision. Indeed, even within the education system, Sterling (1994) found that students with ABI were not often identified as such by educators.

2. ACQUIRED BRAIN INJURY

For the purposes of this study, ABI is defined as neurological impairment which is acquired after birth. The damage may be caused by trauma (eg. motor vehicle accident), disease processes (eg. brain tumour) or changes in the biochemical environment of the brain (eg. poisoning, near drowning). Trauma is the single most frequent cause of ABI amongst children and adolescents, but other causes are also significant. Students with ABI may require the same support and services as those youth with traumatic brain injuries
(Savage, 1991).

Initially, changes such as those affecting speech, gait, movement, and

perceptual disturbances following brain injury may be obvious to all. Over

time the individual's cognitive, coping, and self-regulatory capacities

become the most disabling and disruptive (Ponsford, 1995). Thomsen (1984)

surveyed severely brain injured persons 10 years or more post injury. He

found that the majority of individuals demonstrated personality change, poor

concentration, loss of social contact, slowness, and fatigue. It is these

changes that are often referred to as the 'hidden disabilities'.

3. CURRENT TRANSITION PROGRAMS

Transition from school to employment is often viewed as a bridge between childhood and adulthood. In the last 20 years there has been an increasing interest and focus on transition issues both generically and within the 'low incidence' school population world wide.

The United States has introduced legislation mandating transition services for disabled students in schools. ABI has been legitimised in this process by being separately categorised, and consequently these students gain eligibility for transition services
(Dowdy, 1996).

In Australia, transition issues for students with high support needs have been vigorously addressed by a number of groups and individuals (Riches, 1996, The Moreland Group, 1995). The unique needs of ABI individuals have been recognised by the National Policy on Services for People with Acquired Brain Injury (1994). Recent recommendations (Sterling, 1994; Croker et al, 1991) support the need for formal policies and procedures for exchange of information between hospital and schools regarding students with ABI.

In Queensland, transition planning is a recommended, though not widespread, practice for mainstream students with high support needs. Queensland received funding for transition projects from the Commonwealth Government from 1994 to 1996. Approximately one transition officer was employed per Education Department region. However the funding has now finished and most positions vacated or alternate funding has been found.

At present in Queensland, students can access educational support resources by being ascertained under one or more of the 6 available categories of impairment, ie. intellectual, physical, visual, hearing, learning difficulties, or autism spectrum. At this time there is no specific category for ABI.

4. RESEARCH

Empirical data on the nature of transition needs of young people with ABI is scarce. Hence the initial data collection phase for this study employed focus groups of students with ABI, and parents of students with ABI. The rationale for these groups was to collect data in its natural form rather than to use tools which impose the researcher's view of the situation. The understanding gained from the focus groups was to be utilised in the development of an interview schedule to gain quantitative data at a later date.

After ethical clearance was gained, participants for the focus groups were sought from the ABI units at the two major children's hospitals in Brisbane and the Education Department. Parents and students who agreed to participate were consulted regarding times and venues for the discussion groups and they were given prior notice of the questions to be addressed. The questions used were broad based, probing a range of concerns in relation to transition issues. The three questions were

 How is the student managing at school?

 What does the student hope to do after school?

 What is helpful and what is a hindrance in reaching the students' future goals?

Five focus groups were held with a total of 14 participants who represented 11 separate families. A breakdown of the group participants is shown in Appendix A.

Duration of the groups varied from 1 1/2 to 2 hours. The conversation was taped and later transcribed verbatim. Content themes were analysed by two independent investigators.

The main purpose of this paper is to report on the major themes that emerged from the focus groups. However, first I would like to describe some of the persisting difficulties often encountered by people with moderate to severe brain injuries.

5. PERSISTING EFFECTS OF ABI

Illustrations of some common ABI deficits relating to transition issues are taken from the focus group participants' own comments.

5.1 Cognitive Deficits

 (a) attention/concentration

 L. has good insight about his own distractibility.

"And ehm, I get side tracked very easily and all the teachers are now, like typing tutors have to tell me "Now I want you to do this and I don't want you to talk about anything else. " It's like my mind can just wander."

 (b) speed of processing, and reaction time

 S's mother giving voice to her fears for her son's unemployability:

"...he can't sort of quickly go and get something or anything like that. He can mentally process information but again that takes time in that fashion .."

 (c) memory deficits

P's mother describes the effect on her son of an academic program that does not take into account his memory deficits:

"No because it is the same as school. It is the information they are fed, its the bulk of information and the books they have to read, they can't contain it all, take it all in and when they do attempt to do that, they say "Oh no, I read this much but I don't remember what I read before", and they start thinking and they get really stressed and more stressed."

 (d) planning and problem solving

 N's mother describes her son's response to stressful situations in the classroom:

".. some of the classes he used to, ehm, just leave class - go and sit where the bus used to come in for him... and so N., they had to find somebody to go and get N. because he's just take off if something didn't go to his liking."

 (e) initiative

S's mother underscores the difficulty parents have in deciding where the impairment stops and normal "teenager issues" begins. Issues relating to impairment of initiative may be superimposed on the normal difficulties encountered by many parents of teenagers in dealing with their children's growing need for independent choices and motivations.

"And when he says he wants to leave school, basically I get into this panic phase because all he does when he's at home is basically sit around, watch TV and listen to music. So it's not, unless you're actually constantly on him to do things and then of course that takes away from you doing things yourself."

(f) control and regulation of behaviour and thought processes

S's mother describes the sometimes funny but in fact very disruptive effects of poor social insight and control:

"He does have some inappropriate behaviours like the therapist gets his boot on and has a bit of a struggle and he says when she finally gets it in " Was it good for you?" and stuff like that. I think it's more lack of inhibition."

 (g) changes in mood and affect, depression and similar psychological problems

 P's mother sums up her fears for her son's extreme anger and frustration:

".. and that's the fear you're left with. Will he do something to somebody, one day blow up and just do something in retaliation for frustration or will he just end his own life and that's something he has been trying to do a couple of times..."

 (h) lack of self awareness including inability to understand limitations or extent
 of disabling condition

A. has worked very hard to overcome her right side paralysis. She can now negotiate stairs and participate in many sports at her own pace. She retains an awkward gait, but has been encouraged to believe she can overcome all obstacles with help and determination. Her dream for the future is to be " a model, a swimming coach or artist."

 (i) Poor communication skills: comprehension and expression.

 J's mother describes the funny results of her (grade 8) son's misunderstanding of the German teacher's homework instructions:

".. he came home one day and he says, "I've got homework for German" and I says "what have you got to do?" And he says "Well I've got to learn German by this weekend" I said "Oh get! (Laughter) I don't think so mate. Don't worry about it " And he was quite concerned he had to learn German by Monday. So, we sorted that out."

5.2 Physical deficits:

 (a) gross and fine motor coordination problems

Four of the participants had noticeable gross and fine motor deficits. Three boys with mobility problems had difficulty participating in a normal school sport program and in accessing the tuckshop. One of the girls with markedly reduced hand dexterity had a teacher's aide to assist with science, home economics and note taking.

 (b) fatigue

"He cannot add 2 and 2 together after a huge day at school. And on those days there's just no point in saying that you have to do your homework."

 J's mother expounds on some of the effects of fatigue on schooling.

5.3 Additional problems often encountered in young people who have had brain tumours

 (a) altered body size (short stature, increased body weight)

K describes the effects of steroid medication which is so devastating to a young person's self esteem.

"I doubled my weight from 35 kg to 80, so it's pretty hard for me. I was sleeping all day almost. "

 (b) poor temperature regulation

K. understands her difficulty with body temperature regulation and the impact of this on future employment:

"..Cause I'd need to be working sitting down if I was working all day and in an airconditioned building as well, cause I don't have any temperature control"

 (c) frequent days of feeling unwell and exhausted

K. explains why her school integration failed 4 years after she had been diagnosed and treated for brain tumour:

 "I was just so tired by the time I got home I just went to bed and I couldn't get any home work done or anything and so I just kept on falling more and more behind and I was just getting more and more sick because I was getting tireder ahm, and just the stress of school. And I was in the infirmary a lot."

The combination of cognitive, behavioural and sometimes physical deficits has a significant effect on the young person's social, educational, leisure and vocational pursuits, as well as on their capacity to benefit from intervention. These deficits can have catastrophic impact when they occur during the formative years. This affects not only the young person, but also their relatives upon whom they may be varyingly dependent for the rest of their lives.

6. INTEGRATION AT SCHOOL

The mother of a boy (P) with many cognitive, behavioural and emotional problems phrased the concerns of many of the parents regarding the lack of understanding in this heart wrenching way:

"Yea. I think if he has AIDS he would be treated better. Poor kid. Not that I wish it upon my own child. But that's what I say to my husband, if he had AIDS or something that they know is really devastating . It's more like an invisible disease. I think that if he had something that they knew for certain like he's lost his arms or AIDS, even AIDS, some of them get more protection in that sense. You know whereas if you go into a room with a head injury child they don't get protection, they don't."

Students with ABI often retain their premorbid self image and therefore do not easily identify with the disabled population at school. Indeed the focus group participants who were not physically affected were as handsome as most teenagers. However, poor social judgement, poor insight and slow mental processing means they cannot interpret or keep up with the bantering and discussions of their peers. Other students soon discover that the student with ABI is different and consequently the participants reported frequent taunting, exclusion, and even physical abuse.

N's mother described the effects on her son from teasing, some time after his return from injury to his private school:

"I virtually had to push him out of the car to get him to go to school. And one day he just broke down and it turned out that the kids had labelled him "brain dead" ..that was his nickname."

S. is a very attractive 15 year old girl, but she reported these feelings:

"I'm in tears nearly every morning, before school because I'm worried about what's going to happen. This girl tried to punch me. Well last year someone punched me across the face. He said "You're strange". Then everyone started laughing. I get to be the laughing stock of the class. It's just hard. That why .. I want to get out of school as fast as I can."

Preparation for the future amongst these students with ABI needs to be addressed against the background of their poor integration in mainstream high school. The structure of high school, with numerous different teachers in a day, complex timetabling and constant changes of venue for classes, creates an inherently challenging environment for the student with

cognitive, personality and/or physical difficulties.

Recent research (Sterling 1994 and Berriman 1995) indicates that:

 many teachers lack information about ABI generally;

there is a lack of formal communication procedures in many high schools regarding individual ABI students' profiles;

 management strategies in the classroom and playground may be ineffective

As a result, the academic and social needs of students with ABI may be misinterpreted and dealt with inappropriately.

7. WHAT IS HELPFUL IN TRANSITION?

Formal transition programming

All the young people discussed in the focus groups were attending or had attended state high schools with the exception of group 5 who were all enrolled as 'medical students' at the Brisbane School of Distance Education. With the exception of two other students, the BSDE students were the only ones involved in a planned transition program., including community experience, vocational short courses, and formal linkages to vocational services such as the Commonwealth Rehabilitation Service (CRS) and Commonwealth (DSP) funded employment services.

The contrast between these participants and the other students regarding future planning was remarkable. Group 5 had meaningful plans for their future based on assessment and a wide range of community based work experience and work related courses. They were well informed about their own limitations and strengths in relation to future employment options. They were confident in the availability and accessibility of support systems after school.

K. described her experience:

"I've done a lot of volunteer stuff, like the volunteer work at the hospital preschool. I did that basically all last year. And I volunteered at a primary school, just helping out one day. But I hope to one day get into some floristry work and maybe, I'm starting to think that maybe I'll do a secretary's course or something. Cause I'd need to be working sitting down if I was working all day and in an airconditioned building as well, cause I don't have any temperature control.

These students had well formulated plans for their future, but also retained their dreams which were tempered with the knowledge and experience gained by practical experience.

"I've got some hopes and dream. When I first try and get a job, of touch typing... I think I've got a lot of that planned out. To go to this place like typing people recommended "Nado" in town and I'll get my typing up to scratch there. And maybe I could get a job through typing or something. And you know it could lead on to better things. But my dream is, I used to be a grade A Rugby Union player and I was in the A team and I got a medal for best player in year 7. But when I got my tumour I could never play Rugby again. So what my big hope and dream is, that I will be able to do something like coaching a Rugby team or maybe managing or anything like that. I'd just love to do it."

8. WHAT ARE HINDRANCES TO TRANSITION?

8.1 Unrealistic dreams or plans?

In contrast, those high school students who did not have access to transition planning or support were unrealistic about their future plans. S's mother expressed the dilemma she felt regarding her daughter's dreams for the future:

"..she wants to be a musician, come hell or high water. Yes she wants to be a musician, but it may never happen, probably won't be realistic but it is her dream and I am not going to say 'No S you haven't got a hope, because you can't do that'. She has to have something, some goal."

One student was so damaged by the constant bombardments on his self esteem that he felt he had no future at all.

"P turned around and said to her "you know what Nanna, I'll never grow old because I have no life, I'll never have anybody". That just shocked me... If he feels that, how is he going to get into the workforce, who is going to have him in the work force to make him feel...Self esteem and confident....To make him feel he is a person."

Another student lacked the memory and insight to plan prospectively. S's mother said,

"..this is a problem we've found with S. is that so far he hasn't got any goals. He hasn't shown any interest in his future except, except maybe winning his court case and get lots of money."

8.2 Poor knowledge of transition issues

The parents of students who did not attend the BSDE were unable to comment meaningfully on transition issues during the focus groups until the moderator raised significant questions such as those relating to goal setting, support services, work experience, subject selection, and vocational training. Parents were all overwhelmed with the problems of school integration and their children's day to day struggles to fit into a system that could not accommodate the specific, but unseen difficulties resulting from ABI.

It was perceived by parents that transition issues had not been adequately addressed by hospital, rehabilitation or education personnel. Many parents who had brief contact with school guidance officers had little confidence in their comprehension of specific ABI related needs and therefore tended not to follow through with them. However as the moderator probed, a clearer picture of the essential nature of transition planning as well as the components of transition planning began to form.

S's mother: One of the big problems is lack of motivation on S's part to make decisions. So if something like that (ie. transition planning and collaboration) was done it would help him at least get a direction to begin with, and to get motivated.

8.3 Generic training not always appropriate

Just as generic school curricula are not always suitable for the student with ABI without adaptations or modifications to some extent (Sterling, 1995), prevocational courses are also not necessarily able to be successfully accessed by these students. Two mothers discussed their unsuccessful attempts to follow through on their children's interest areas.

 S's Mother: "So standard training programs they don't seem they can manage..."

P's mother: "He would he good with art in the future, we tried to get him into sign writing, but I think the course was too much for him."

S's Mother: "Thats the hardest part; they can have a talent, but then they got to go through all this theory and that's just like going to school again and you come up against the same problems."

 P's mother: "That is exactly it."

S's Mother: "So even if they have a talent that they can work on the system knocks them again."

P's mother: "Yeah because he was told by a sign writer that he had a natural gift, so we brought him all the books on sign writing and when he read it, he just panicked and said 'oh I just don't think I could do that', he can't take it in, so that's why he is where he is."

Parents did not feel confident that generic disability courses would cater for their child's capacity to learn.

"I did see things in the paper about special courses for disabled, but I wondered how much that would, you know, head injury, because ehm, you know you tend to think 'oh that's wheelchair'..."

8.4 Information about and linkages with post school services is ad hoc

There is no system in place for informing parents or students of the relevant agencies/ services that exist for them and parents do not know where to turn for help. Towards the end of one focus group parents had become aware that there were services and agencies to assist students with ABI in their transition and commented,

 M: "It would be good to know what was there"

 K: "Yes I think so"

M: "I think that's the.. you don't know what's there. That's the hardest thing. You really have to go looking for something you don't know where to start."

L: "I think sometimes people would have information and they're just so rushed with everything else that they're doing that they tend to forget"

 K: "It just doesn't get passed on"

M: "You've just got to be lucky to hit the right person. Really, it's just hit and miss isn't it."

Parents described the difficulty in finding information:

S: "To ask questions was very hard too. To have to look for information was very hard."

P's mother:"How will I, how do you do it. He's my first baby and I, I've had no experience, if you know what I mean with children going out to the work force and I am sitting there and I am thinking I don't know what to do how will I approach some body and basically with the way things are now with jobs I'm sure they are not going to take him. Unless somebody's there to back him up if there is a problem."

8.5 Suitable post school services are scarce

Parents were not confident that suitable options exist for their children. Some had come across waiting lists, and long distances to travel to access services.

R: Well actually she couldn't offer much. She just took his name and took down about him . Just that there's a waiting list ehm, there's a wait kind of thing. And I said oh, there's ahm , and then they were trying to interest him in back to school again, so I said Well he might end up back at school. Anyway he has, so ... there's no problem with that . And I've tried different other places like recreational parts but they've got waiting lists too. And most of the places seem...( to cater for intellectual disability)

Parents, fearing the system had no options for their child after school, were conceiving detailed contingency plans which involve long term personal and financial commitment to their children.

" And my mum says if all else fails, they've put away money for me and they could buy me like a post office or some business like that and I could get going into that kind of thing." L

S's mother described her worries and potential solutions with detailed planning to accomodate S's specific deficits:

"It makes you wonder if there's an employable position there for him because he's got the problems of the physical disability there as well as the mental brain damage it sort of seems very limiting

.. And the other thing was I thought one day I'd buy a coffee shop and I had it all planned out how he could have a trolley and he could have a little you know, tick off docket kind of thing so he wouldn't have to remember he could just tick off ' coffee, white, sugar' and whatever and you know 'biscuits' and you know just tick it off. And even cakes you could bring it out on the trolley and get them to choose sort of thing so.. And he could work in that sort of... I think he could've worked. I think he could work quite well in that sort of thing cause he's so sociable. He's so free."

9. SUMMARY

One parent put the frustration of lack of transition planning into a nutshell

N's mother: Information. The lack of information, the feeling of helplessness that you have got no information to go on and you're floundering around trying to figure out the best thing for your child and your family life and to help in the best way that you can and ahm, no information. You're struggling on trying top find something. It's an impossible task

This paper has highlighted some key issues in transition for students with ABI and presented a case for formal transition planning and support for this specific group of adolescents.

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 APPENDIX A

 Description of Focus Group Participants

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Group/location | Participant | Age of adolescent | Status | Type of injury | Age injured |
| 1: Hospital tutuorial room | Pip's mother | 16 |  Just started Sp.School | SevereTHI MVA | 6 |
|  | Sue's mother | 15 | SHS | Severe THI Pedestrian | 11 |
| 2: Jack's home | Jack's mother | 14 | SHS | Severe THI Pedestrian | 7 |
|  | Noel's mother | 16 | Just started Sp.School | Severe THI Cyclist | 9 |
| 3: Macdonald's restaurant | Sue | 15 | SHS | Severe THI Pedestrian | 11 |
|  | Lisa | 16 | SHS | Severe THI MVA | 10 |
|  | Anna | 14 | SHS | Severe THI Pedestrian | 9 |
| 4: Motel room | Simon and both parents | 15 | SHS + SEU | Severe THI Pedestrian | 13 |
|  | Neil's mother | 16 | employed | Severe THI Roller blades | 13 |
| 5: School tutorial room | Alison | 18 |  BSDE | Tumour | 10 |
|  | Larry | 16 | BSDE | Tumour | 12 |
|  | Karly | 17 | BSDE | Tumour | 11 |

Abbreviations:

SHS: State High School

THI: Traumatic Head Injury

MVA: Motor Vehicle Accident

Sp. School: Special School

SEU: Special Education Unit

BSDE: Brisbane School of Distance Education

The Needs and Experiences of Tertiary Students
with a Learning Disability

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University of Western Sydney

The purpose of this study was to investigate the experiences, the coping strategies and the academic requirements of tertiary students with learning disabilities. Twenty three students from the University of Western Sydney and the University of Sydney, who were identified with a learning disability, volunteered to participate in the research. The majority of students reported that psychological assessments were of little help to the understanding of their disability. A variety of compensatory strategies were used to cope with the difficulties experienced by students, and support services and accommodations were generally rated quite highly. In addition, the majority of students perceived academic staff and 'other' students to have little understanding of students with learning disabilities. Findings suggest that teaching practices which maximise autonomy in learning for all students need to be promoted, general awareness of learning disabilities needs to be raised and information about support services for students with learning disabilities, more widely disseminated. Key recommendations and future research needs are discussed.

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Introduction

In response to the Disability Discrimination Act, 1992, Australian tertiary institutions have paid increasing attention to the needs and the provision of services for students with disabilities, including students with learning disabilities. This legislation has resulted in an increase in demand for services at Australian Universities (McLean, Bruce and Powell, 1995) and an increase in student numbers who identify with a learning disability (Noble, 1993 cited in Monash, 1993). As there are no current guidelines as to how universities can equitably implement the legislation, there is considerable diversity in the support available to students with learning disabilities.

The literature on tertiary students with learning disabilities comprises mainly US and Canadian studies, where anti-discrimination legislation has been in operation for over 20 years in these countries. In Australia, research in this area is sparse. Apart from reports and booklets on teaching strategies, alternative assessment and special provisions for students with disabilities produced by the various universities, a search of the Australian literature on tertiary students with learning disabilities found only five published reports (McLean et al, 1995; Smith & van Kraayenoord, 1994; Monash, 1993; Whiting, 1993 and Andrews & Smith, 1992) which address the current situation in Australia. Taken together, although this research has provided valuable information from the perspective of the service provider, little attention has been given to the experiences, academic requirements and coping strategies from the student's perspective.

In Australia, acceptance of the existence of learning disabilities is not universal. In States where the existence of learning disabilities is acknowledged (eg NSW), there are significant differences in how learning disabilities are defined (McLean et al, 1995). The current most widely used definition, which recognises learning disabilities as a life-long condition, was proposed by The United States of America National Joint Committee for Learning Disabilities (NJCLD) in 1988:

'Learning disabilities is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to central nervous system dysfunction, and may occur across the life span. Problems in self-regulatory behaviours, social perception, and social interaction may exist with learning disabilities but do not by themselves constitute a learning disability. Although learning disabilities may occur concomitantly with other handicapping conditions (for example, sensory impairment, mental retardation, serious emotional disturbance) or with extrinsic influences (such as cultural differences, insufficient or inappropriate teaching methods), they are not the result of those conditions or influences' (Hammill, 1990, p. 1).

In addition to uncertainty about the definition of 'learning disabilities', there is also a major debate about the use of the terms 'learning disabilities' and 'learning difficulties'. Learning difficulties is a broad term which refers to problems in developmental and academic skills which may arise from one or more of the following factors: intellectual disability, physical disability, inappropriate learning environment or emotional difficulties (National Health and Medical Research Council, 1990 cited in McLean et al, 1995). Not all students with learning difficulties have learning disabilities. The major difference in the two terms is that learning disabilities are presumed to arise from neurological rather than intellectual, physical or sensory impairment. In accordance with the NJCLD definition and the Australian guidelines for working with higher education students with LD's developed by Monash (1993), the term learning disabilities or LD's will be used throughout this report

The lack of any universally accepted definition of learning disability, uncertainty about the criteria for identification of the condition and the diversity of populations who are selected for examination, has made it difficult to calculate the incidence of learning disabilities. The U.S. Department of Education (1989) estimated that 3% of college and university students have a learning disability (Greenbaum, Graham & Scales, 1995). In Australian universities, indications are that his figure is around one in a thousand (Monash, 1993). An Australian national survey of tertiary students with a disability (Andrews and Smith, 1992) found that of the 2,470 students with a disability who were receiving support, 178 had a learning disability. Smith & van Kraayenoord (1994) comment that this figure underestimates actual students with a learning disability given that some students choose neither to disclose their disability nor to request support services. It is also likely that some students have undiagnosed learning disabilities.

Over the last three years, increased attention has been given by Australian tertiary institutions to issues surrounding the diagnosis and accommodation of learning disabilities. Gregg & Hoy (1990: 32) suggest that the purpose of assessments of LD's in higher education should be to "provide an understandable explanation of the students' strengths and weaknesses as well as to provide the student with the strategies to become a self-learner". Research in the US on adults with learning disabilities (Mccue, 1994), suggests that current forms of assessment (typically clinical diagnostic assessment and/or assessment based on a significant performance-intellectual capacity discrepancy) are effective in identifying the broad range of deficiencies that may result from a learning disability, but they are not effective in detailing how these might impact on the individual's ability to function in higher educational settings. Currently in Australia, support providers working in this area voice similar concerns, that is, that psychological reports often fail to meet the needs of the individual student or institution (McLean et al, 1995).

The role of assessment is crucial to the development and implementation of appropriate accommodations and support services for students with learning disabilities. Support services are primarily focused on campus specific individual needs. This is in line with the findings of the Andrews Report (1992) which argues that the support needs of this student group vary on an individual basis according to both the nature of the disability and the requirements of their course of study. A survey of Australian universities (McLean et al, 1995) suggest that two main types of support are available: Generic assistance and support, and specific accommodations. The former term generally applies to forms of assistance that are available through learning skills units, study support centres or counselling (McLean et al, 1995). The latter term is used to refer to any adjustment to an institution's systems or administrative, learning and physical environments made in order to ensure access and equity for people with disabilities (Monash, 1993). These accommodations are usually defined by the contexts in which they are required (eg sitting examinations, attending lectures), the specific form that they take (eg personal reader, scribes) and the specific areas of disability.

There have been several surveys of young adults or college/university students with learning disabilities (eg Polloway, Smith & Patton, 1988; Zigmond & Thornton, 1985; Saracoglo, Minden & Wilchesky, 1989; Vogel & Adelman, 1992; Vogel, Hruby & Adelman, 1993). These studies have been typically designed to identify the needs of this population and/or to associate personal or educational characteristics with particular postsecondary outcomes such as tertiary education success. In a review of this literature, only a few studies were found on the experiences and coping strategies of tertiary students with a learning disability.

Of relevance to this report, this research revealed the following:

The academic characteristics of tertiary students with learning disabilities indicate problems in reading, spelling, listening to lectures, taking accurate notes, written expression and foreign language (Gajar, 1992). These findings are fairly consistent with a recent Australian study (Smith & van Kraayenoord, 1994) in which the major academic difficulties reported by students with LD's at the University of Queensland and Griffith University, were reading, spelling and notetaking . Over half of these students also experienced problems in copying, using the library, writing assignments and sitting examinations.

Students with LD's hold different perceptions of their difficulties and needs than the perceptions of professional service providers (Hoffman, Sheldon, Minskoff, Sautter, Steidle, Baker, Bailey & Echols, 1987) and other students and staff (Houck, Asselin, Troutman & Arrington, 1992). In the latter study, significant differences in attitude were found in relation to professors willingness to make course-related accommodations for learning disabilities and the perceived fairness in doing so to other students.

Tertiary students with LD's express great concern about the lack of concern and/or understanding of L.D.'s by academic staff and/or other students and the lack of understanding for the need for special accommodations (Houck et al, 1992; Greenbaum et al, 1995)

The decision by students to request support services often poses considerable dilemmas regarding the disclosure of one's learning disability (Murphy, 1992). This study found that many students with LD's modify, avoid or minimise formal accommodations because of the experienced stigma associated with special help.

Tertiary students with LD's use a variety of their own adaptive strategies to enable them to cope within an academically competitive environment. These have included sheer determination and perseverance (Cowen, 1988, Greenbaum et al, 1995), listening instead of taking notes, using visual diagrams, course selection and using motor behaviours to reinforce learning (Goldberg, 1983 cited in Cowen, 1988). In Cowen's (1988) study, the most frequently reported coping strategies were those relating to goal setting and time management, reading fluency (eg subvocalizing, purchasing previously highlighted textbooks) and notetaking and written language strategies (use of a dictionary and/or spelling lists, relying on others to proofread, recording lectures and colour coding).

Tertiary students with LD's generally perceive formal accommodations to be extremely helpful (Murphy, 1992; Houck et al, 1992; Greenbaum et al, 1995). Students in the latter two studies indicated extra time in examinations, tutoring, counselling and priority registration to be the most helpful of the support services and accommodations. The major recommendations made by students with LD's for improving university services were: advertising available services, establishing support or social groups for students with LD's and providing inservice programs for staff, advisers and counsellors about learning disabilities (Greenbaum et al, 1995).

Collectively, these limited empirical findings have provided useful information on some of the coping strategies that students with LD's use, major concerns that students may have and academic difficulties that this student group struggle with. Nevertheless, relevance of these primarily US studies to an Australian context is unknown. In addition, largely undocumented is the perceived value of psychological assessments to student's understanding of their learning disability as well as the multitude of coping strategies that students have developed to cope with the academic demands of tertiary studies.

This study is essentially exploratory. The purpose of this paper is to gain a clearer understanding of some of the needs and experiences associated with studying at university for students with learning disabilities. The main objectives of the study are to gather information concerning:

a) The perceived helpfulness of psychological tests to student's understanding of their
 learning disability;

b) The major difficulties experienced by students with LD's and the variety of
 compensatory strategies that are utilised by this student group;

c) The effectiveness of the current support services and accommodations to
 students with learning disabilities. This latter objective assesses four types of
 support:-

\* Instrumental: Frequency support services and accommodations used and the perceived helpfulness of the service,

\* Informational: Source of information regarding the service and the perceived availability of services,

\* Emotional: Perceived understanding of staff to students with learning disabilities; and

\* Appraisal: Perceived understanding of other students to students with learning disabilities.

Method

Sample Structure and Subject Selection

The study was conducted at the University of Sydney and at three of the network members of the University of Western Sydney (UWS). The sample was drawn from all students who were identified as having a learning disability by the University Disability Advisers (University of Sydney, n = 62, UWS, n = 33). To receive services through these offices, students are required to present written documentation of their learning disability or, if not previously diagnosed, to undergo an evaluation conducted by the university or by a non university diagnostic centre, to establish the presence of a specific learning disability.

A random selection of thirty students with learning disabilities from the University of Sydney and thirty three students with learning disabilities from UWS were sent letters of invitation to participate in the study. Thirteen (43%) of the 30 students from the University of Sydney and ten (30%) of the 33 students from UWS signed and returned a form indicating their willingness to participate in the study. This gave a total sample of twenty three and an overall response rate of 35%.

Development of Questionnaire

A preliminary questionnaire was developed based on a review of related literature and the specific objectives outlined in the project proposal to the University Disability Co-operative Project. The questionnaire was then piloted with six students with learning disabilities from UWS Macarthur. These students were not included in the final sample. The questionnaire was reviewed by the four disability advisers and the research officer to determine item clarity and any other recommendations for improvement. The final questionnaire included an introductory statement indicating the nature of the study, the anticipated duration of the interview and the assurance of confidentiality. The questionnaire (Appendix A) covered four main content areas:- sample characteristics, information on assessment (question 8(a to c)), areas of difficulty and coping strategies used for compensating these difficulties (question 9(a to k))and, use and availability of support services and students' perceptions of others understanding of their disability (questions 10 to 12).

Interviews

Interviews were conducted over a four week period by the disability advisers from UWS and by the research officer. Due to confidentiality requirements, students were not interviewed by their own disability advisers. Students completed a questionnaire at the universities which took approximately 40 minutes. Students provided information regarding the nature of their disability and the areas in which they experienced their major difficulties. Dyslexia was the most frequently cited disability (n =14 ), followed by memory dysfunction (n=3), auditory comprehension, visual perception, writing and scotopia sensitivity (n=1). Two students reported attention deficit disorder (ADD) as a co-existing condition. Two students reported that 'no defined label' had been given to their learning disability, illustrating the current difficulties in the classification of LD's ie. that the same condition may be labelled in various ways. Students experienced their major difficulties in spelling (n=15), reading speed (n=14), reading comprehension (n=13), organisation of ideas in assignments (n=12), reading accurately, concentration and grammar/ punctuation (n=11), recalling information in sequence and writing legibly (n=10), understanding what they hear, mathematics and expressing thoughts verbally (n=6), pronunciation and articulation and, reasoning and logic (n=4). Two students also indicated major difficulties in multiple stimuli distract and one student reported major difficulties with very slow writing.

Table 1 provides a summary of subject characteristics.

Table 1
Demographic Information of Respondents (n = 23)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Subject Characteristics | No. | % |
|  | Gender: | MaleFemale | 815 | 3565 |
|  | Age: | 15 - 1920 - 2425 - 2930 - 3435 - 3940 -  | 662144 | 2626941717 |
|  | Main Language: | English: | 23 | 100 |
|  | University attended: | University of SydneyUWS NepeanUWS MacarthurUWS Hawkesbury | 13622 | 562699 |
|  | Course Enrolled: | Science/ EngineeringBach of ArtsNursingAgriculture/ CommerceEducationMusicPostgrad | 6544112 | 26221717449 |
|  | Year of Course: | Year 1Year 2Year 3Year 4 | 61052 | 2643229 |
|  | Special admissions scheme: | Yes:NoUnsure | 5162 | 22699 |

Results

A. Perceived Value of Psychological Tests

Question 8(a to c) concerned the perceived value of psychological tests to student's understanding of their learning disability.

All 23 students indicated that they had completed psychological tests for the assessment of their learning disability. The helpfulness of these tests to student's understanding of their learning disability were rated from (1) not at all helpful to (5) extremely helpful. Results are set out in Table 2.

Table 2
Helpfulness of psychological tests to student's understanding of their disability
Number and percentage of responses (N=23)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1)Not at all No. % | (2)No. % | (3)No. % | (4)No. % | (5)A lot No. % |
| Overall helpfulness of tests:: | 3 | 13 | 4 | 17 | 6 | 26 | 7 | 30 | 3 | 13 |

Students indicated several ways in which the tests could have been more helpful. Results are outlined in Table 3 and the summary following.

Table 3
The ways in which psychological tests could have been more helpful.
Number and percentage of responses (N=23)

|  |  |  |
| --- | --- | --- |
|  | No. | % |
| More explanation of tests/ results to fully understand problems, what the tests mean/ how that applies to learning | 13 | 56 |
| Provided coping mechanisms/strategies or counselling in specific skills, how to improve deficit skills | 7 | 30 |
| More extensive testing | 1 | 4 |
| If carried out 12 years ago | 1 | 4 |
| Repeating tests periodically | 1 | 4 |
| Collaboration between diagnostic centre and Uni to work out support requirements | 1 | 4 |
| Satisfied/ Unsure | 5 | 22 |

Student's rating of how helpful psychological tests were to the understanding of their disability was quite varied. A few students reported that the tests were either 'not at all helpful' or 'extremely helpful'. The majority of students rated the tests in the range of (3) to (4) ie. neutral to quite helpful. The vast majority of students stated that an explanation of the tests and the test results and how these apply to learning, and the provision of strategies to improve deficit skills, would have been more helpful to their understanding of their disability.

B. Major Difficulties Experienced at University and Coping Strategies Used.

Question 9(a) to 9(k) concerned the type of difficulties students may have (defined by context or situation) and the sorts of strategies used to compensate for these difficulties.

Overall, all students experienced major difficulties in sitting examinations (n=23). The vast majority also experienced major difficulties in studying for examinations and writing assignments (n=21) and attending lectures (n=20). About one half of students reported major difficulties in tutorials (n=13), groupwork/ practicals and using the library (n=12) as well as using a computer (n=10). Many students also had difficulties with the campus environment (n=8) and a few with fieldwork/ practicums (n=4). Tables 1 to 12 (Appendix B) outline in each context numbers of students indicating a specific difficulty and coping strategy used. Results of these tables are summarised below.

Studying for examinations (n=21)

About half of the students reported their major difficulties in recalling information. Strategies most frequently used included reading over and over and written language strategies (eg. summarising; using headings, highlighters, point form and colour system, and rewriting notes). About one third of the students also reported difficulties in concentration and in focusing on relevant information. For the former, students reported using time management strategies and a quiet study environment. For the latter, strategies included the use of study groups, taxonomies and answering questions at the end of text chapters. A few students also reported reading as a major difficulty. Scanning textbooks on to computer disc and using coloured paper was able to minimise this problem.

Sitting Examinations (n=23)

The most frequently reported difficulty in sitting exams related to 'time constraints'. Most of these students reported using 'extra time in exams' or time management strategies such as allocating proportional time to questions. Almost one third of students reported difficulties in concentration, reading, writing and understanding questions. Typical coping strategies used included environmental strategies (eg. separate room, sitting down the front), reading and comprehension strategies (large print, coloured exam paper, re-reading, highlighting important words in exam questions) and written language strategies (eg scribes). About one fifth of students also reported difficulties in recalling information and a few reported difficulties with spelling. For the former, students reported using mnemonic exercises and organisational strategies. For the latter, scribes were used or key words for the subject memorised.

Writing Assignments/ Essays (n=21)

Major difficulties were reported by one third of students with the 'organisation of ideas' and 'time constraints'. A range of strategies were employed including time management strategies, organisation of material (eg headings, colours) and brainstorming ideas with others. One fifth of students reported difficulties with 'relevancy of information to the question' and 'spelling/ punctuation'. Typical coping strategies used included; discussions with others, using computer dictionary and finding someone to edit essays. A few students also reported problems in understanding the question, gathering information, anxiety and concentration.

Attending Lectures (n=20)

The vast majority of students reported difficulties with note taking. This included; speed of gathering information, slow or illegible writing, sequencing ideas and copying words or information. Several written language strategies were used such as obtaining copies of overheads or lecture notes, using a note taker, rewriting notes after lectures, borrowing notes, taping lectures. Other strategies included scanning handouts on to a computer and developing one's own form of shorthand. Several students also reported difficulties with seeing the visuals and hearing lectures primarily due to strong accents. Students used strategies such as sitting down the front, arriving early to lectures and obtaining copies of notes from lecturers or other students.

Tutorial Presentations (n=13)

Half of the thirteen students reported major difficulties with anxiety or stress. Coping strategies included counselling, talking to friends or using overheads as a distracter. Reading, organising information and spelling also presented a major difficulty for a few students. Students reported using strategies such as minimising reading (eg. using visual aids, knowing presentation well), reading aids (eg. typed notes, coloured paper, block and large print) and organisation of material (eg highlighting, writing in prompts). Other difficulties included multiple task overload, memory and writing on overheads.

Using a Library (n=12) and using a Computer (n=10)

Of the twelve students who reported difficulties in using the library, the majority reported problems in accessing information. Students reported coping strategies such as using alternative methods (eg. using a local small library, searching shelves in the general area, using references on the latest research), seeking assistance (eg friends, disabilities room) or avoidance. A couple of students also reported difficulties with slow reading. One of these students compensated by buying books and extensive photocopying. The other students compensated by using a special services librarian and a special card, taking home audio visual tapes, extra time in special reserve and making staff aware of the problem.

Over half of the students who reported difficulties using a computer experienced problems learning to use the computer or reading the manual. Most students reported seeking assistance from staff and friends or avoidance. A few students also reported difficulties with seeing the screen and with sore eyes or headaches from the computer. One student reported a tried and trusted means of coping with "moving text" by changing the colours on the screen ie. "Navy screen to yellow print, Red to highlight bold, Green to underline, Anti glare cover over screen".

Groupwork/ Practical (n=12) and Fieldwork/ Practicum (n=4)

About half of the students who reported difficulties with groupwork experienced problems with time constraints and keeping up with others. These students used time management coping strategies as well as alerting others to the problem. A few students also experienced difficulties with note taking (these students reported seeking assistance) and with communication (these students reported avoiding groupwork). A few students reported varied difficulties with fieldwork. These included orientation, understanding the question, communication and writing reports.

Campus Environment (n=8)

The major campus difficulty most frequently reported was the bright lighting and/ or glare. Students reported means of coping were to turn lights down, use coloured paper and shade paper from the light. Two students also mentioned difficulties in reading due to the line grain or stripes on some of the university desks.

C. Effectiveness of Support Services and Accommodations.

Question 10 concerned the support services students with LD's are currently using or have used. These services were categorised under A. accommodations, B. study skills support and C. other support services. Table 4 sets out the frequency the service is used and the numbers and percentages of responses from (1) 'Not at all helpful' to (5) 'Extremely helpful' for each of the support services listed.

Table 4.
Helpfulness of Support Services - Numbers and percentages (n=23)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| A. Accommodations | No | (1)Not at all helpful No. % | (2)No. % | (3)No. % | (4)No. % | (5)Extremely helpfulNo. % |
| Tape-recorded lectures/ tutorials  | 8 |  |  | 1 | 12 | 2 | 25 | 2 | 25 | 3 | 37 |
| Note taker | 6 |  |  |  |  | 1 | 16 | 2 | 33 | 3 | 50 |
| Personal reader | 1 |  |  |  |  |  |  | 1 | 100 |  |  |
| Scribe in exams | 6 |  |  |  |  |  |  | 1 | 16 | 5 | 83 |
| Extra time in exams | 17 |  |  | 1 | 6 | 2 | 12 | 3 | 18 | 11 | 65 |
| Use of computer in exams | 4 |  |  | 1 | 25 | 1 | 25 | 1 | 25 | 1 | 25 |
| Reader in exam | 4 |  |  | 1 | 25 |  |  | 1 | 25 | 2 | 50 |
| Separate exam room | 11 |  |  |  |  | 1 | 9 | 3 | 27 | 7 | 64 |
| Use of dictionary in exams | 2 |  |  |  |  |  |  |  |  | 2 | 100 |
| Split exams | 2 |  |  |  |  |  |  |  |  | 2 | 100 |
| Oral examination | 1 |  |  |  |  |  |  |  |  | 1 | 100 |
| Extra tuition | 5 |  |  | 1 | 20 |  |  | 3 | 60 | 1 | 20 |
| B. Study Skills  |  |  |  |  |  |  |  |  |  |  |  |
| Grammar | 5 |  |  |  |  | 1 | 20 | 3 | 60 | 1 | 20 |
| Assignment writing | 14 | 1 | 7 | 1 | 7 | 6 | 43 | 5 | 36 | 1 | 7 |
| Punctuation | 7 |  |  | 1 | 14 | 4 | 57 | 2 | 28 |  |  |
| Spelling | 7 |  |  | 2 | 28 | 2 | 28 | 2 | 28 | 1 | 14 |
| Research | 3 |  |  | 1 | 33 | 1 | 33 | 1 | 33 |  |  |
| Listening skills | 2 |  |  | 1 | 50 | 1 | 50 |  |  |  |  |
| Reading | 5 |  |  | 1 | 20 | 2 | 40 | 1 | 20 | 1 | 20 |
| Time management | 5 | 1 | 20 | 1 | 20 | 2 | 40 | 1 | 20 |  |  |
| C. Other support  services |  |  |  |  |  |  |  |  |  |  |  |
| Disability adviser | 20 |  |  |  |  | 1 | 5 | 9 | 45 | 10 | 50 |
| Student counselling | 9 | 2 | 22 | 1 | 11 |  |  | 2 | 22 | 4 | 44 |

The accommodations most frequently used by students were examination accommodations ie. extra time in exams and separate exam rooms. About one third of students also used tape-recorded lectures or tutorials, scribes in exams and note takers. A few students also reported having extra tuition and using a computer or reader in exams.

The study skills support most frequently used by students was assignment writing. Spelling and punctuation study skills were used by about one third of students and a few students had used reading, time management, grammar, research, and listening skills. The vast majority of students had sought help from their respective disability advisers and over one third of students had attended student counselling.

Other support services used included:- library support, language lab, academic staff, integration room resources, disability adviser assistant and faculty disability support officer n=1). These 'other' services were all rated 'extremely helpful' except the latter service which was rated as 'not at all helpful' by one student.

Overall, accommodations were generally rated as more helpful than the study skills support units, with a wider variability in the latter. The vast majority of students rated the accommodations in the range of (4) helpful to (5) extremely helpful. In contrast, the vast majority of students rated specific study skills in the range of (3) to (4) - neutral to helpful. The disability advisers were generally rated as extremely helpful or helpful, whereas student counselling was rated with greater variability ie. 'not at all helpful' by two students and extremely helpful by several others. Many students also made comments such as "is that available?", "that would be helpful" particularly in relation to accommodations.

Question 11 (a & b) concerned the information about and availability of support services. The numbers and percentages for sources of information about the support services are outlined in Table 5.

Table 5
Source of Information regarding University Support Services -
Number and Percentage of Responses (N=23)

|  |  |  |
| --- | --- | --- |
|  | No. | % |
| School told me (school counsellor, careers adviser) | 4 | 17 |
| University handbook, calendar | 4 | 17 |
| Through friends/ gossip | 4 | 17 |
| Rang the University | 3 | 13 |
| University student counselling | 3 | 13 |
| TAFE/ Continuing education course/ other university | 3 | 13 |
| Referred by medical service | 2 | 9 |
| Special Admissions Scheme | 1 | 4 |

Numbers and percentages of responses for 'perceived availability of support services' are outlined in Table 6.

Table 6
Perceived Availability of Services - Number and Percentage of Responses (N=23)

|  |  |  |
| --- | --- | --- |
|  | No. | % |
| Very available | 11 | 48 |
| Difficult to make appointments with disability adviser/ someone or long wait for appointments | 9 | 39 |
| Fairly available or 'OK' | 4 | 17 |
| Unaware of services until recently | 2 | 9 |
| Accommodations slow in delivery | 1 | 4 |
| Not much support/ availability of services in nursing faculty | 1 | 4 |
| Haven't used enough to comment | 1 | 4 |

Students found out about the university support services through a variety of sources. Almost half the students had received information through the university and several students had been informed of the services through their schools, their friends and through other tertiary institutions. Most of the students reported the services for students with LD's as 'very available'. However, over one third of students also stated that appointments were difficult to make or the wait was very long.

Question 12 (a to c) concerned the perceived understanding or helpfulness of academic staff, library staff and others students to students with a learning disability. Numbers and percentage of responses from (1) not at all to (5) extremely understanding / helpful are set out in Table 7.

Table 7.
Perceived Understanding or Helpfulness of Staff and Other Students:-
Number and Percentage of Responses (N=23)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1)Not at all Understanding/ helpful No. % | (2)No. % | (3)No. % | (4)No. % | (5)Extremely understanding/ helpfulNo. % |
| a) Academic Staff | 4 | 17 | 8 | 35 | 6 | 26 | 5 | 22 | - | - |
| b) Other Students | 7 | 30 | 6 | 26 | 6 | 26 | 4 | 17 | - | - |
| c) Library Staff | 4 | 17 | 1 | 4 | 5 | 22 | 3 | 13 | 2 | 9 |

Eight students reported 'N/A' to question 12(c).

About half of students rated academic staff as not very understanding with several of these rating academic staff as 'not at all understanding'. About one quarter of students rated academic staff as (3). Many of these students commented that they experienced a wide range of attitudes amongst academic staff ie. 'some are very understanding and others are not at all'.

Overall, other students were perceived as less understanding of students with LD's than academic staff. Almost one third of students reported that other students were 'not at all understanding'.
Student responses to the perceived helpfulness of library staff were varied with a few students rating library staff as 'not at all helpful' and a couple rating staff as 'extremely helpful'. Many students also commented that they had not disclosed their LD to library staff, thus couldn't comment on this question.

Questions 12 (d & e) and 13 concerned how well students perceived their needs to be met at university, ways in which people could be more supportive of their needs and recommendations students had for improving support services. Support has been coded in terms of type of support reported by students.

Numbers and percentage of responses from (1) not at all to (5) extremely well are set out in Table 8.

Table 8.
Degree to which students' perceived needs are met at University
Number and Percentage of Responses (N=23)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | (1)Not at all No. % | (2)No. % | (3)No. % | (4)No. % | (5)Extremely well No. % |
| Overall needs met | 1 | 4 | 2 | 9 | 7 | 30 | 8 | 35 | 4 | 17 |

One student reported 'Can't comment yet' to question 12(d).

Numbers and percentage of responses to the ways people could be more responsive to students' needs are outlined in Table 9.

Table 9.
Ways people could be more supportive of students' needs
Number and Percentage of Responses (N=23)

|  |  |  |
| --- | --- | --- |
|  | No. | % |
| Emotional/ Appraisal SupportLecturers/ staff could be more understanding / informed re LD'sIncreased knowledge/ recognition/ awareness of LD's | 53 | 2213 |
| Instrumental SupportMake available the following accommodations:\* Many forms could be on computer disc\* Copies of overheads for important notes\* Brief summary of major points in lectures\* More choice of different formats in exams\* Borrowing cassettes overnight from language labs\* Providing affordable support for phonetics\* Increased resources eg. personal support, adaptive technology | 1111111 | 4444444 |
| No further support necessary | 4 | 17 |
| Unsure | 2 | 9 |
| Not answered | 2 | 9 |

Numbers and percentage of responses to students' recommendations for improving support services are outlined in Table 10.

Table 10.
Student Recommendations for Improving Support Services
Number and Percentage of Responses (N=23)

|  |  |  |
| --- | --- | --- |
|  | No. | % |
| Emotional SupportIncreased awareness and responsibility by faculty, education programs for raising awareness, understanding of LD's by staff/ lecturersMore communication & interaction between staff & studentsMinimise stigma | 631 | 26134 |
| Instrumental SupportAllowance for after hours appointmentsAreas with low lighting to studyExtra time on essays/ counselling re structure of essaysSurvey, like this one, as a group project to students with LD'sMeans, other than disability advisers, for grievances and complaintsAvenue for discussion of problems you may have in workforceNote taking needs to be clearer - typed if possibleSolving problems at a department level by people aware of your disability | 11211111 | 44944444 |
| Informational SupportMore awareness of existence of services - a stand at O week, lecturers make mention ofMake sure other campuses know about servicesOn application forms, disability should be explained eg L.D. so that applicants can receive relevant info at beginning of studies | 421 | 1794 |
| Appraisal SupportGreater awareness/ increased understanding of LD's by other studentsSystem where incoming students are matched with an older student with a similar disability, increased peer, peer tutoring | 43 | 1713 |

About half of the students felt that their needs were well met or extremely well met at university, while almost one third of students rated this item as (3) or fairly neutral. The majority of students cited ways in which people could be more supportive of their needs, particularly increased awareness and understanding from university staff and a range of accommodations to be made available. The former identified need was reflected in a few students' statements such as "Having a learning disability doesn't mean I am stupid", "it shouldn't be assumed that I have a low IQ".

Finally, many students suggested several recommendations for improving support services. Again, the most frequently cited recommendation related to increased emotional support ie. greater awareness/ understanding of LD's by academic staff, education programs and increased communication between staff and students. Instrumental support was also recommended ie. many students suggested modifications to the existing service and a range of accommodations to be implemented. About one third of students also recommended increased informational support, particularly more awareness of the existence of the service, and appraisal support, particularly more understanding of LD's by other students and a peer support system.

Discussion and Recommendations

The students with learning disabilities who participated in this study revealed an enormous amount of determination and persistence in coping with the demands of a university environment. Given the diverse nature of students' learning disabilities, a number of common patterns emerged in the findings. These will be discussed under four headings; sample characteristics, assessment, major difficulties and coping strategies and, support services and accommodations, and implications considered. Limitations of the study are discussed, directions for future research highlighted, and key recommendations are made.

Sample Characteristics

The ages of the participants in the study ranged from 18 to 50 with over half of the students aged under 25. Interestingly, females in this study outnumbered males by almost 2:1. Although there are no statistics currently available in relation to gender differences in an adult or student population with learning disabilities, in children, the incidence of learning difficulties amongst boys is far higher than for girls (Harmon, 1994). It is likely that in childhood, boys are primarily identified with learning difficulties by behavioural indicators and few may proceed to tertiary studies. It is also possible that male students are more likely than female students to perceive negative consequences of disclosing a learning disability eg 'showing a weakness' or 'jeopardising a career'. These factors may reflect the possibility that females are more likely to identify with LD's and/ or seek accommodations than are males. Also of interest was that 100% of students in this study reported English as the primary language spoken at home. Although varied measurements of non-English speaking background (NESB) preclude comparison across populations, these figures do not reflect the general university population at the universities sampled. It is possible that the combination of a learning disability and a NESB may be prohibitive to the demands of university studies. Alternatively, it could be that a learning disability may be masked by a NESB. One implication of the above findings is that they highlight the 'hidden' population of learning disabled students, who either have not had their disability formally identified or have chosen, for whatever reason, not to identify themselves and/ or to seek accommodations.

Assessment

Over half of the students reported that psychological tests were of little help to the understanding of their learning disability. These findings are generally consistent with those reported by Australian service providers in McLean, Bruce and Powell's (1995) study as well as McCue's (1994) findings that psychological assessments were not effective in detailing how deficiencies may impact on student's ability to function in higher educational settings. In this study, student's primarily sought explanation of the tests and of the results and how these apply to their learning. A third of the students also sought coping strategies to compensate for or improve deficit skills. Clearly, students need to have both a good understanding of their strengths and weaknesses relative to real-life demands and an understanding of the effects of their learning disabilities on learning. McLean, Bruce and Powell's (1995) recent comprehensive guidelines on issues pertaining to identification, assessment and documentation of learning disabilities in Australian higher education provide a promising step to ensuring assessment reports are more relevant and understandable to both students and service providers. With increased understanding, students may also be more willing to disclose their LD's and to articulate the appropriate accommodations and assistance.

Major Difficulties at University and Coping Strategies

Difficulties

The major difficulties students experienced were in the areas of spelling, reading, organisation of ideas in assignments, grammar and punctuation and, concentration. These areas of difficulty were reflected in the contexts in which most students experienced their major problems ie. sitting exams, studying for exams, writing assignments and attending lectures. Comparison of findings across the few studies in this area is difficult as 'difficulties' are defined variously ie. by area, by context or by a mixture of both. However, it is reasonable to conclude that the findings of this study reflect those findings of Smith and Van Kraayenoord (1994) and Gajar (1992).

Coping Strategies

Although this student group experienced extensive difficulties in the majority of identified contexts, many of the reported coping strategies or accommodations compensated for some of these difficulties. Nevertheless, some of the reported coping strategies were not necessarily effective and there were some areas of difficulty where students had developed no or relatively few, coping strategies.

The majority of coping strategies appeared very effective. These included: written language strategies (eg. summarising, using colour systems or mnemonic exercises), reading and comprehension strategies (eg. using coloured paper and/or large print, scanning of texts on to a computer using synthetic voice, changing the colours appearing on a computer screen), time management strategies, specific accommodations (eg. extra time in exams, use of a note taker, use of scribes) as well as asking assistance from other students or staff.

However, many reported coping strategies were arduous, time consuming and often an expensive option. These included: spending hours looking through shelves for books, avoiding computers or group work and buying instead of borrowing books. There were also areas of difficulty, such as group or practical work, where there were few reported coping strategies used. As these coping strategies would primarily rely on the assistance of others in these settings, results could reflect our samples perceived lack of understanding of disability issues amongst both academic staff and fellow students. Our results could also reflect social skills difficulties within this group, which was not explored in this study. Nevertheless, these findings suggest that students with LD's may be able to more effectively assert needs in these settings if they perceived greater understanding of their disability.

Many of the difficulties experienced by this student group are often difficulties experienced by the general student population. Thus any modifications or accommodations specifically implemented for students with LD's are likely to benefit all students. Findings from this study suggest that focus needs to be placed on the promotion of teaching practices that not only facilitate autonomy in learning, but which are inclusive to students both with and without learning disabilities.

Support Services and Accommodations

Instrumental Support

Consistent with American studies (Murphy, 1992; Houck et al, 1992; Greenbaum et al, 1995), accommodations were generally perceived to be helpful or extremely helpful. Although student numbers using some of the accommodations were small, the accommodations rated most helpful included scribe in exams, extra time in exams, separate exam room and a note taker. Many of the reported support needs or recommendations for instrumental support related to accommodations such as different exam formats and extra time on essays, teaching accommodations eg. summaries of major points and copies of overheads, and modifications to disability services eg. after hours appointments and means for grievances and complaints.

In contrast to accommodations, the study skills support was generally rated as less helpful than were accommodations. The reason for this is not clear, however two students commented that they were "too slow" for the particular courses. This suggests that aspects of the study skills support may not be adequately addressing student needs with LD's and that this area warrants future evaluation.

Informational Support

Our findings suggest that information about university disability services is available from a wide variety of sources, however since the sample are all users of the services, there are no doubt students who could benefit from these services yet are unaware of their existence. This was implied by the comments of two students who stated that they were "unaware of the services until recently" as well as two students who recommended that other campuses be aware of the services. Several students also recommended increased awareness of the existence of disability services. Half of the students interviewed reported these services to be very available, yet over a third of students also stated that appointments with disability staff were difficult to make. In light of the current trend toward increasing numbers of students with LD's seeking services at Australian universities, these findings suggest that available resources may be insufficient to meet the increasing demands on these services.

Emotional and Appraisal Support

Consistent with US findings (Houck et al, 1992; Greenbaum et al, 1995), a considerable number of students expressed a lack of awareness and understanding of academic staff toward students with LD's. Interestingly, students with LD's rated 'other students' as even less understanding of learning disabled students than academic staff. Both these findings were reflected in the large emphasis given by respondents to 'emotional' needs in their recommendations for improving support services.

One implication of the above findings are if students are perceiving (rightly or wrongly) that many academics and their peers have little understanding or are not supportive of their needs, this can create further barriers to student's disclosing and possibly asking for the necessary accommodations. In addition, perceived isolation from peers can be compounded by student's difficulty adjusting to an environment which demands a high degree of independence, particularly for students in their first year of study. Students with LD's would no doubt benefit from the availability of a support system, such as a peer support system as expressed by a few students in this study and similarly expressed by US students in Greenbaum, Graham and Scale's (1995) study. Our findings suggest there is also a need for academic staff to have more information about learning disabilities, accommodations and ongoing staff development programs to cater to the changing knowledge base in this area. Houck, Asselin, Troutman and Arrington (1992) noted that in the United States, attitudinal changes have been facilitated by increasing exposure to students with learning disabilities and professional development programs. Many Australian universities have recently developed guidelines on teaching strategies and accommodations, alternative assessment and information on the nature of various disabilities, however this information needs to be better disseminated.

Students reported varied responses to the perceived helpfulness of library staff toward students with LD's. Interestingly, over a third of students indicated that this question was not applicable to them. Given that over half of students reported difficulties using the library, particularly accessing information, it is surprising so many students do not seek any additional support in the library. These findings suggest that information about library support services is not adequately available and/ or that students are reluctant to disclose their disability to appropriate library staff.

Limitations

Certain limitations in the current research must be acknowledged. Firstly, as there is little research in this area from the perspective of the learning disabled student, there is also a lack of standardisation of measures by which to compare our findings. In addition, the exploratory nature of this study precluded a more detailed analysis of any one area. Secondly, only 35% of students with LD's responded to the invitation to participate in the survey. This was likely due in part to the timing of the interviews ie. just prior to exam time. The sample interviewed were also drawn only from the population of students with LD's who had identified themselves to the disability student services. As this precludes those students with LD's who either do not disclose or do not use any support services, this sample may not be representative of all tertiary students with a LD. Given that our sample expressed concerns about the stigma of a learning disability and sometimes fears of others finding out, the 'hidden' population of learning disabled students may be larger than is currently assumed. Furthermore, current differences in diagnosis and/ or classification of learning disabilities make comparison across populations difficult. At present the N.S.W. University Admissions Centre lists learning disabilities and attention deficit disorder (ADD) under the same classification on their application forms. This may be appropriate for educational entitlement criteria, however inconsistencies across populations arise when each university has its own classification criteria for the inclusion or exclusion of ADD in the 'learning disabled' population.

Directions for Further Research

Several researchers have emphasised the need for more data-based research in the area of adults with learning disabilities (eg. Murphy, 1992; Gajar, 1992) and for research which incorporates an understanding of Australian political, economic and educational environments (McLean et al, 1995). The results of this research raise a number of issues that are in need of further research. Studies validating the effectiveness of study skills courses and specific accommodations need to be conducted. The perceptions of academic staff and 'other' students towards students with LD's and toward the provision of accommodations for this student group also need to be evaluated. Finally, findings from this study suggest that there is a 'hidden' population of learning disabled students which warrants further investigation. Recruiting this sample may be difficult, however this sample may provide further insights into why students are not disclosing as well as the varied compensatory strategies this group may have developed.

Conclusion

The concept of 'learning disabilities' is currently surrounded by controversy and debate. The extreme heterogeneity of the population with learning disabilities, the lack of clear consensus on one definition of what is meant by learning disabilities, and the resultant lack of consistency in the identification and accommodation of learning disabled populations impact on individual students with LD's. Student's lack of understanding of psychological tests and test results may in part reflect this lack of consistency at the conceptual level. Inconsistencies in guidelines can also generate considerable misunderstanding as to what is a 'real' learning disability. This may be indirectly reflected by student perceptions that academic staff and other students were not generally understanding toward students with learning disabilities.

This study has highlighted many of the difficulties that students with LD's face and provides insights into the teaching adaptations most required by this student group, such as strategies for idea retention and for simplifying reading. It also provides valuable information on coping strategies developed by students which may benefit other students with or without LD's. At least for the universities sampled, there are a wide range of essential services and accommodations now put in place for students with learning disabilities. Nevertheless, our findings suggest that students would benefit from wider dissemination of information about these services as well as increased awareness of learning disabilities. To facilitate this objective, it is essential to achieve a level of consistency in guidelines for decisions that are currently based on specific individual need.

Summary of Recommendations

• Documentation on the assessment of students with LD's needs to facilitate student understanding of their disability and provide specific coping strategies or recommendations for appropriate accommodations.

 Teaching adaptations need to be made which will maximise autonomy in learning for students with or without learning disabilities.

 Provision of ongoing training programs is necessary for staff to develop awareness of the needs of and reasonable accommodations for students with LD's.

 All 'other' student's general awareness about the nature of learning disabilities & available disability support services needs to be raised.

 Information about disability support services & accommodations needs to be disseminated more widely, including within university departments and to other campuses.

 Increased social support such as a peer support system should be initiated for students with LD's.

 There is a need for further Australian research, particularly on the efficacy of specific support services such as study skills courses and on the 'hidden' population of tertiary students with LD's.

 To facilitate the above recommendations, it is essential that consensus in definition of learning disability, clarification of policies and consistency in procedures for students with LD's is achieved.

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Appendix A

Survey

1. Male / Female

2. What is your age? ............................

3. What is the main language spoken at home? .........................................

4. Which University do you attend? ................................................................

5. a) What course are you enrolled in? ............................................................

 b) What year of your course are you in? ...............................

 c) Did you enter University through a special admissions scheme?
 (please circle the correct number)

 1. Yes 2. No 3. Don't know

6. What is your learning disability? (eg. dyslexia, short-term memory, print disability)

 ..................................................................................................................................

7. What areas do you experience your major difficulties in? (please tick)

|  |  |  |  |
| --- | --- | --- | --- |
| Reading accuratelyReading comprehensionReading speedUnderstanding what you hearSpellingGrammar and punctuationExpressing your thoughts verballyPronunciation & articulationRecalling information in sequence | ( )( )( )( )( )( )( )( )( ) | ConcentrationWriting legiblyOrganising ideas in assignmentsReasoning and logicMathmaticsAny others (please state).................................................................................................................................................................................... | ( )( )( )( )( ) |

8. a) Have you had any tests by a counsellor or psychologist for your
 learning disability? (Please circle the correct number)

 1. Yes 2. No 3. Unsure

 b) Did the tests help you to understand your learning disability?

 1. 2. 3. 4. 5
 Not at all A lot

 c) How could the tests have been more helpful to you?

...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

9. Please indicate the type of difficulty (if any) and the sorts of strategies you use to try to
 overcome the problem.
 (Coping strategies may mean re-reading, summarising, using scribes)

 a) Studying for examinations

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .................................................................................... ...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 b) Sitting examinations

 Type of difficulty: ............................................................................................... ..........................................................................................................................................................................................................................................................................................................

 Coping strategies used:....................................................................................... ...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 c) Writing assignments/essays

 Type of difficulty: ...............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: ....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 d) Attending lectures (eg. note taking, copying)

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 e) Tutorial presentations
 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 f) Using the library

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 g) Using a computer

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 h) Campus environment (eg. signs, lighting)

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 i) Groupwork / practical

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 j) Fieldwork / practicum

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 k) Any other (please state)

 Type of difficulty: ..............................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

 Coping strategies used: .....................................................................................
...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

10. Please tick the support services you use.
 Please rate how helpful the service is to you. (circle correct number)

|  |  |  |
| --- | --- | --- |
| A. Accommodation Tape-recorded lectures or tutorials | ( )( ) | Not at all Extremely helpful helpful 1. 2. 3. 4. 5 |
|  Note taker | ( ) |  1. 2. 3. 4. 5 |
|  Personal reader | ( ) |  1. 2. 3. 4. 5 |
|  Scribe in exams | ( ) |  1. 2. 3. 4. 5 |
|  Extra time in exams | ( ) |  1. 2. 3. 4. 5 |
|  Use of computer in  exams | ( ) |  1. 2. 3. 4. 5 |
|  Reader in exam | ( ) |  1. 2. 3. 4. 5 |
|  Separate exam room | ( ) |  1. 2. 3. 4. 5 |
|  Use of dictionary in exams | ( ) |  1. 2. 3. 4. 5 |
|  Split exams | ( ) |  1. 2. 3. 4. 5 |
|  Oral examination | ( ) |  1. 2. 3. 4. 5 |
|  Extra tuition | ( ) |  1. 2. 3. 4. 5 |
| B. Study Skills  |  | Have you had extra help with the following study skills? ( ) How helpful has this been to you? (circle correct number) |
|  Grammar | ( ) |  1. 2. 3. 4. 5 |
|  Assignment writing | ( ) |  1. 2. 3. 4. 5 |
|  Punctuation | ( ) |  1. 2. 3. 4. 5 |
|  Spelling | ( ) |  1. 2. 3. 4. 5 |
|  Research | ( ) |  1. 2. 3. 4. 5 |
|  Listening skills | ( ) |  1. 2. 3. 4. 5 |
|  Reading | ( ) |  1. 2. 3. 4. 5 |
|  Time management | ( ) |  1. 2. 3. 4. 5 |
|  |  | Not at all Extremely helpful helpful |
| C. Other support  services |  |  |
|  Disability advisor | ( ) |  1. 2. 3. 4. 5 |
|  Student counselling | ( ) |  1. 2. 3. 4. 5 |
| Others (please state) |  |  |
| .................................. |  |  1. 2. 3. 4. 5 |
| .................................. |  |  1. 2. 3. 4. 5 |
| .................................. |  |  1. 2. 3. 4. 5 |

11. a) How did you find out about the University support services ?

..........................................................................................................................................................................................................................................................................................................

 b) How available do you find these services? ...............................................................................................................................................................................................................................................................................................................................................................................................................................................................

12. a) Do you think academic staff understand the needs of students with
 learning disabilities?

 1. 2. 3. 4. 5
 Not at all Extremely understanding

 b) Do you think other students understand the needs of students with
 learning disabilities?

 1. 2. 3. 4. 5
 Not at all Extremely understanding

 c) How helpful do you feel library staff are to the needs of students with
 learning disabilities?

 1. 2. 3. 4. 5
 Not at all Extremely helpful

 d) Overall, how well do you think your needs have been met at University?

. 1. 2. 3. 4. 5
 Not at all Extremely well

 e) How could people be more supportive of your needs?

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

13. Do you have any recommendations for improving support services for students with
 learning disabilities?

....................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Thankyou

Appendix B

Table 1
Difficulties in Studying for examinations (N=21)
COPING STRATEGIES

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Learning/recalling info/s-t memory(n=12) | Learn main concepts & ideas, focus understanding (n=2) | Rewriting notes again & again(n=3) | Reading over & over or out loud(n=6) | Use of colour system - important words (n=1) | Use of headings, underline, point form, highlighters(n=4) |
|  | Summarise (chapters, brief notes) (n=4) | Mnemonics-highlight one word to recall parag. (n=1) | Good family support (n=1) | Take fewer subjects , a lot of time (n=2) | Use all lecture notes - add info from text (n=1) |
| Concentration/ distraction(n=7) | Quiet study environment,well lit etc(n=2) | Routine - task organisation(n=2) | Set goals(n=1) |  |  |
| Focusing on / summarising relevant info(n=6) | Study group (set each a topic) (n=2) | Answering questions at end of text chapter (n=1) | Draw taxonomies (n=1)  | Use computer to compile (n=1) |  |
| Reading (volume of, moving text)(n=4) | Scan textbooks onto computer disc (n=2) | Use coloured paper (n=1) |  |  |  |
| Reading own notes/ taking notes(n=2) | Borrow others notes(n=1) |  |  |  |  |
| Anxiety(n=1) | Counselling (n=1) |  |  |  |  |

Table 2
Difficulties in Sitting Examinations (N=23)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time constraints(n=9) | Extra time in exams (or seeking) (n=6) | Allocate proportional time to qus. (n=2) | Approach methodically - attempt each ques. (n=1) |  |
| Concentration/ distractions(n=6) | Use ear plugs(n=1) | Sit down the front (n=2) | Separate room(sometimes available) (n=1) |  |
| Reading(n=6) | Large print paper (n=1) | Use coloured exam paper (n=2) | Extra time (n=1) |  |
| Writing (speed, legibility)(n=6) | Use a scribe (n=5) | Use a computer (n=1) |  |  |
| Recall of Information/ s-t memory, comprehension(n=5) | Using Mnemonic exercises(n=1) | Answer qus I know first(n=1) | Read whole paper first - jot down ideas as they arise (n=1) | Before starting, write words on paper to remind me of sections (n=1) |
| Understanding questions (perception) (n=6) | Reread(n=3) | Underline/ circle most important words (n=3) | Make plans/drawings of each ques. (n=1) |  |
| Spelling(n=3) | Use a scribe(n=2) | Learn key words for subject (n=1) |  |  |
| Organising ideas (n=2) | Slow down (n=1) | Write detailed plan (n=1) |  |  |
| Anxiety (n=2) | Take deep breaths (n=1) | Self-talk (n=1) |  |  |

Table 3
Difficulties in Writing Assignments/ Essays (N=21)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation of ideas(n=7) | Start early(n=2) | Brainstorm ideas with others (n=1) | Organise info under headings (n=1) | Highlight, use different colours (n=1) |
| Time constraints/ lack of organisation(n=6) | Organisation of information (n=1) | Planning, organise time efficiently (n=3) | Use computer (Spoilcheck 1)(n=1) |  |
| Relevancy of info to question, sifting information (n=5) | Discuss with friends/ students/ lecturers (n=3) | Thorough preparation(n=1) | Reread several times (n=1) | Attending essay workshops (n=1) |
| Spelling/ punctuation(n=5) | Use computer dictionary (n=2) | Find someone to edit (n=2) |  |  |
| Reading(n=3) | Use texts that are better visually ie layout. larger print, categorised. (n=1) | Scan texts & have computer read back (n=1) |  |  |
| Understanding the question(n=3) | Seek clarification from staff (n=2) |  |  |  |
| Gathering info/ locating material (n=2) | Allow more time (n=1) |  |  |  |
| Anxiety/ stress (n=2) |  |  |  |  |
| Concentration/ motivation(n=2) |  |  |  |  |
| Articulation on paper (n=1) | Avoid subject if based on written work (n=1) |  |  |  |

Table 4
Difficulties Attending Lectures (N=22)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Note taking (N=18) |  |  |  |  |
| a) Gathering info  fast enough, can't  listen & take  notes (n=10) | Get copies of overheads or lecture notes (n=3) | Taping lectures(n=2) | Note taker (n=3) | Borrow notes/ ask someone (n=3) |
|  | Scans handouts on to computer (n=1) | Avoid lectures(n=1) | Developed own shorthand (n=1) | Rewrite notes (n=1) |
| b) Writing (legibly) (n=4) | Rewrite notes using textbook after lectures (n=3) | Use computer (n=1) | Obtain notes from other sources (n=1) |  |
| c) Getting down  important details,  sequencing ideas (n=2) | Write down key concepts & ideas (n=1) | Work out later what is relevant & sift (n=1) |  |  |
| d) Copying info  accurately (n=2) |  |  |  |  |
| Seeing the visuals/ overheads (n=5) | Sit at the front, get to lecture early (n=2) | Ask for copies after lecture (n=2) | Get notes from others (n=1) | Use tinted lens (n=1) |
| Hearing lectures/ strong accents(n=3) | Sit at the front (n=2) |  |  |  |
| Concentration (n=2) |  |  |  |  |

Table 5
Difficulties with Tutorial presentations (N=13)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Anxiety/ panic/ stress(n=6) | Counselling(n=1) | Talking to friends (n=1) | Take valium/ alcohol (n=1) | Use colour overheads to take focus off me (n=1) |
| Reading(n=3) | Put everything in blocks & large print on computer (n=1) | Know presentation well - avoid reading (n=1) | Keep text short (n=1) | Use of O/H & visual aids (n=1) |
| Summarising, organising info(n=2) | Organisation of material (n=1) | Use different coloured paper (n=1) | Highlight, write in prompts (n=1) | Type all notes (n=1) |
| Multiple tasks (eg slides, notes & discussion)(n=1) | Organisation of material (n=1) | Make tutor aware & ask for help (n=1) |  |  |
| Spelling/ Copying accurately(n=2) |  |  |  |  |
| Memory(n=1) | Use palm cards (1-3 words ) to aid memory (n=1) |  |  |  |
| Writing (on O/H)(n=1) | Write up prior to tutorial (n=1) | Use spell check on computer (n=1) |  |  |

Table 6
Difficulties Using the Library (N=12)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Accessing Information/ finding info via standard methods(n=8) | Avoid using where possible/ don't cope (n=3) | Use computer in disabilities room (n=1) | Spend hours looking through shelves for books in that area (n=1) | Get latest research & use refs. to key up on a normal computer (n=1) |
|  | Use small local library (n=1) | Take a friend (n=1) | Use library when not busy (n=1) |  |
| Slow reading(n=2) | Make staff aware of difficulty (n=1) | Use special services librarian & special card (Library support eligibility) (n=1) | Take home audio visual tapes (n=1) | Extra time permitted in SR (n=1) |
|  | Buy books (n=1) | Extensitve photocopying (n=1) |  |  |
| Problems with staff - not helpful (n=1) |  |  |  |  |
| Spelling for computer search(n=1) | Finding key words in course outline (n=1) | Using different words (n=1) |  |  |

Table 7
Difficulties Using a Computer (N=10)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning to use, reading manual, program disorientation(n=6) | Teach self on friend's computer (n=1) | Help sought from friend/ staff (n=3) | Avoid using (n=1) | Have copy of program at home - set up prior to prac. (n=1) |
| Sore eyes/ headaches from screen(n=3) | Frequent breaks (n=1) | Complete all assignments at home (n=1) | Darken the screen (n=1) |  |
| Screen difficult to see, moving text(n=3) |  Change colours:- \*Navy screen - yellow  print\*Red to highlight bold\*Green to underline\*Anti glare cover over  screen (n=1) | Turn screen to dark (n=1) | Turn out lights where possible (n=1) | When unable to change screen, use friend to help (n=1) |
| Slow typing speed (n=2) | Trying to practice (n=1) |  |  |  |
| Anxiety (n=1) | Minimise use (n=1) |  |  |  |

Table 8
Difficulties with Campus Environment (N=8)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lighting too bright/ White board too bright/ glare (n=7) | Use coloured paper (n=1) | Shade paper from light (n=1) | Turn lights down (n=2) | Appropriate seating (n=1) |
| Orientation around campus, stairs(n=2) | Use maps (n=1) | Ask friends (n=1) | Take the long way (n=1) |  |
| Yellow & brown stripes on desks move; line grain on desk confusing (n=2) | Covering the desk (n=1) | Using a computer (n=1) |  |  |

Table 9
Difficulties with Groupwork/ Practical (N=12)

COPING STRATEGIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Time constraints/ pressure to keep up (n=5) | Alert teacher (n=1) | Make group aware of disability (n=2) | Time management, pre-read prac. (n=3) | Find understanding people to work with (n=1) |
| Spelling, taking notes(n=3) | Ask others to do it (n=3) |  |  |  |
| Communication, doing all the work (n=2) | Avoid group work (n=2) |  |  |  |
| Embarrassment about LD(n=1) | Take minimal role (n=1) |  |  |  |
| Public speaking(n=1) | Avoid by doing all the other work (n=1 |  |  |  |

Table 10
Difficulties with Fieldwork/ Practicum (N=4)

 COPING STRATEGIES

|  |  |
| --- | --- |
| Writing reports (n=1) | Using dictionary (n=1) |
| Taking wrong perception of question (n=1) | Seek assistance from tutor (n=1) |
| Finding my way around different places (n=1) | Well prepared eg maps, lists, names, notes (n=1) |
| Finding relevant information, communication (n=1) | Use phone, anonymous (n=1) |

Table 11
Other difficulties stated (N=4)

 COPING STRATEGIES

|  |  |
| --- | --- |
| Filling out forms (n=1) | Avoid, ask others (n=1) |
| Studying full-time, time consuming (n=1) | Can only study part-time (n=1) |
| Attitudinal difficulties, lack of appropriate complaint mechanism (n=1) | Keeping quiet (n=1) |
| Remembering info that a lecturer has explained re essays (N=1) | Use small tape recorder during discussion or talk into after (n=1) |

THE WORKINGS OF THE VICTORIAN REGIONAL DISABILITY LIAISON UNIT

The "F" words: Facts, Frustrations, Fascinations and Futures

HISTORY OF THE VICTORIAN UNIT.

In the 1993 Budget, the Federal Government announced the establishment of 15 Regional Disability Liaison Officer (RDLO) positions to provide support to students with a disability in tertiary education. These 15 officers were to be located within institutes of higher education, with a duty statement emphasising the regional nature of the position and to avoid duplication of the tasks of the institutes' Disability Liaison Officers. Victoria was granted 3 RDLO positions.

In May 1994, DEET's RDLO proposal was circulated for comment to institutes of higher education. At the same time a post secondary Disability Integration Network Inc. (psDIN) meeting was held at Swinburne Institute of Technology where David Phillips and Ian Creagh from DEET discussed the intent of the RDLO funding. At this meeting a proposal for psDIN to host a unit rather than 3 separate positions across the state, was raised. The 2 DEET representatives suggested that this proposition should be explored and would happily receive a written submission within the 10 day time frame. A submission was hurriedly put together, accompanied by supporting letters written by several university Vice Chancellors. In Deakin University's letter of support, accommodation and access to the finance infrastructure at one of their metropolitan campuses was offered. In November 1994 the psDIN submission was accepted with the Unit beginning operation in mid-May 1995, at the Toorak campus of Deakin University.



The RDLU aims to facilitate the development of high quality services for students with a disability in the higher education and TAFE sectors at state and regional levels. The unit supports staff throughout the post secondary education and employment sectors, to promote equity and access, for prospective and current students and graduates who have a disability. Students, graduates, practitioners and service organisations can contact the RDLU for information on, or referral to, education and employment support services.

The RDLU undertakes research, collects and collates statistics, provides staff training, disseminates information and initiates projects.

The RDLU ensures that all information disseminated from the Unit, be able to be reformatted into alternative formats ie. large print, braille, audio and on disk and be available on our WWW home page.

The overriding principle objective in all projects of the RDLU is to embed in the current systems the processes and procedures for sustainable change.

In the original submission to DEET, psDIN proposed that the RDLU provide administrative support to the Victorian Co-operative Projects Committee. This was accepted by the Co-op. Committee in August 1995, which allocated funding from its 1995 and 96 budgets for .2 of a Project Officers time. The RDLU in turn uses the salary savings from the Project Officer to employ students with a disability, to write and edit the newsletter "Runaround", administer the Graduate Alumni group and fund students to do work experience in the office.

Budget constraints are a constant frustration of the RDLU. Deakin University has a policy whereby all costs, other than accommodation, power and cleaning, are devolved to the department. Therefore, unlike other RDLO host universities, there are no costs picked up by our host university. The RDLU has been fortunate that the Co-op. Committee has allowed it to submit for funds, within the same guidelines as all Victorian higher education institutes. This has allowed the Unit to purchase a vehicle, fund day and weekend seminars, organise student support groups, undertake research and write publications.

Due to the short time lines to produce the submission to DEET, plus only institutes of higher education being asked by DEET to comment on the RDLO proposal, the Victorian TAFE sector felt excluded from the initial establishment of the Unit. By maintaining contact with the TAFE sector, through our management committee, and by contacting individual TAFE institutions for ideas, and support, the RDLU has been fortunate to overcome the initial difficulties. It goes without saying, that without the support of the dedicated staff in the TAFE and university sectors, the work the RDLU would be able to undertake would be severely limited.

OVERVIEW OF PROJECTS

The demand for the projects undertaken by the RDLU during its one and a half years of operation to date has come through from the TAFE and University sectors.

In the first month of operation we sent out a survey to all Disability Liaison Officers (DLOs) to ask for suggestions for projects which they felt would be of benefit to them and their organisation. We have tried to operate on a systemic level so that our projects cover the tertiary sector in areas not able to be covered by DLOs within their own organisations.

The RDLU Management Committee agreed to the following projects:

A tertiary taster weekend

Co-operative Projects for Higher Education contributed towards funding.

*Title: The Sky's the Limit.*

Reason

Students are often unprepared for the transition to tertiary education. This lack of preparation can lead to many difficulties for both the student and the disability services staff.

Outcome

This was a three day residential seminar for 32 students in years 9 through to 12 thinking of going on to tertiary eduction. The students were introduced to the idea of taking responsibility for some aspects of tertiary education prior to undertaking tertiary courses. For example, booking service providers and contacting DLOs. Half the participants had high support needs, the remainder were medium to low support needs. The seminar was a great success.

Information Day

*psDIN Annual Information Day*

Reason

To assist people who have a disability who are considering post-secondary options.

Outcome

This day is set up like an exhibition with stands from all of the universities; some TAFE institutes; government and agency service providers, and technical organisations. This year some 300 people sought information.

Graduate Employment Pilot Project

Reason

To improve access to employment for graduates by providing work experience.

Outcome

We are working with Cheryl Barbar of the Commonwealth Rehabilitation Service. Cheryl identified that students had poor knowledge of and were not inclined to use disability services and lacked sufficient work experience, but usually had very good job seeking skills eg resume writing. After addressing these issues there has been almost 100% placement. The project is ongoing.

Building Seminar and Manual

Deakin University with funds from Co-operative Projects for Higher Education contributing to the seminar.

*Access: Facility Management Action Plan Manual*

Reason

The current Building Code of Australia AS1428 is inadequate.

Outcome

The RDLU worked with Deakin University Buildings and Grounds staff to produce a Facility Management Action Plan Manual. This manual was launched at the Access Seminar in December last year. The seminar was attended by tertiary sector staff.

VTAC Guide

Co-operative Projects for Higher Education contributed towards funding.

*The 1997 Victorian Guide to Tertiary Services for Students with a Disability or a Chronic Medical Conditions*.

Reason

To identify students entering the tertiary sector and provide those students with details on services and staff available to assist them.

Outcome

The Victorian Tertiary Admissions Centre (VTAC) asked the RDLU to produce the above booklet. The booklet provides details about TAFE and Universities in Victorian regarding disability services. It encloses a form to be forwarded to the tertiary institutions they have applied for.

RDLU Newsletter

*The Runaround*

Reason

A need for updates on activities within the eduction sector as well as disability related services.

Outcome

The first issue came out in March 1996, the second in September. It has been very popular and has a wide circulation which covers disability service staff throughout the secondary, tertiary, employment, and government sectors.

Survey of Higher Education Sector

Reason

A perceived lack of data in relation to funding, staffing and service provision for students with disabilities in tertiary institutions.

Outcome

Seven out of the ten higher eduction organisations took part in the survey. Approx. 2546 (1.9% of total student enrolment) students indicated on their enrolment form that they have a disability, 1224 (.77 % of total student enrolment) registered with the disability support provider, 199 (0.13 % of total student enrolment) required direct paid support services. The participation rate of students with disabilities is still low, and is significantly below the 4% recommended by Martin (1994). Average staff to student ratio of 1:80. The average cost of support to each institution was $1,155.00 per student registered with the disability support provider.

Medical Admissions and Professional Registration Issues

Reason

To develop a policy for entry into medical schools for students with disabilities.

Outcome

It was decided that such a policy should be developed nationally. A discussion paper was prepared and has been circulated.

Attendant Care Issues

Reason

On-going dilemma of who is responsible for the provision of the funding to enable students who require morning and evening attendant care.

Outcome

This issue is not just a Victorian one. We continue to ask "Who is going to accept the responsibility for the in-home care needs of students who are required to re-locate in order to accept their offer of a tertiary place — DEETYA or the States' Departments of Health and Community Services?"

Home Page on WWW

Co-operative Projects for Higher Education contributed towards funding.

*RDLU Home Page*

Reason

Need for the sharing of information throughout Victoria and Interstate on the availability of disability services and resources.

Outcome

The RDLU Home Page refers users to information about the RDLU, RDLO contacts, advertisements for projects of interest, publications of interest, TAFE and Higher Education Institutions and Contacts in Victoria, our Newsletters, Co-operative Projects in Victoria, Other Web sites of interest, Resources from other states, other Australian and International sites.

Workshop for Students in the Tertiary Sector

Co-operative Projects for Higher Education contributed towards funding.

*Developing a Presence in the Presence of Others*

Reason

For students wishing to develop personal skills necessary for successful integration into the tertiary system and employment.

Outcome

Four sequential workshops were conducted which were extremely successful and the students reported having benefited a great deal from the information, skills, and techniques shared.

Chronic Illness Support and Special Admission

Reason

Lack of awareness of the needs of students with Chronic Medical conditions to survive in the education system.

Outcome

Ongoing information to the tertiary sector and students with Chronic Medical conditions to facilitate their movement through the education process. It is essential that they know and understand the special admission systems available to them through the tertiary sector as this may reduce the frustration and stress of trying to achieve their VCE certificates over a number of years.

Graduate Alumni Group

Reason

Need for graduates to act as mentors for undergraduates and to network for information and resource sharing in relation to employment.

Outcome

The group met for the first time on 27th July this year. So far it has 22 members. They are establishing guidelines for their Association and are actively promoting the Alumni.

Return to Study

Co-operative Projects for Higher Education contributed towards funding.

Reason

Provide the opportunity for mature age people who have a disability to explore the possibilities of embarking on further study.

Outcome

The project has been launched and enquires are being received by Open Learning Australia. Two units are available and eligible for credit towards particular degrees and they are available in OLA’s December study period.

Staff Development Days

*In Pursuit of Excellence Seminar — 35 participants*

Reason

To provide training and information to staff on issues that were current.

To raise some funding towards our Information Day.

Outcome

A variety of topics included: understanding the DDA, Learning Disabilities, Employment issues for graduates with disabilities, Auslan, Response*Ability* package.

*Making it Work Career Counsellors Seminar — 28 participants*

Co-operative Projects for Higher Education contributed towards funding.

Reason

Need to inform careers counsellors of their responsibilities, as generic service providers, to accommodate and provide appropriate services for students with disabilities.

Outcome

Discussion about the ramifications of the DDA and generic services and identification of some of the needs of students with disabilities and the strategies and supports available to provide positive and appropriate service.

*Inclusive Practices: Optimum Outcomes Training Day*

Co-operative Projects for Higher Education contributed towards funding.

Reason

Need for a staff training day to use the Inclusive Practices : Optimum Outcomes package. This package highlights the application of the DDA to teaching practices for academic staff and course requirements for the tertiary sector.

Outcome

A one and a half day program, giving participants skills in running workshops, including dealing with difficult people. Additionally, specific knowledge of the Inclusive Practices : Optimum Outcomes training package was presented and run through for staff. Twenty-seven disability staff attended this program.

*Royal Victorian Institute for the Blind Training Day*

Reason

To provide training for new DLOs on how to use of services of the RVIB.

Outcome

Staff from the RVIB outlined the services provided to the tertiary sector including the provision of alternative formats.

*Cultural Change*

Reason

Need to facilitate further cultural change within the tertiary sector.

Outcome

Staff from the tertiary sector attended an open forum to discuss and develop an action plan to instil a “cultural change” which encompasses disability in our tertiary community. This has led to ongoing working parties.

*Battle against Burnout*

Reason

To reduce stress levels amongst staff in their attempts to provide services for an ever increasing demand with ever decreasing resources.

Outcome

A day at the Melbourne Zoo with some excellent self-help techniques to manage stress.

PROJECTS PROPOSED

This section outlines proposed projects the RDLU will be conducting over the remaining 18 months or so of the RDLO project.

These projects cover a range of issues from student specific projects, information exchange, training, and data collection whilst endeavouring to embed these projects into the current services, organisations and personnel currently existing.

The Sky's the Limit

Reason

As stated earlier, this taster weekend is for prospective post secondary students, in Years 10-12 from Victorian Schools who are often unprepared for the transition to tertiary education.

Outcome

In 1997, "The Sky's the Limit" will be held at La Trobe University and, if the 1995 weekend is anything to go by, support staff will face a large group of enthusiastic, determined individuals with disabilities.

Concurrent seminar for current students

Reason

Increased awareness of current students in the tertiary sector of support, services and strategies to meet the transition from tertiary education to graduate employment.

Outcome

A concurrent event proposed for the same weekend as "The Sky's the Limit", is a seminar for current students with disabilities in the post secondary sector. This seminar would evolve around the issues that these students currently face, and developing strategies and skills to meet the issues of the graduate employment environment.

"Developing a Presence in the Presence of Others"

Reason

To further develop students personal skills necessary for successful integration into the tertiary system and employment.

Outcomes

This student support group, mentioned earlier , is planned to be conducted again in 1997 — with options for two or more groups undertaking this valuable process.

International exchange program

Reason

Allowing students with disabilities the opportunity to explore the world whilst undertaking their post secondary education will hopefully provide them with valuable insights and skills that will allow them to inform and educate themselves and their peers both here and overseas.

Outcomes

The RDLU will explore the feasibility of an international student exchange program being expanded to meet the needs of students with disabilities.

Disability Liaison Officers as Agents of Change

Reason

Provide DLO's with significant information and training on changing organisational cultures, particularly as it applies to inclusive practices for students with disabilities.

Outcomes

The RDLU is currently exploring a Cultural Change course entitled "Disability Liaison Officers as Agents of Change". This course will focus on the role that DLO's have in their institutions, and encouraging the expansion of this role to cover cultural change for students with disabilities. This course would probably be a non-accredited course.

The Graduate Alumni Group,

Reason

Provide these students with valuable resources on skills, techniques and strategies to enter the work force, a goal that all students share, but which students with disabilities have found increasingly frustrating.

Outcome

This group will be consolidated over the next eighteen months, and the RDLU plans to provide some funds for a Graduate Employment officer to work with these students to help gain professional employment.

Destination Surveys

Reason

Information available nationally does not effectively indicate the destinations of graduates who have a disability. For example, we'd like to find out:

• Type of employment students with disabilities are accessing.

• Type of support and assistance available to access and maintain employment.

• Role of work experience for students with disabilities

Outcomes

Through a working group comprising Anna Mungovan (the RDLO Sydney), Debra Clark (RDLO SA) and Nola Birch (RDLU Vic), the destinations survey project specifically for students with disabilities is to be undertaken.

Interactive resource guide

Reason

Provide interested parties with information about equipment, books, videos, manuals, training programs, contact information, research and other developments that relate to students with disabilities in the post secondary education and employment sectors.

Outcome

It is envisaged that this resource guide, would be an interactive search engine, allowing users to search for materials using a wide range of categories including ;

• media (ie. tape, WWW, booklet, manual and policy);

• by organisation;

• by title; and

• by subject (ie. graduate employment, library services).

Disability Staff, researchers and organisations would be encouraged to list their resources with the interactive resource guide allowing staff and students from Australia, and indeed the world to access this material and contact the person responsible.

Initially, the RDLU would have an editorial role, updating the database containing the information. However, allowing individuals and organisations to update and add records to the database is being considered. At the completion of the RDLU, an organisation would be encouraged to host this resource guide, allowing the project to be ongoing in nature.

Database for Disability Staff

Reason

Provide staff with;

• Performance indicators of their clients, based on the access, participation, retention and success model.[[1]](#footnote-1)

• Accurate cost of students that they are providing services for.

• Ease the administrative burden.

Outcome

Information able to be gleaned from the data base could include, average, Min, Max, Mean and SD of the cost per student, with associated breakdowns by disability type, faculty, course, etc.

Additional tools for Disability Liaison Officers to be included in the Data Base are:

• Scheduling of available staff to a student's time-table requirement, automatically updating the cost of the support for the named student.

• Overall budget control, including equipment for those DLOs who manage equipment resources for their students;

• Daily diary with options for DLO tasks, casual staff tasks, student support needs and equipment bookings.

It is hoped that this data base will reduce the administrative time required to provide details on the nature of students whom they serve and the costs associated with this. By providing institutions with copies of the database, future definitions and funding models can be incorporated.

Training

Reason

Provide training for staff in current issues

Outcome

Provide staff with training in:

• The Internet;

• Facilitated Communication;

• Psychiatric Disabilities;

• Chronic Illnesses; and

• Acquired Brain Injury to name a few.

Professional development for DLO's

Reason

To enhance and build on the current knowledge base of Disability Liaison Officers.

Outcome

 These courses could include subjects on;

• Ethics, Vicarious Liability, and Duty of Care;

• Sociology of Disability;

• Counselling for Individuals with disabilities;

• Organisation Change;

• Policy and Quality Assurance; and

• Statistics and Research Skills

In conjunction with Victorian tertiary institutions, short- and long-term accredited and non-accredited programs for the professional development of Disability Liaison Officers are being explored.

Curriculum for Architects

Reason

Current teaching and professional development of Architects lacks good understanding of the DDA and its applicability to this field.

Outcome

By way of the Royal Australian Institute of Architects, it is hoped that curriculum for current students and professional development for practitioners of Architecture, will include meeting the needs of individuals with disabilities in design. This is becoming increasingly important as The Americans with Disabilities Act (ADA) from which the DDA is modelled, have recently brought down a decision that financially penalises an Architect for failing to provide an accessible medical practitioner's office.[[2]](#footnote-2) Similarly, in Cocks v State of Queensland [[3]](#footnote-3) the Queensland Government was required to install a lift for the main entrance to their new Convention and Exhibition Centre.

Conference highlighting Human Rights with a particular focus on Disability,

Education and Employment.

Reason

To promote the rights of individuals with a disability to access education and employment, at all levels, and to increase the public awareness of this issue and advance the rights of these individuals.

Outcome

In early 1998, just months before we finish up, we plan to jointly host, with other like minded organisations a fantastic, fun, dynamic conference. I would hope that many of you here today, will be able to attend this conference.

CONCLUSION

As you can see the RDLU has initiated and completed a vast number of projects and obviously still has much to do. From our perspective there are a number of peripheral community issues that need to be addressed. Effective, reliable and accessible public transport; an attendant care scheme for students who are required to relocate to accept their offer of a tertiary place or for graduating students who need attendant care in the work place plus the ownership of specialised equipment to reside with the individual rather than the school sector, the tertiary education sector or the employers.

The big issue for universities in particular, is the funding for direct support costs for students with a disability. As this number of students steadily increases concurrently with decreasing university budgets the problem is getting ever more pressing.

**Aotearoa New Zealand: A Student Perspective.**

**Ali Bradshaw and Paul Gibson.**

People with disabilities have similar aspirations to everyone else. World -wide there is increasing pressure on all school leavers to gain post- secondary qualifications to enter the paid workforce, and the prejudices and barriers faced by people with disabilities makes additional qualifications even more necessary. Yet people with disabilities are currently under-represented in post- secondary education in New Zealand. Those that do enter tertiary institutions still face many barriers to educational success. We would like to share our own individual experiences of studying.

Paul.

I came to university at age 17 and only lasted a month. The impersonal nature and the scale of the environment was vastly different from secondary school, and I dropped out. I spent several years as a farmer during which time my eyesight deteriorated further, untill this career seemed no longer practical.

I returned to university with some much needed life experience, a few self advocacy skills, and most importantly, a recognition that I had a disability and I had a right to the support required to achieve equal educational opportunity.

A friend with a disability was already studying at Victoria University of Wellington and encouraged me to visit the counsellor from the student counselling service who looked after the needs of disabled students. Through the counsellor, and thruogh ny very cooperative lecturers in the first year I obtained the support I needed in the form of large print copies of lecture notes, assignments and tests.

After mu first year I found not all lecturers to be so cooperative. Getting information in an accessible format has continued to be a battle. I have also compromised on what I studied avoiding Physics papers with the most lab work as there is no resourcing available to support my additional needs. I can't use much of the lab equipment, or get additional help.

It was these uncooperative lecturers, and the lack of funding, that inspired myself and a few other student stirrers to become active. We formed Can-do, the Campus Abilities and Disabilities Organisation, transforming what was an occasional informal gathering of students with disabilities into an organised student support, action and lobby group. Soon there was a research project profiling students with disabilities at Victoria and identifying met and unmet needs. A charitable trust, the Sutherland Trust, donated a large sum spent on physical access, hearing loops, and most importantly, a resource and study room for people with disabilities called the Sutherland Room.

Understanding models of disability is crucial to the choosing of strategies to achieve the outcomes desired. I don’t want the priority to be a search for a cure for my vision impairment. I don’t want to generate feelings of sympathy in others for myself in order to inspire charity. I want the removal of socially constructed barriers such as discriminating attitudes and behaviours, inequitable distribution of resources, and unequal opportunity. It is important to emphasise that it is the removable barrier that disables a person with impairment, not the impairment itself; the social, as opposed to medical, model of disability.

I was sponsored to attend the Pathways conference 3 years ago. When students got together we decided (on the recommendation of other students already involved) to become more ivolved in student politics and raise our profile in this way. In New Zealand in particular we had lacked a political voice and little had been done for us. I took this involvement literally when I returned home and stood for the student association executive and was elected for 1994, and subsequently became President in 1995.

Also inspired by Pathways 2 were the group including professionals and myself attempting to set up a post secondary education disability network in New Zealand, eventually called Achieve. Funding in New Zealand is much tighter than in Australia, so getting momentum up has been difficult. Not only do students receive no governmental support, neither does this organisation.

One of the first tasks Achieve has set itself is to tackle the issue of student’s additional resource needs. At a NZ governmental level there have been various reports beginning in 1985 with the most recent being the Todd Report in 1994, recommending the NZ government act as all other governments with similarly developed post-secondary systems had done, and resource the additional needs of post-secondary students with disabilities. The Todd report was implemented except for this recommendation.

As President, I was Chief Executive Officer of the Students Association. Being the boss made the accommodation of my needs easy. The staff were mostly friendly, obliging, talented and dedicated. Sitting in the boardroom of organisations outside of the students association itself, such as the Victoria University of Wellington Council, the governing body of the University, was different. It wasn’t easy and I didn’t achieve as much as I would have liked to achieve, but I learnt a lot, and taught something to the other board members, most of whom are high profile business people and politicians. Getting information in a format accessible to me, therefore giving me a chance to participate equally, consistently did not happen despite my efforts and negotiations. Participating proved to be sometimes challenging, sometimes impossible. There were never any decisions by the council specifically relating to disability, but overarching frameworks, planning processes and budget prioritising all were opportunities for the promotion of such goals as equity listed within the university’s charter (its contract with government). While I was present, governors and management new equity was not restricted to gender and ethnicity issues.

Like anyone else in the mainstream, my credibility within Council and within the student body as a whole depended on action and outcomes not confined to a single issue, but over the range of issues a university faces. I was exposed to a wide range of views and a broader perspective of the governance and management of education in an extremely resource constrained environment. While I was only a council member for a year, and only had the one planning cycle to make appropriate interventions, positive change is still happening and will keep happening.

At the institutional level, I have been involved in the use of New Zealand’s recent Human Rights Act against Victoria University of Wellington. The complaint originated when a key department was shifted from central accessible premises to peripheral, inaccessible premises away from support services without prior notice or consultation with students or the disability community. This forced two students to drop out. The complaint expressed that this was a symptom of a wider marginalisation of the issue of disability within the institution. Though we have been well served by committed, talented, professional disability coordinators, responsibility for the issue had not penetrated the higher echelons of management. The complaint was a group complaint, with the group comprising representatives of community disability groups, the VUW Students Association and Can-do. The individual students most effected did not have the burden of fighting the institution. We did not want to individualise the complaint, or the solution. This alliance has given us the strength and the clout to last the two years the complaint process took and achieve as much as we believe have. Because of the all encompassing nature of the complaint, our negotiations have included all aspects of disability within the university. Policy, practice, attitudes, accessibility, equity. We were not after merely a quick fix solution, but systemic change. What we in the disability complaints group had thought might be a precedent. We have reached a settlement, and recieved a public apology from the university. The process has been productive, but also took energy and was time consuming. The New Zealand act appears not to have the teeth of the Australian Disability Discrimination or the Americans with Disabilities Acts. The government and its agencies can, for the next three years, act outside of the act.

Back to Ali.

After losing my sight three years ago I returned to university for the second time as I had hit upon the idea of becoming a physiotherapist. It seemed a feasible and appealing job for someone who is blind.

I also needed something to occupy my time!

I came back to university with the intention of doing some science courses before applying to physiotherapy school. I had sought advice from the physiotherapy school on what courses would be useful and intended to study physics, biology, and chemistry.

A biology lecturer at Victoria told me it was impossible for me as a blind student to study cell biology at Victoria and being new and naive to such rebuffs I meekly accepted this. Instead I enrolled for a correspondence course in both biology and chemistry, whilst opting for a physics course at Victoria, the local university, as there were no correspondence courses. Luckily my physics lecturers turned out to be more adventurous and accommodating than the biology lecturer!

My first semester back at university I couldn't navigate myself around. I relied upon my mother to drop me off at lectures and a friend who I had been introduced to by the lecturer to get me to labs etc.

I could hardly type, and had only had a crash course in how to use a computer with speech the month before varsity started.

My lecturers gave me photocopies of the overheads they used in class and I relied on my mother to read these back to me at a later date. My mother wrote all my assignments for me. I had a private tutor for an hour a week who I found for myself and paid out of my own pocket. Somehow I got through this course and the other two correspondence courses successfully!

Nowadays I am able to do most of my work independently through a laptop computer which runs a normal word processing package, but is accompanied by speech so the computer talks to me.

I don't read Braille except for a minimum amount which I use to label tapes. I record lectures, although for the first time this year I have been taking my own notes in the lecture by typing into my laptop. However I find I still need to go over the tapes later to make sure I get everything down.

I get people to make me tactile diagrams where necessary, and often need a running commentary from a sighted person during laboratory work.

At the end of my first year back at university I applied to physio school but was turned down on the grounds that they had not sufficient resources and aids to accept a blind person at this stage. this was after having gone through a horrendous self initiated interview with the head of school and a member of the selection panel trying to convince them otherwise.

In February of the following year I received a call from the new head of school, who was more open to accepting blind students and encouraged me to continue my study in relevant areas and to apply again at the end of the year. Thus I duly enrolled in 2 physiology papers. To do this, wise now to what opposition I might encounter, I contacted the relevant lecturer about the possibility of enroling in his course without one of the pre-requisites which was the cell biology course I'd been refused entry to the year before! The lecturer said they did allow students to enrol in second year physiology papers without this pre- requisite but that he usually asked students to come in and argue their case. I readily agreed to do so and arranged to see him the following day. During this phone conversation I had neglected to mention that I was visually impaired. The poor man got quite a shock when I bowled in to see him on my mother's elbow the next day! He has turned out to be one of my strongest allies and encourages me in whatever I decide to do next. But on this first meeting he took a little convincing and was unsure of how I would study. So was I but I was rapidly learning the art of bluff!

With the help of a private tutor for 3 to 4 hours a week, who also acted as my eyes in the six hours of laboratory work we had a week I successfully completed 2 physiology courses in 1995. This tutor was again paid for out of my own pocket. A major part of what she did was to tell me how to spell the many new vocabulary words I was encountering.

Sometime during this year I came to the conclusion that although I would still like to be a physio, moving to Auckland, where the physio school was, was too big a thing for me to do. I had loads of friends in Wellington as I had grown up there whereas I knew hardly anyone in Auckland. My most important support group my family and my partner were in Wellington. I visualize my way around Wellington which has got me many reprimands from my guide dog trainer but does make life a hell of a lot easier. I do not know Auckland at all.

This is a decision I have never regretted. I think I could have made it through physio school but at what expense to my quality of life for the five or so years it would take?

So now I am working towards my science degree at Victoria. Maybe I don't need another degree to get me a job but I'm learning many valuable life skills whilst I'm there. And I'll be the first totally blind person to complete a science degree at Victoria, Paul is the first visually impaired person ever to complete a science degree at Vic, and I am pretty proud of both of these facts!

After a lot of heartache, as I really enjoy physiology as a subject, I have decided to major in psychology largely because it is cheaper! The material and vocabulary is more simple, the laboratories are less visual and I am able to work more or less independently without having TO PAY tutors.

A few miscellaneous comments about my experiences studying.

1. All science lecturers think their material is the most visual there is and the most difficult to teach to someone who can't see!

2. I often feel like I am breaking a lot of ground for other students but sometimes its really hard. I only study what for anyone else would be considered part time. But a 50 minute lecture can take me 3 hours to transcribe.

And there has been no other way for me to access this information independently.

One of my intended lecturers for next year I have heard plugs her lap top into an overhead projector to give notes to the class. This means she has all lecture material on disk which I can get her to give to me. This will mean I will for the first time have equal access to the information everyone else is receiving in class.

3. A positive lecturer attitude, no matter how difficult the material, makes studying easier, whilst a negative attitude makes it difficult.

Solutions to the problem of funding, legitimacy and rights of students who have a disability.

1. Can-do the student support group.

I got involved with the student support group by having my arm twisted.

But there have been many valuable experiences to having this job and it is something else to put on my CV!

My job as co-president involves writing a monthly newsletter which is sent in various formats such as tape and large print to approximately 150 students.

This is the only newsletter on campus that is available at present in different formats.

My role also includes organising and co-chairing monthly meetings to which we get between 5 on a bad day and 10 on a good day participants. But I don't think this is necessarily a bad thing as being disabled should only be a small part of a students life at university. This is a successfull support group, and when issues become successfully resolved there is less need to attend a support group. If they are out there busilly enjoying themselves doing something else well and good.

We have had a number of different speakers and themes to these meetings to try and get people to come along, but also to give them purpose. eg career advice, a visit from the recreation supervisor etc.

Can-do also has an important consultancy role. Particularly since the human rights case the works and services department of the university has made an effort to consult with Can-do about any relevant alterations, for example, toilets, and letter box numbers outside lifts. .

Can-do raises awarenes of disability issues on campus. We try to do this with the minimum of energy expenditure through articles in the student newspaper and contact with the student executive.

2. The Sutherland room.

This is a resource room which has specialist equipment including ergonomic furniture, a TTY phone for the hearing impaired, a scanner, beds for lying down etc. We are always trying to improve the standard of equipment there, eg trying to get e-mail.

This room has proved a haven to many students.

It has an important social function as it is very popular and a lot of students get social contact there that they would not otherwise.

It acts as an important support network as many students discuss common problems and solutions here while they work. Or they just generally lean on each other for support. There seems to be a pride that comes with this room, “our room”, and most students have taken ownership and responsibility for what happens there. It plays an important role in reducing or releiving the social alienation felt by many students with disabilities. It increases their social skills and works as a springboard to launch them into the wider social mainstream. With much demand and limited space in the room people usually happilly co-exist, and are aware of everyone else’s individual needs. Unfortunately however, not everyone fits into the happy family.

3. The Vic Volunteer Scheme which provides note taking, reading, typing and other forms of assistance to students who because of their disability need assistance.

A program like Vic volunteers is great at legitimising the right of students who have a disability to equal access to information.

It is empowering to the student and allows them to get away from having to feel grateful all the time.

The scheme has received some criticism as it is voluntary and this is seen as letting the authorities off the hook for services they should be paying for.

but I believe the commitment of the volunteers is higher than a lot of 8 dollars an hour note takers would be.

It also places the student who has a disability in a professional-like relationship where their own commitment and responsibility is important.

The volunteer program teaches them to work with others. To keep time commitments, and to be organised. They experience interdependence which is something experienced by everyone in the work force, that is to learn to work with and rely upon others. There has been a lot of publicity for Vic volunteers.

4. The disability sub-committee.

I have sat on this committee for two years now. It gives support and feedback to the coordiator from students, academics, registry and management, and makes “lower level” policy decisions. It is an interesting committee to sit on as a student. You realise what is going on behind the scenes as disabled students, what is being done for us. I feel its participants are starting to feel stronger in their mission. Howerver senior management seem less committed, and are not taking responsibility. Disability is not understood. An example is when the public relations department walked into the Sutherland room to do some promotional filming while a number of students with hidden disabilities were studying. They asked what these able bodied students were doing there and expressed disappointment because they had hoped to film disabled students.

5. Aquisition of work and life related skills.

In some areas, a student with a disability who makes it to tertiary education has demonstrated abilities such as time management and organisational skills above those of their non-disabled peers which they themselves may not, but should recognise. A lot of disabled students are very good at time management because they are aware there study habits may be slower and know to allow for this, or that their health may deteriorate if they get stressed and so they need to pace themselves. They acquire an ability to meet deadlines (or to ask for extensions!). They may be lacking in other skill areas, such as socially. Involvement in all the previous four solutions gives opportunities and can enhance a variety of skills and make the student more work ready.

University should be regarded as a place to obtain these skills not just get an academic education.

Just getting to university is an achievement in itself. It is a chance to test yourself and learn your own limitations before going into the workforce.

When I came to university I had just learnt to touch type, couldn't get around university by myself, there was no way I was ready for the workforce. This year, in my role as the Vic volunteer schene coordinator, I have proven my ability to work.

Paul:

So for the future we are looking for a rights based approach to the meeting of our needs. Some positive change is happenning. Attitude and behaviour change is starting to occur with lecturer trraining. The NZ government is looking to fund high cost additional needs. But we still may have a long way to go to catch Australia, and a lesson for you may be to be wary of the funding cuts path taken in tertiary education by the NZ government and the effects this has on disability. You don’t want that here.

**Students with Psychiatric Disabilities**

**Are we recognizing and addressing their needs**

**within tertiary education?**

This session will outline the development of a program for academic and general staff in tertiary institutions which will assist then to understand the special needs of students with psychiatric disabilities.

Strategies to assist these students will be outlined within the context of a staff development package which has been designed to equip staff to support students with psychiatric disabilities.

Lesley Bretag

Dick Sladden

**"Evaluation of a pilot program providing support for**

**higher education students with learning disabilities"**

**Gillian Bruce and Annette Rudd, Monash University**

In the absence of examples of comprehensive support programs for students with learning disabilities in Australia, the Monash University Disability Liaison Office conducted a pilot program under the Monash University Disability Support Program. This paper provides an overview of the rationale, aims, objectives and strategies and an evaluation of the design, planning and outcomes of the pilot known as Foundation LDX. The pilot has led to an expansion of the program in 1996. Aspects of this program, will be briefly highlighted.

INTRODUCTION

The Monash University Disability Support (MUDS) Program provides a wide range of general disability support services for more than 300 students and staff with disabilities. The Disability Liaison Office (DLO) co-ordinates the MUDS program. The DLO, for philosophical and economic reasons, places a strong emphasis on the independence of all its clients. It has 3.8 staff to assess needs, plan individual support programs, co-ordinate and manage a team of 85 casual staff, and deliver notetaking and attendant care services for students and staff with disabilities.

In 1995 there were 22 students with learning disabilities who became clients of the DLO, another 28 who had indicated at enrolment that they had a learning problem and an unknown number of undiagnosed people. Only half of the DLO client group were able to provide current and detailed documentation of a learning disability. Nevertheless, they exhibited many of the characteristics of students with learning disabilities (Price, 1989; Nichols, 1994) although it could not be said that any had severe learning disabilities. The characteristics included:

inadequate or uneven academic skills

stress and anxiety

poor communication skills

poor social skills

poor self esteem

unrealistic goals (too high or too low)

learned helplessness

defensiveness

The DLO offered basic support services for students with learning disabilities. These included:

books on tape

class notes

readers/scribes/notetakers

notetaking training

loans of equipment/aids

extra time and distraction free environment

scanning to disk or audio-tape

liaison with academic staff

However, DLO staff observed that students with learning disabilities appeared to be benefiting less from services under the MUDS program than students in other disability groups. Some students exhibited more symptoms of frustration, anxiety and tension (leading to reduced workloads and leave of absence applications); and, they seemed to be involved in more Student Records and Faculty Exclusions Committee hearings. There were other students with learning disabilities who appeared to be depending too much on, if not demanding too much of, DLO services. The DLO also received more sceptical inquiries from academic staff about the 'reasonableness' of recommended accommodations for students with learning disabilities.

DLO staff decided that the basic support services provided were not meeting the needs of students with learning disabilities and that a more comprehensive support program may be necessary to ensure equity for this group.

THE SEARCH FOR A MODEL

In seeking a model on which to base a more comprehensive learning disability support program local literature was sought first. As Smith and Kraayenoord (1994) found, there is little information available on the activities of student support services in Australia. Therefore, apart from drawing from their study, it was necessary to search early (circa mid-80s) models from the USA, Canada and the UK. These described support programs which reflected similar levels of specialised skills development in the learning disabilities field and general support for students with disabilities in higher education as exists in Australia now. Of course even these early approaches are not immediately generalisable to the Australian situation.

Brinckerhoff, Shaw & McGuire advised that "Service provision at the post-secondary level should prioritise service delivery options that promote student independence by providing learning strategy instruction and self advocacy training ..." (1992, 425). Price (1989) stated that it is vital that the services provided to adolescents and adults with learning disabilities should emphasise psychosocial goals as well as academic achievement because regular individual and group counselling supports academic achievement. Support programs should consider the manner in which the individuals with learning disabiltiies relate to others in their daily environment and how he or she copes with and accepts the ramifications of the learning disability. Support programs should also serve to build on individual positive qualities and strengths so as to help circumvent sabotage and negative feelings. Some of the strategies Price outlines include having a period of summary at the end of each session and also asking participants in groups to keep journal as a device for monitoring thoughts and behaviours, successes and problems to be solved. Price's colleague, Johnson (1984) describes a topic-centred small group format that facilitates the development of specific study strategies and interpersonal skills towards achieving greater independence and confidence.

Orzek (1986) wrote that the focus should be on preventing maladjustment such as learned helplessness by providing direct group support to students with learning disabilities which includes modeling and contact with information. Orzek also outlined a strategy for indirect support which involved modifying the environment or intervening with those persons who are in a position to influence the target group. In the higher education setting, this latter strategy could take the form of making academic staff aware of the special needs and concerns of students with learning disabilities so that they will become more supportive and not over-demanding in terms of expectations.

Another approach could be the development of attributes and behaviours which would contribute to academic success for students with learning disabilities. Vogel, Hruby and Adelman (1993) and Nichols (1994) reported on a number of studies into the educational and psychological factors in success for this group. Themes which emerged amongst successful people with learning disabilities were a desire to succeed, a high level of self-awareness, acceptance of their disability, ability to recognise and then place themselves in environments in which they could function successfully, and an active approach to problem solving. This group also demonstrated persistence, and an ability set goals, make plans and to learn from their experiences.

The programs described in the literature (Smith & Kraayenoord, 1994; Brinckerhoff, Shaw & McGuire, 1992 and 1993) and as part of a study tour in the USA in 1994 (Boston University, Georgetown University, Ohio State University, Stanford University, The American University; University of California - Davis; University of Connecticut; University of Maryland) had a core of basic services often related to what was mandated by US legislation.

According to Brinckerhoff et al (1993), comprehensive support programs for students with learning disabilities are characterised by:

1. A planned process including support from academic and administrative staff

2. One person who spearheads efforts

3. A basis in the specific individual need of students

4. Central co-ordination

5. A range of services

diagnostic testing

individual educational programs

academic and program advising

basic skills remediation

subject area tutoring

specialised courses

counselling

auxiliary aids and services

Figure 1: A Comprehensive Range Services for Students with Learning Disabilities

academic support services (basic):

 books on tape

 reader/scribe/notetaker service

 individual loans of equipment/aids eg tape-recorders

 testing accommodations eg extra time and distraction-free environment

 (course substitutions)

academic support services (comprehensive):

 access to LD Specialist

 class notes

 tutoring service

 study skills training

 reading strategies

 assignment writing

 math/grammar/spelling skills remediation

 real time captioning

 notetaking skills training

 memory techniques

 examination preparation techniques

 examination taking techniques

 student adviser or mentor

 academic protection (1st year only)

technical support services

 computer centre

 scanning to disk or tape

personal support services

 counselling

 time management workshops

 personal organisation workshops

 self-advocacy training

peer support services

 peer/social support group

 peer tutoring

ancillary services:

 transition/summer preparation course

 diagnostic assessment

 awareness raising/professional development for staff

PLANNING ISSUES

In addition to describing a number of comprehensive support programs, the literature and service providers pointed out that care should be taken to position the program well, to establish credibility and to increase the potential for it being continued in the future. This involved:

Being aware of the political, economic and service environment

Being sure of homogeneity of the participant target group

Considering the needs of service provider staff

Focusing on the needs of the participants

Evaluating the program

No support program can operate effectively in a vacuum (Dugan, Edwards, & Hutton, 1985; Francher, 1989: Brinckerhoff et al, 1993). It is vital to have academic and senior administrative staff support to maintain the goals of such a program. However, Dugan et al point out that it is not necessary to have this environmental support to initiate such a program. Brinckerhoff et al (1993) also stress the importance of not being seen to duplicate any existing program, service or campus initiative. In Australia, at the moment, this is not easy.

Many universities provide a range of quality generic student services which students with learning disabilities can be referred to. However as Smith & Kraayenoord have reported disability advisers and study skills staff are often concerned that "staff in generic services may not have been sufficiently specialised to be of real help to students whose problems stemmed from underlying learning disabilities" (1994, p.6) In developing a program that may meet the more specialised needs of a students with a learning disability, one may be open to criticisms of duplication, if the above is not understood.

A second planning issue involves the definition and identification of learning disabilities. As these issues are not generally well understood, it is likely that people with quite different needs will be in the same target group. If this occurs then questions about eligibility and benefit from the program may be asked. To answer these questions in regard to a support program for students with learning disabilities, it is necessary to separate students with learning disabilities (caused by neurological dysfunction) from students with learning difficulties (caused by emotional or sensory impairments or early educational deficits). In some quarters, especially in compulsory education sectors, this is seen as an unnecessary and unfair distinction to make. However, in the non-compulsory tertiary sector it is important to be clear about the target group for whom certain services are necessary and appropriate. In such cases diagnostic assessment of learning problems, including a measure of intellectual ability, is essential. A full diagnostic assessment forms the basis for the identification of learning disabilities and a justification for a student's presence in a higher education environment. Diagnostic assessment can also be valuable to students. In a case study (TIPD, 1995) a student with a learning disability stated that a formal assessment provided:

1. Written proof to support claims for accommodations

2. A clearer explanation of the difficulties experienced (as a basis for realistic strategies)

3. Confirmation of the intellectual ability to study.

The observation made that it is impossible to unequivocally identify a learning disability about 20% of the time (Smith & Kraayenoord, 1994) is noted and is of concern.

A third factor is consideration of the skills and abilities of service provider staff as either program planners or group facilitators. This factor is not mentioned in the literature but personal advice from several people providing learning disability support programs in the United States and Canada included a warning about the demanding nature of the work and the potential conflict for those who are not designated LD specialists.

The most essential factor for service provider staff in this context is a focus on student needs. Nichols (1994) lists a number of needs of students with learning disabilities:

to be treated with respect and dignity in a non-threatening environment

to be recognised as individuals who have abilities and strengths as well as learning disabilities

to have their strengths and weakness identified

to have coping and compensatory strategies identified

to receive reasonable accommodations

to receive vocational and career counselling

to receive social skills training

to learn and use self advocacy skills

To this list could be added roles and responsibilities for students with learning disabilities (Price, 1989; Eales, 1995; Gates, 1996; and Vogel, 1993) such as:

anticipate their need for accommodations and support services at university

know their rights and what is "reasonable"

know their style of cognitive functioning

seek help assertively

learn self-monitoring and self-reinforcement

know their personality type and interests

know their plans for the future

develop a support network (personal/career)

be determined

keep trying.

Brinckerhoff et al (1993) maintain that college students (in the United States) are viewed as being best equipped to assess their own individual educational needs. For this reason it is important to include student perception of their needs and the strategies to meet them, within the program design.

The final consideration in the need to evaluate the program. McGuire, Harris & Bieber (1989) state that it is important to implement evaluation activities, not only to demonstrate program efficiency and effectiveness but also to identify areas for improvement to meet student needs and, realistically, to increase opportunities for future program funding. Among the issues to be evaluated are: program accessibility; types and levels of services to be provided; marketing of the program and participant satisfaction (Dugan et al, 1985)

The DLO had limited resources and was uncertain about the effectiveness of any one or combination of these approaches. Therefore, it was decided to conduct a small pilot program, entitled Foundation LDX, during which a model of support could be tested

FOUNDATION LDX

AIM

The aim of Foundation LDX was "to enable students with learning disabilities to participate as fully and independently as possible in university life."

OBJECTIVES

The objectives of the program were to:

establish a cohesive group that can provide peer support;

increase knowledge of options within and outside the University for people with learning disabilities;

increase participant's understanding and awareness of their strengths, difficulties and learning needs;

provide information about learning disabilities and models of success;

increase participants' ability to independently advocate and negotiate for academic accommodations;

reinforce study skills offered outside the LDX program and;

assist in building participants' preparedness for transition from university to work.

STRATEGIES

To achieve the objectives, the program was designed utilising the following strategies:

wide promotion of the program amongst students

presentation of information by guest speakers;

private observation and reflection of academic, learning and other skills and abilities, through completion of a pre program questionnaire and journal writing;

development and rehearsal of strategies in workshops and;

a diagnostic assessment to confirm and indicate areas of strength and difficulty and to ensure the homogeneity of group.

A summary of how specific strategies were used to meet objectives is included in Figure 2.

Figure 2: Aims, Objectives and Strategies of the Foundation LDX Program

AIM

OBJECTIVES

STRATEGIES

To enable students with learning disabilities to participate as fully and independently as possible in university life.

To establish a cohesive group that can provide peer support

Session 1- time for group getting to know you

All sessions - provide time for informal social mixing (snack and drinks) prior to sessions

To increase knowledge of options within and outside the university for people with learning disabilities

Session 1: Support service 'Market' at which providers of generic student services spoke about their services

To increase participant's understanding and awareness of their strengths, difficulties and learning needs

Pre-program questionnaire Opportunity to consider strengths, difficulties and learning needs

Session 1

(a) Provision of a journal for use in recording events and reactions

(b) Additional counselling sessions with Disability Liaison Officers

(c) Offer free diagnostic assessment to all participants

Session 4- Review of personal achievements

To provide information about learning disabilities and models of success

Session 1 Guest speaker briefly discussed learning disabilities and assessment

Session 2: Models of success - two successful graduates with learning disability discuss education, career, achievement

To increase participants' ability to independently advocate and negotiate for academic accommodations

Session 3: Self-advocacy workshop including role plays

To reinforce study skills offered outside the LDX program

Session 3: Exam preparation techniques information dissemination and discussion

To assist in building participants' preparedness for transition from university to work

Session 2 - Guest speakers - successful graduates with learning disabilities

Additional offer (to final year students only) free careers counselling with professional counsellor

PROGRAM DESIGN

Four sessions were held from August to December, 1995. They were two hours in duration and held on Thursday evenings. The sessions covered the following:

Session One was an introduction to the Foundation LDX program and a support service "market". Information regarding relevant on-campus services such as individual study skills assistance, vocational assessments, counselling, student rights officer were provided. The psychologist conducting the diagnostic assessments briefed the group on learning disability and the process of assessment. The group participated in informal discussion regarding their own learning disabilities and together prioritised options for future sessions. The idea of journal writing and it's benefits was introduced. Participants were also invited to attend individual sessions with a Disability Liaison Officer to discuss their progress through the program and any related issues.

Session Two consisted of first hand accounts from successful graduates with learning disabilities. Two successful people, the author of "Dyslexia: How do we learn?" and a merchant banker, gave their accounts of how they made it through school, university and into the work force.

Session Three focussed on self advocacy and study skills. Small group discussion and role play was used to allow students to experience negotiating accommodations in learning and assessment with academic staff. Study skills and exam preparation were discussed.

Session Four, held in December, took the form of an informal review of program participation. It concluded with an end of program and end of year party

PROGRAM FACILITATION

The program was facilitated by staff form Monash University's Disability Liaison Office with the assistance of guest presenters. These staff also acted as individual liaison officers for individual students.

PARTICIPATION

Foundation LDX began with twenty participants. These students can be categorised in three ways, as; established clients of the Disability Liaison Office; students who were not clients but were aware that they had a learning disability and; students who were uncertain if they had a learning disability but wanted to find out.

Demographic Data

From data gathered from the pre-program questionnaire the following was established:

Gender: There were twelve males and eight females.

Age: The majority of students (12) were between 18 and 25 years of age, only two students were aged 33 years or over.

Faculty: Participants were studying across most faculties. In descending order of participation they were:

ARTS

SCIENCE

BUSINESS & ECONOMICS

ENGINEERING

LAW

NURSING

Campus: The four major Monash University campuses were represented

Rates of Participation

Whilst twenty students completed the initial questionnaires, less than this number completed an diagnostic assessment and attended sessions. The breakdown of participation is as follows:

Twelve students participated fully, completing the assessment and attending sessions.

Three students decided not to participate after completing the questionnaire, citing time constraints as the main problem (Two of these students have enrolled for LDX'96).

Five students were occasional participants, with two completing assessments. Two withdrew after the first session stating employment commitments and uncertainty regarding the appropriateness of the program for their particular needs. Another student had concerns about working in a group situation but continued to see a Disability Liaison Officer on an individual basis. She attended a session later in the program.

EVALUATION

In evaluating the success of the program against stated objectives eight of the twelve full-time participants were surveyed. Four of the participants could not be contacted in time to complete the evaluation.

The evaluation process consisted of a half hour interview over the phone or in person, if preferred. Individual anonymity was guaranteed. An invitation to give honest responses was made explaining that all data would be used only to evaluate and improve the 1996 program.

Overall, the findings of the interviews with participants and informal discussions with staff and guest presenters were consistent.

OUTCOMES

The evaluation of the program was conducted across several areas utilising participant feedback. Each area will be discussed individually.

How and why the participant came to take part

Participants interviewed entered the program via two avenues; the Disability Liaison Office (75%) or through a student newspaper advertisement (25%). The most common reasons for joining the program fell into the following categories:

To better understand and deal with my learning disability

To meet others with a similar problem

Because I felt there would be a general improvement or benefit (non specific)

Because I wanted to support the pilot program and help future students.

Over a third of participants cited these reasons as being important to them.

These personal objectives are also represented within the program objectives.

Rating of written pre-program material and handouts supplied during the program

The majority of students rated information sent prior to sessions as good, despite the print format. Handouts were less favourably received with some comments that the Study skills material would have been better received earlier in the program to allow students to follow exam preparation guidelines.

Usefulness of the pre-program questionnaire

It was felt that the pre-program questionnaire would be a valuable exercise in terms of having the student reflect on their learning style and difficulties. Two-thirds described the questionnaire as useful in helping them rediscover or identify new aspects of themselves.

On the basis of work by Brinckerhoff et al (1993) that suggested that students are best able to identify educational strategies to meet their needs, the pre program questionnaire might also be predicted to be useful in planning sessions. However, results from the pre-program questionnaires suggest that the participants may not have had a high level of understanding of strategies to meet their needs. An analysis reveals that participants could describe their difficulties but had few suggestions as to what they needed or what was possible. They cited needing help with dealing with frustration; keeping calm; becoming comfortable with/ proficient in a variety of areas; help with concentration; reading faster and comprehending more; and, using technology. Some pleaded for "understanding" and "open-mindedness and patience". The majority, however, were not able to identify strategies for solving their difficulties and wrote: "I'd like assistance but am unsure what could help"; "I have no idea" ; or, "You tell me. I've always been a slow reader".

Aspects of the diagnostic assessment process, from booking appointments through to the debriefing.

The diagnostic assessment provided by educational psychologists on campus received mixed reactions. The majority (72%), found that booking and completing the tests was straightforward and comfortable. However three students who requested a debriefing session found it to be of little use. Their comments reflect that the test results were vague or uncertain and that they did not translate well into real life. The strategies recommended were perceived as being either not practical enough or did not add anything new to the student's self knowledge.

It is of interest to note that at least two of the participants who had been previously diagnosed as having a learning disability (and needed to update the documentation to meet DLO requirement) were assessed during the program as not having a learning disability. This occurrence was very confusing and distressing for the participants and it lends credence to Smith & Kraayenoord's (1994) observation about the difficulty of gaining a certain diagnosis.

Ratings of each session in terms of content, presentation, physical environment and length.

Overall, sessions were rated highly across these four criteria with the most useful sessions being judged to be the second (presentation by successful people with learning disabilities) and the third (self advocacy and study skills). One participant commented that they would have liked more definition and detail on learning disabilities. Two participants noted that the program seemed a little ambitious and did not meet all of it's promises.

Other aspects of the program including individual study skills and vocational assessment

None of the participants took up the offer of individual study skills assistance with a counsellor. Reasons given were:

a lack of time

it was felt to be unnecessary

that they were not aware this service was available (25%).

These results indicate that any such support provided in the future needs to be promoted and reinforced at all sessions, as students missing the first session may not have been aware the service was available. The offer of vocational assessment was made to final year students. Two students who took part in this type of assessment rated it as very useful in confirming career directions.

The experience of keeping of a journal and the type of information recorded

62.5 % of students kept a journal. One student explained that he did not keep a journal because he was unclear of it's purpose. All who undertook to keep a journal chose a written journal over audio-taping.

Comments made indicate that whilst the experience provided an opportunity for reflection, 75% of students found it difficult to maintain regularly. One student suggested that there be more discussion and sharing of ideas about journal keeping within the group sessions to keep up motivation.

The journal was used for several purposes, including the recording of:

discoveries about the individual and their learning style - 100%

feelings about the program - 80%

improvements or changes in work or study - 80%

personal victories or stories about negotiating with lecturers or others about the learning disability - 60%

interactions with others - 20%

Individual sessions with disability liaison staff including follow up of the recommendations of the assessment report.

The majority of students (75%) chose to visit a Disability Liaison Officer (DLO) throughout the program. Of those that did not, one stated that it was because they felt that were coping without this support. Half the students visited a DLO to discuss alternative arrangements for assessment arising from their diagnostic assessment. Other reasons for seeing a DLO included to discuss:

results / recommendations of diagnostic assessment - 33%

experiences with learning disability - 33%

problems with lecturers - 33%

strategies for working with learning disability - 33%

general progress reports - 33%

self esteem issues - 16.75%

concepts of disability - 16.75%

The majority of students found this contact very useful (80%).

Benefits of the program

In this section seven questions were asked, each addressing a different objective of the program. One hundred percent(100%) of participants reported that they had benefited from the program and the majority (at least 75% for each question) felt that that they had achieved the following:

increased knowledge of options both inside and outside the university for people with a learning disability;

more confidence in requesting and negotiating accommodations with lecturers;

more knowledge specifically about learning disability;

a clearer picture of own strengths;

more confidence about transition from university to work;

benefit from meeting others with learning disabilities (this was the only indicator to receive 100% positive response, it also received the highest number of favourable comments) and;

better marks, (25% said that this was the case whilst 75% said it was too soon to tell).

Other benefits noted by participants included:

developing positive thinking

reduction in stress and concern regarding learning disability

validation of concerns regarding academic performance;

and improved self esteem.

Improvements to the program including ideas for other sessions or other issues that needed to be dealt with.

Many positive suggestions were made to improve the program in the future including:

more publicity amongst students (25%);

increased group discussion time (25%);

more guest speakers;

information on strategies to improve memory and learning;

more individual interaction with a liaison person/ counsellor;

increased assertiveness skills training;

more concentrated study skills sessions and ;

practical skills and knowledge for dealing with learning disability.

Other issues raised included:

following through with what is promised;

insisting on compulsory attendance at all session;

eliciting group consensus on topics to be addressed and;

organise and plan sessions better.

It is particularly useful to have feedback on the organisational issues which will be addressed in the 1996 program.

Personal judgement on whether the participant would recommend the program to others

100% of students indicated that they would recommend the program to others with a learning disability.

DISCUSSION

Despite some clear sighted criticisms, the Foundation LDX pilot program for students with learning disabilities was generally held by its participants to be successful in achieving a cohesive and relaxed group environment. It was also found to have provided information and raised awareness of support services, increased participants' self understanding, and self advocacy skills. The modeling of success provided the most favoured session in which the two guests with learning disabilities spoke frankly about their experiences and achievements.

Foundation LDX attempted to be both comprehensive and to deliver a balance between psychosocial and educational goals. It incorporated elements of a number of approaches described in the literature. Learning strategy instruction was offered through referral to a counsellor and self advocacy was included within a dedicated session. Modeling for success through guest presentations was also included.

The strongest factor in the relative success of the program was the decision to adopt a group approach rather than a one to one counselling support model. An obvious bonus was the extent to which the students benefited from group interaction. This was raised consistently in the evaluation and was one area where participants were unanimous in their feelings.

It can therefore be concluded that this group of students with learning disabilities valued a balance of psychosocial and educational program goals as propounded by Price and that they also appreciated the provision of models of success put forward by Orzek (1986), Vogel et al (1993) and Nichols (1994).

The criticisms offered by participants were valuable. Of particular interest were the comments that the program could be more focussed and expand on skills training (study and assertiveness), and group discussions, whilst also placing emphasis on debriefing after the diagnostic assessment. The latter is particularly important in reducing the anxiety a student may experience in being tested and in guiding individuals towards more appropriate study skills and strategies.

Brinckerhoff et al (1993) and service providers (1994) have suggested that a number of planning and implementation issues which should be addressed. However, in Foundation LDX, it is clear that some of these were overlooked or were not addressed in a timely manner. Organisational and planning issues will need to be addressed in future programs

Another difficulty was the fact that support programs for students with learning disabilities can be extremely demanding of non-specialist personnel and are somewhat resource heavy. This may also be assisted by the use of more guest presenters

LDX '96

In light of the success of the pilot program a full scale program was implemented in 1996. LDX'96 considered and incorporated the positives and the criticisms of the pilot program. Features of this program include:

greater use of expert guest presenters, (this has assisted with linking participants more directly to appropriate student services such as Language and Learning services);

more sessions and greater emphasis on areas suggested by pilot program participants including study skills and exam preparation, memory, reading and comprehension, assertiveness training, learning styles and career planning, definitions and information on learning disability, transition to employment and models of success;

a special presentation by a visiting Canadian expert in the learning disability area, Eva Nichols

availability of debriefing sessions (post diagnostic assessment) that concentrated more on specific accommodations and strategies for participants and;

continuation of successful aspects of the pilot program including social time before commencement of sessions, and group identification of priorities and reviews of sessions.

Fourteen participants have been involved in the program. Of this number four have continued on from the pilot program. This has been particularly helpful for new participants and the facilitators. The more experienced students are at times able to take on a support and mentoring role.

Funding for the program was provided from Higher Education Equity Plan funds on the basis of the evaluation of the Pilot Program. LDX'96 will be evaluated in December, 1996. Aspects of this program will be included in a Transition program for Year 12 students entering any Victorian university to be conducted at Monash University during January, 1997.

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1996 PROJECT REPORT

EXECUTIVE SUMMARY

A Statewide Strategy

for the Inclusion of

People with a

Psychiatric Disability in

TAFE Queensland

*Prepared by: Gloria Carter*

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| A Project Funded by theBoard of the TAFE QueenslandDisability Network |  |

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1. PURPOSE

The overall goal of this report is to make recommendations for implementation of a more cohesive and systematic involvement of TAFE in planning for service provision for people with a psychiatric disability intending to access or currently enrolled in TAFE Queensland programs.

This report has been prepared for the Board of the TAFE Queensland Disability Network and aimed to assist the Board in their endeavour to further/advance/foster TAFE Queensland’s commitment to people with a disability, specifically those with mental illness.

The survey study and preparation of the report was conducted from November 1995 to June 1996 for presentation to the Board of the TAFE Queensland Disability Network and forwarded to the TAFE Queensland Executive Management Forum for consideration and endorsement.

The implications of Federal and State Legislation and findings from the Burdekin Enquiry into Mental Illness, mandate TAFE Queensland to respond to the flexibility required to meet the vocational education and training needs of people with a mental illness.

2. TERMS OF REFERENCE

The Terms of Reference for this project were to:

· Define for TAFE Queensland the cohort of students with psychiatric disability/mental illness;

· Conduct activities which include reviewing other research findings, staff development, data collection and analysis to achieve insights into the number of clients intending to access TAFE Queensland Institutes during 1996 - 1998, identifying their preferred areas of study and perceived student support needs;

· Assist in the development of appropriate support services/networks for people with a psychiatric disability;

· Develop a state-wide strategy for the inclusion of people with a psychiatric disability in TAFE Queensland; and

· Make recommendations on the staff development requirements of TAFE Queensland personnel with regard to the provision of vocational education and training for people with psychiatric disability.

3. DEFINITION OF CLIENTS

The Disability Services Act (DSA) applies to persons who “have a disability that is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments and results in a substantially reduced capacity of the person to obtain or retain unsupported paid employment or to live independently” (1986, p. 2730).

Anderson et al (1994) suggest that Anorexia Nervosa; Bipolar Disorders; Excessive Compulsive Conditions; Manic Depressive Conditions; and Schizophrenia are homogeneous with each of the DSA terms. These terms are defined as:

Any disturbance of emotional equilibrium, as manifested in maladaptive behaviour and impaired functioning, caused by genetic, physical, chemical biologic, psychologic, or social and cultural factors (pp. 979).

4. METHODOLOGY

Prior to securing funding for this research project three external assessors reviewed the research project proposal and provided constructive feedback and varying degrees of support.

The assessors were:

· Dr Ian Gibson, Research Methods Unit Examiner, Faculty of Education, the University of Southern Queensland;

· an Ethics Committee Member, Darling Downs Regional Health Authority, Department of Health;

· Associate Professor Jeff Bailey, Office of Higher Degrees and Research, the University of Southern Queensland; and

· Noel Schultheis, Manager, Personnel West, Supported Employment Service, Toowoomba.

These assessors made several recommendations which have resulted in strict ethical considerations for the project. Their recommendations included:

· participant anonymity;

· clear and concise language, and large fonts within the questionnaire; and

· stakeholder feedback.

The Research Plan:

Stage One: Information Review, Research Design, Subject Selection and Data Gathering

This stage involved:

 Literature review

 Research design, including subject and site selection

The cross-sectional[[4]](#footnote-4) research design placed subjects into three groups:

A TAFE Queensland Disability Services Officers (DSO)

B People in Queensland communities who have identified as having a psychiatric disability

C People with a psychiatric disability who are, or have been, enrolled at their TAFE Queensland courses who have identified to the Disability Services Officer at their Institute.

 Design and validation of instruments through the Project Team and TAFE Queensland Disability Services Officers. Questionnaires were distributed to three separate groups as it was believed their contributions to the aims of this project were likely to be different.

 Data gathering ensuring anonymity recommendations by both the Project Advisory Committee and the external assessors was adhered to by contacting Disability Services Officers and referring agency representatives to distribute and utilise follow-up procedures to improve the response rate.

Population A Questionnaires distributed to TAFE Queensland Disability Services Officers were coded and computed for analysis.

Population B A total of 227 questionnaires were distributed to people with psychiatric conditions within the community by the Breakthrough Employment Service, Queensland Regional Disability Liaison Officers, and the Schizophrenia Fellowships (North and South).

Population C Some 113 questionnaires were forwarded to Disability Services Officers for distribution to past and present TAFE Queensland students with whom they have some contact.

Stage Two: Data Analysis and Reporting

In this stage, descriptive statistical[[5]](#footnote-5) analysis procedures were used for the quantitative responses resulting in narrative, graphical and tabular results. Qualitative data was manually computed into tabular format and commonalities analysed.

Note: Limitations of the Design

The self selected nature of the subjects possibly indicates a source of response bias which is common to certain personality types across this population.

5. SUMMARY OF MAJOR ISSUES / KEY FINDINGS

The literature reviewed and research conducted revealed significant findings in relation to the following major areas of investigation:

· Deinstitutionalisation and Institutional Reform

· Employment

· Training in the TAFE Context

· Indigenous Clients

5.1.1 Deinstitutionalisation and Institutional Reform

Deinstitutionalisation has occurred in Australia since the dissemination of the Burdekin Enquiry into Mental Illness (1991) report which recommended that many people who have been institutionalised do not need to remain in Australia’s Psychiatric Hospitals. In some instances, under-supervised deinstitutionalised people with a psychiatric disability wander suburban streets; dwell in inappropriately supervised boarding houses; are exploited as cheap labour; and/or are abused in the sex industry (adapted from Tyler, 1994, pp. 48).

Institutional Reform is a process which shifts away from institutional forms of support towards enabling people with a disability to take up full and productive lives as members of the community. Institutional reform will involve providing access to a range of residential, educational, health and recreation services for people with disabilities living in the community; and an approach which ensures that these services are based on and responsive to each person’s individual needs.

|  |
| --- |
| Issue:1. The social environment of a person with a psychiatric disability may impact on their ability or potential to access and/or participate in vocational education and training programs. |

5.1.2 Employment

The rewards of employment significantly contribute to the development of interpersonal relationships; increased financial independence, social status, personal choice, and an increased positive self concept (Ronalds, 1990); increased independence, confidence, self-esteem, community participation, and quality of life, as well as reduced stress levels for carers and family members (Baume & Kay, 1995).

|  |
| --- |
| Issue:2. People with a psychiatric disability are seeking employment opportunities so that they may participate more fully in community life. |

5.1.3 Training in the TAFE Context

Less than 0.01% of total enrolments at Australian Institutes of TAFE are likely to enrol and identify as having a psychiatric disability (Andrews & Smith, 1992).

This study identified that the defined cohort of students with psychiatric disability for TAFE Queensland has a mean age from 34 - 37 years, and are both male and females with mild to moderately severe schizophrenia and mood disorders controlled by medications.

Social stigma and public misconceptions are problems facing people with psychiatric disabilities. Sherwin (1994) reports a number of commonly held misconceptions such as, psychiatric disability is contagious and that all people with psychiatric disability are incompetent, dangerous, and unpredictable.

Psychiatric disability does not imply intellectual deficiency. Research evidence suggests that if a teacher has pre-existing beliefs about a student’s academic potential, they may interact with that student in a manner reflective of these beliefs. It has been found that teacher expectations can influence student achievement (Cooper & Tom, 1984) and Andrews (1991) asserts that “the attitudes of academic and administrative staff have been shown to be critical to student participation and progress” (pp. 5).

Inclusive practices assisting students with a psychiatric disability lead to:

. reduced rates of hospitalisation;

. increased self-esteem and confidence;

. opportunities for self directed decision making; and

. increased social interaction with peers.

The Needs of the Client Group

People with a psychiatric disability intending to participate in vocational education and training identified that the first step that field professionals should take is to acknowledge the person with a mental illness’ own unique personality and resources.

It is reasonable to expect that different psychiatric disabilities present different problems for individual sufferers. Also, depending on the severity of their illness, these symptoms may or may not interfere with their ability to perform well in the TAFE environment.

Andrews (1991) highlighted a number of needs identified by students with disabilities including:

. assessment and examination assistance;

. special tutoring,

. remedial assistance;

. counselling and career advice;

. health services;

. enrolment assistance;

. note-takers;

. a personal computer; and

. financial assistance.

According to Andrews (1991) the most frequently reported functional limitations for students with psychiatric disabilities pertained to personal health issues, learning problems, and communication difficulties.

This study has identified that 21 consumers intend to access TAFE Queensland Institutes during 1996 - 1998, identifying their most frequently preferred area of study as Welfare Studies and their perceived support needs as:

. study skills training;

. additional academic tutoring;

. part-time study

. financial support; and

. flexible delivery - mixed delivery mode and assessment,

Approximately fifty percent of respondents unanimously stated that they preferred to study using a flexible mixed-mode approach.

Problems Experienced

Misunderstanding and/or insensitive actions by staff and students less knowledgeable of issues for people with a psychiatric disability may result in disruptive behaviours causing less than favourable group dynamics.

McIntyre, Bonser and Jameson (1995) conducted a research project which included gathering a sample of TAFE NSW teachers’ observations of the problems experienced by students with mental health problems. Difficulties experienced included:

. erratic punctuality patterns suggested as resulting from time management problems;

. significantly increased levels of anxiety when assignments were given and during examination periods;

. memory difficulties which at times engendered distress and decreases in self-confidence;

. sustaining concentration over long periods also seemed problematic, prompting some students to request that classes be of shorter duration (1 to 1.5 hrs) and spread throughout the week;

. tendencies to be easily distracted producing problems remaining on task;

. difficulties with motivation seemed most pronounced when individuals were required to work independently, eg homework.

The negative consequences of medication use is an important issue considering that the majority of people with psychiatric disabilities are likely to use some form of medication. In one study, which included a sample of 95 TAFE students with Psychiatric disabilities, approximately 90 percent reported taking medication for their illnesses (McIntyre, et al., 1994).

Side effects from medications which may also produce responses such as:

heightened anxiety; restlessness; fidgeting; floor pacing; aggressive behaviours;

irritability; dry mouth; hypotension; sedation; shakiness;

blurred vision; dizziness; learning impairments; memory loss;

personality changes; sensitivity to sunlight; weight gain; and convulsions,

(Marder, 1992; Beehan, et al., 1992; Sherwin, 1994; McIntyre, Bonser, & McElduff, 1995; McIntyre, et al., 1994).

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| Issue:3. People with a psychiatric disability and this research has identified a requirement for a highly flexible training environment which meets the needs of and supports individual students.4. TAFE Queensland personnel have had little experience of people with a psychiatric disability in vocational education and training.5. TAFE Queensland support services for students with a disability are not comprehensive enough to meet the particular requirements of people with a psychiatric disability.6. The research has identified that greater collaboration between sectors is necessary to provide a holistic approach to support individuals with a psychiatric disability wishing to access further education and training.7. Historically participation rates of people who have been identified as having a psychiatric disability have been low. It is now recognised that such people are an emerging client group within the vocational education and training sector. |

5.1.4 Indigenous Clients

Aboriginal and Torres Strait Islander people experience psychiatric disabilities resulting from widespread depression, anxiety and substance abuse - broad social and cultural problems. The Draft Queensland Mental Health Policy Statement for Aboriginal and Torres Strait Islander People (May 1996) aims to: “promote, improve and maintain the mental health” of Queensland Aboriginal and Torres Strait Islander people (pp. 6).

Major depression, schizophrenia and bipolar affective disorder exist at the same rate among indigenous Australians as the total population. Anxiety and adjustment disorders; substance induced psychotic disorders; cognitive impairment in the aged; and conduct disorders in children exceed the average rates due to the cultural lifestyle.

More than 50% of indigenous Queensland males aged from 15 - 29 years of age were identified as the highest rate of suicide victims of which the highest incidents occurred for Far North Queensland local residents.

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| Issue:8. Little is known about indigenous Australian people with a psychiatric disability and the impact, if any, of vocational education and training on their lives. |

5.2 Relevance of the Research to TAFE Queensland

This research project has highlighted the need for an improved model of service delivery for students with a psychiatric disability which includes the areas of staff development, transagency and transdisciplinary links, and student support.

TAFE Queensland should consider the following issues and the subsequent recommendations as a matter of urgency.

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| Key Issue:The social environment of a person with a psychiatric disability may impact on their ability or potential to access and/or participate in vocational education and training programs. |

Recommendation 1

It is recommended that TAFE Queensland delivery personnel undertake training to raise their awareness of issues relating to people with a psychiatric disability.

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| Key Issue:People with a psychiatric disability are seeking employment opportunities so that they may participate more fully in community life. |

Recommendation 2

It is recommended that TAFE Queensland services, courses and the benefits of training be promoted to the client group.

Recommendation 3

It is recommended that student destination surveys be conducted.

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| Key Issue:People with a psychiatric disability and this research have identified a requirement for a highly flexible training environment which meets the needs of and supports individual students. |

Recommendation 4

It is recommended that training be delivered in flexible modes in consultation with the individual client with a psychiatric disability.

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| Key Issue:TAFE Queensland personnel have had little experience of people with a psychiatric disability in vocational education and training. |

Recommendation 5

It is recommended that TAFE Queensland delivery personnel undertake training to acquire the skills necessary to meet the specific requirements of people with a psychiatric disability participating in vocational education and training.

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| Key Issue: TAFE Queensland support services for students with a disability are not comprehensive enough to meet the particular requirements of people with a psychiatric disability. |

Recommendation 6

It is recommended that consultation and liaison occur with clients with a psychiatric disability to include them in planning their learning support and to provide assistance prior to and during enrolment and throughout their course of study

Recommendation 7

It is recommended that flexible approaches to the provision of student/learning support services in the teaching-learning environment be available.

Recommendation 8

It is recommended that student networking opportunities be developed.

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| Key Issue: The research has identified that greater collaboration between sectors is necessary to provide a holistic approach to support individuals with a psychiatric disability wishing to access further education and training. |

Recommendation 9

It is recommended that a collaborative approach with other service providers and/or agencies be taken to improve pathways and provide support for students with a psychiatric disability.

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| Key Issue: Historically participation rates of people who have identified as having a psychiatric disability have been low. It is now recognised that such people are an emerging client group within the vocational education and training sector. |

Recommendation 10

It is recommended that the state-wide strategy be implemented and evaluated, and a report on outcomes for people with a psychiatric disability be prepared.

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| Key IssueLittle is known about indigenous Australian people with a psychiatric disability and the impact, if any, of vocational education and training on their lives. |

Recommendation 11

It is recommended that further research on the vocational education and training requirements of people with a psychiatric disability be conducted.

6. STATE-WIDE STRATEGY

The holistic approach to service delivery suggested by the research supports collaborative consultation, liaison and planning by all stakeholders (clients, TAFE Queensland and external agencies) to facilitate integration and support of clients by service providers.

6.1 Objectives of the Strategy

Implementation of the Strategy should achieve five key objectives:

1. Increased awareness of the needs of people with a psychiatric disability;

2. Strengthened transagency and transdisciplinary links;

3. Improved access to information, the learning environment and technology;

4. Improved service delivery and learning outcomes in an inclusive learning environment; and

5. Additional information on destination studies to assist decision makers.

6.2 THE STATE-WIDE STRATEGY

FOR THE INCLUSION OF PEOPLE WITH A PSYCHIATRIC DISABILITY IN TAFE QUEENSLAND

Recommendation 1

It is recommended that training be delivered in flexible modes in consultation with the individual client with a psychiatric disability.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Identify resources for use in staff development programs concerning psychiatric disability.Staff development programs with a focus on psychiatric disability / mental illness implemented at the Institute level using Response*Ability*: People with Disabilities: Skilling Staff in Vocational Education and Training SectorsFunds allocated by Institutes for professional development external to TAFE, through, for example:- “People Too, People First .”, Staff Training Package, McIntyre et al, 1995a, 1995b, 1994.- “Mind Your Head: Working with young people and mental health issues”, Youth Sector Training Council of Queensland- Queensland Association for Mental Health | Social Justice Network, Response*Ability* CoordinatorInstitute Response*Ability* facilitatorsDisability Services OfficersInstitute Management | TAFE Queensland delivery personnel equipped with skills to work with people with a psychiatric disability. | Facilitator training costs funded by the Social Justice Network’s staff development budget of $82,000.As per Institute allocation. |

Recommendation 2

It is recommended that TAFE Queensland services, courses and the benefits of training be promoted to the client group.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Develop guidelines to facilitate targeted outreach activities.Target outreach activities to people with a psychiatric disability. | Social Justice NetworkDisability Services OfficersInstitute Marketing | Increased awareness of the benefits of training and services available through TAFE Queensland to this client group to increase their participation. | Absorbed by Social Justice Network operational budget.Wages of personnel involved in activity. |

Recommendation 3

It is recommended that student destination surveys be conducted.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Develop a destination study/survey which allows people with a psychiatric disability to identify.Develop specific destination surveys for students with a psychiatric disability. Administer destination surveys.  | AVETMISSSocial Justice NetworkDisability Services OfficerJob Placement Officer |  | Absorbed by Social Justice Network operational budget.Wages of personnel involved in activity. |

Recommendation 4

It is recommended that training be delivered in flexible modes in consultation with the individual client with a psychiatric disability.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Negotiate suitable course programming including modifications, if required, to:. curriculum. time tabling. mode of delivery. mode of assessment. duration of course. course load | Disability Services OfficersRelevant Curriculum Consortia. | Sustained participation and retention in courses of this client group. | Wages of personnel providing support.Additional course materials as required.  |

Recommendation 5

It is recommended that TAFE Queensland delivery personnel undertake training to acquire the skills necessary to meet the specific requirements of people with a psychiatric disability participating in vocational education and training.

*Strategy As For Recommendation 1*

Recommendation 6

It is recommended that consultation and liaison occur with clients with a psychiatric disability to include them in planning their learning support and to provide assistance prior to and during enrolment and throughout their course of study

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Develop guidelines to facilitate the consultation process.Adopt the guidelines for consultation with this client group. | Social Justice NetworkDisability Services OfficersCounsellors | Enhanced consultation with students with a psychiatric disability.Individual learning support requirements accommodated. | Absorbed by Social Justice Network operational budget.Wages of personnel involved in activity. |

Recommendation 7

It is recommended that flexible approaches to the provision of student/learning support services in the teaching-learning environment be available.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Develop guidelines to assist Institutes to meet the requirements of people with a psychiatric disability.Institutes to provide student services including:. enrolment assistance;. access to academic tutoring;. study skills training; . mobility support; . access to information; and . assistance with day-to-day living during courses. | Social Justice NetworkDisability Services Officers Learning Support OfficersStudent Services Personnel | Provision of student services whichaccommodate the needs of individuals. | $5,000 ProjectWages of personnel involved in providing support services, ie.. Disability Services Officers. Counsellor. Student Admissions |

Recommendation 8

It is recommended that student networking opportunities be developed.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Encourage people with a psychiatric disability to participate in student association activities.Staff development provided for personnel involved in student association activities.Establish or link into networks for students within and external to TAFE.Implement an outreach strategy to ensure information is provided to people with a psychiatric disability who are potential or current TAFE students. | Student Activities CoordinatorsCounsellorsDisability Services OfficersDisability Services OfficersDisability Services OfficersDisability Services Officers | Increased participation of students with a psychiatric disability in mainstream student networks and providing / receiving peer support by networking.  | Professional development costs of student association members.Cost of targeting information to the client group. |

Recommendation 9

It is recommended that a collaborative approach with other service providers and/or agencies be taken to improve pathways and provide support for students with a psychiatric disability.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Develop policy and procedures to allow improved transagency and transdisciplinary links.Institutes to develop links within their community by implementing the Policy and Procedures for the Provision of Services - Students with a Disability. | Social Justice NetworkDisability Services Officers | Resource sharing and improved pathways and provision of support for students with a psychiatric disability. | CompletedWages of personnel involved in activity. |

Recommendation 10

It is recommended that the state-wide strategy be implemented and evaluated and a report on outcomes for people with a psychiatric disability be prepared.

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|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Preparation of an annual report on the implementation of the state-wide strategy for the inclusion of people with a psychiatric disability in TAFE Queensland. | Social Justice NetworkInstitutes | Customised service delivery to an emerging client group. | Absorbed by Social Justice Network operational budget.Wages of Institute personnel involved in preparing report. |

Recommendation 11

It is recommended that further research on the vocational education and training requirements of people with a psychiatric disability be conducted.

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| --- | --- | --- | --- |
|  ACTIVITY |  RESPONSIBILITY |  OUTCOMES |  COST |
| Seek funding to conduct further research. | InstitutesSocial Justice Network | Greater knowledge of the vocational education and training requirements of this client group. | Born by project. |

*This paper is written from a personal perspective about the changes that were required to develop an existing TAFE certificate course to accommodate students with disabilities.*

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GEOGRAPHY

Mount Gambier is a regional community of 25,000 people located approximately halfway between Melbourne and Adelaide.

The South East Institute of TAFE is a major provider of adult education to Mount Gambier and the surrounding areas, and offers a variety of vocational training programs.

INTRODUCTION

Course evolves from industry approach.

In 1991 Orana Enterprises, a South Australian community organisation which provides support and employment opportunities for persons with intellectual disabilities, approached the South East Institute to establish a joint horticulture venture in Mount Gambier.

The aim of the venture was to provide vocational opportunities for persons with disabilities. The Institute agreed to provide land, water, machinery and access to its facilities, in support of the venture. As a result eight acres of land was set aside at the Wireless Road Campus to grow flowers and crops for the commercial market.

I was approached, as the Institute’s Horticulture lecturer, to provide special training in horticultural techniques to Orana’s disabled employees.

Today, the flower farm occupies fifteen acres of land, provides employment opportunities for persons with disabilities and markets its cut flowers in four Australian states.

The success of the training provided to Orana employees was the stimulus for me to offer Horticulture Studies for Persons with Disabilities.

The South East Institute of TAFE currently offers the certificate levels 1/2 Gardener Greenkeeper to persons with disabilities. It is a mainstream TAFE course without modifications, except for its duration, which has been extended to one year from the usual six months.

The course is at the same level as a first year apprenticeship in the industry. Its aim is to provide students with a diverse range of employment skills that relate to local horticultural industries.

In addition to this certificate fee for service courses, of six months duration, are provided in conjunction with local based training organisations. These provide training for persons with disabilities within a specific industry. The aim of the course is to provide students with practical job skills, and subjects are taken from the certificate level courses according to individual needs.

THE BEGINNING

I would now like to go back to 1991, to when the idea of making TAFE courses easier to access for people with disabilities was first raised.

As stated earlier, I was asked to train the employees of Orana.

For me this was a new experience. I had no qualifications, previous experience or any past contact with people with disabilities. This was an entirely new area for me.

From the beginning, I decided that any training undertaken should be aligned to TAFE accredited training, so that the Orana employees could gain recognition for their endeavours.

Where to start? Obviously with the TAFE curriculum.

(In 1991 competency based curriculum had not yet been developed, and was only being discussed as a future option.)

After studying the curriculum documents, it soon become obvious that they were not suitable for most people with disabilities.

Firstly, the modules were neatly boxed into timeframes of eighteen or thirty six hours, i.e. you will learn XYZ in eighteen hours.

I had often wondered who actually worked out these timeframes and how. They seemed to be convenient hours to suit TAFE working weeks and terms, but did not take into account that people may learn at a different pace to the hours listed. This was especially so for people with an intellectual disability.

Secondly, much of the curriculum assessment procedures required written procedures, such as assignments or examinations.

An example of this was a module on learning to drive a tractor. This required a student to undertake an 80% theory assessment and a 20% practical assessment. This seemed a strange combination for such a practical orientated task.

Thirdly, a large percentage of the learning material was in print form, i.e. overheads, module notes, and written examples.

From these examples, the curriculum was most suitable for people who had adequate literacy skills. But for people who had low or no literacy skills the curriculum was clearly not suitable.

As the majority of Orana’s employees had low literacy levels, and slower learning capabilities, the standard curriculum was of no use to me or the students.

As mentioned earlier competency based curriculum did not exist in 1991. There was no other documents outside of then current curriculum guidelines.

After consultation with Institute management, who were generally sensitive to the problems, I decided to discard the existing curriculum guidelines and employ whatever approach best suited the individual student.

TRIAL AND ERROR

Although I had been provided with information from Orana supposedly regarding each employee’s capabilities, no assumptions were made and very few limits set on what a person could or could not do.

During the first four weeks of training, all students were encouraged to ‘have a try’ at all activities such as planting seedlings, driving tractors and operating other machinery.

At the end of this time each student nominated their areas of interest and training was focused around that preference.

All theory was applied to practical, real life situations, and all learning tasks were broken down into very small components. Additional time was allowed for students to learn each task.

Those early days were not only a new learning experience for the students, but also a major learning experience for me.

Using this experience with Orana, I then developed the idea of offering a pre-vocational course in Horticulture for people with disabilities, using a format of a one-year full-time course.

This was to prove more difficult than I had imagined.

PREPARING THE GROUND

Although there had been support for the Orana project from the Institute, this was mainly because it was a one- off course and Orana were paying customers.

The suggestion of regular TAFE courses for people with disabilities had little support and faced bureaucratic problems. Some of the management who had previously supported the Orana project, suggested to me that an ongoing course for disabled students might not be a good idea. The campus was not accessible for people in wheelchairs and money would have to be spent upgrading the campus to allow access for physically disabled people, money which could be spent in other areas. (It was a coincidence that the first student who enrolled in the course happened to be in a wheelchair.)

For a while I became an unpopular person with my constant reminders that TAFE, under the EO Act, had a duty to provide access to courses for all people, disabled or non disabled.

Eventually with help from other government agencies a compromise was reached and the physical alterations required for disabled access were developed.

The bureaucratic problems encountered with initiating the course proved to be very time consuming.

Firstly, the course I intended to offer was recognised as a six-month full-time course.

My intention was to extend this arrangement to a one-year full-time course, allowing the extra time for people with learning difficulties who may require a longer period to successfully undertake the course.

Initial reaction from curriculum management to this suggestion was that it was not possible, as the course had already been recognised and sanctioned as a six-month course. To change this would require the redevelopment of the curriculum, which could take up to two years.

To overcome this problem, whilst further discussions took place, I offered the same course twice a year, with the majority of students re-enrolling the second time.

Again, with help from other organisations both government and non government, the time length problem was resolved.

The problem of changing delivery and assessment procedures was a slow process, but the introduction of a competency based curriculum gave greater flexibility for these students who required this.

Another problem in the initial stages was Austudy. The course was recognised as Austudy approved only in its six month format. Austudy refused to allow approval for the course over a twelve month period.

Lengthy discussions and wordy submissions were once again required before approval was finally granted.

CURRICULUM

Although flexibility with the curriculum had been undertaken with the Orana course, to ensure the validity of this course care was required to ensure the objectives were appropriately covered.

The philosophy behind adapting the curriculum was to employ whatever approach best suited the individual, with regard to the learning objectives, and to use the curriculum as a holistic guide only to learning outcomes.

THE STUDENTS

Selection of students for the course was, and remains, a collaborative approach. Flexibility is a key feature here.

The only major criteria for selection is a students capability for completing the course. Persons with both intellectual and physical disabilities are encouraged to apply and all our classes involve a mixture of disabilities.

Close partnerships have been formed with the majority of organisations throughout the region which assist people with disabilities.

Many of these organisations act as sponsors or mentors to the course or particular students and provides valuable assistance in helping overcome problems that may occur.

Without the support of these organisations, many of the students may not have taken that first important step into further education.

People with disabilities studying in adult education in regional or rural areas have added disadvantages that city based students may not face.

Public transport for example is almost non existent in rural areas. Disabled taxi services do not exist. To attend a college disabled people have to rely mainly on private transportation.

This situation greatly limits many people with a disability from undertaking further education.

Isolation can be another problem. Many students live in remote areas which precludes close contact with other students outside of course hours.

FUNDING

As with many government funded organisations, TAFE funding is linked to measurable outcomes. With TAFE, outcomes are measured by successfully completed student hours i.e. the number of students who successfully complete a course, or module measured in hours.

These outcomes can disadvantage disabled students as the time required to successfully complete a course may be longer than in other courses and student numbers lower.

Although funding was available for the course, like all areas within the education sector there is always a need for extra money.

To overcome this problem approaches were made, in partnership with disability organisations and industry, to various funding organisations at both state and federal levels of government.

To date this approach has been a reasonable source of extra funding. We have managed to fund a six-month full-time course for the last five years, aimed at helping people with disabilities to access vocational education for the horticultural industry, based on these governmental sources of funding.

To ensure future funding educators must deliver a quality program that achieves its stated outcomes. With extra funding from governments now becoming harder to obtain, innovation and originality will be required to gain necessary funds.

Although there is legislation discriminating against disabilities, discrimination can still occur against those with disabilities.

Much of this discrimination is unintentional and occurs because people may feel uncomfortable with their own capabilities when confronted by people with a disability.

When the course was first started there was very little open discrimination. There was however covert discrimination evident in a number of areas.

There was, and has never been evidence of discrimination, from the non disabled student population.

It is not my intention to detail precise discriminatory behaviour, but it can occur, and firm and controlled action should be taken when confronted with any such behaviour.

HARVESTING THE FRUITS

Ninety five students have to date completed variants of the Horticultural course, with 60 percent finding employment. Approximately half of those have found employment in industries outside of horticulture. They find work as car detailers, kitchen hands, builders labourers, forklift drivers, hardware and supermarket assistants and as general hands in sawmills.

They are able to work in these industries because they have product skills, they know how to learn, and have developed a social and work ethic. These valuable attitudes and skills are recognised by employers.

THE FUTURE

From the beginning of 1997 the original Horticulture course will be incorporated into a multi-skilled course.

This will be a course that will offer opportunities to students to choose, or experience a variety of vocational opportunities.

The initial course will offer training opportunities in the following areas:

 Horticulture

 Retail Sales

 Commercial Cookery

 Engineering.

This course will require considerable co-ordination and co-operation, and once again with the support of disability agencies. I am hopeful of reporting its success this time next year.

SUMMARY

As in many areas that involve people with disabilities, progress is not always easy for a variety of reasons.

To overcome these problems I adopt the following attitudes:

∑ Use lateral thinking.

∑ Have a firm commitment.

∑ Be prepared to be unpopular at times.

∑ Use and co-operate with other people in the disability area.

∑ Never give up.

∑ Start with the ideal and work back from that ideal, not towards the ideal.

In conclusion I would like to acknowledge all the students whom it has been my pleasure to be associated with.

Without their input, progress would not have been possible.

**Laura Duggan**

**Disability Adviser**

**The University of Queensland**

***Pathways 111***

***Theme: Access***

***Title: EQUITABLE ACCESS OR ANXIETY REDUCTION!***

*Abstract*

The University of Queensland offers a broad range of services for students with a disability; these include a Peer Notetaker and a Participation Assistance Programme. Despite the success of these programmes students with acquired hearing impairment who rely primarily on lip reading for access continued to express significant concern and frustration regarding access to academic matter presented in a verbal format. The incidence of expressed dissatisfaction with access to lecture and tutorial content is higher among this group of students than in any other group of students with a disability. In an attempt to improve access a pilot programme was introduced in 1996. The Access Tutoring pilot commenced in semester one, and following evaluation was changed slightly for semester two. Access Tutoring has proved to be a useful strategy in improving access for students with severe acquired hearing impairment. The objective of this paper is to describe the programme and to evaluate the effectiveness of an Access Tutoring programme in improving access to academic matter presented in lecture and tutorial sessions.

Factors Affecting Access for Students with Hearing Impairment

A number of factors impinge on access for students with an acquired hearing impairment who rely primarily upon lip reading for access to verbal material presented in lectures and tutorials. Two of these are class size and the availability of appropriate seating. The University of Queensland has 25,000 students. Most lectures in first and second year have a minimum of one hundred students in attendance. Some first and second year lectures have between three and four hundred students in attendance. While some of the newer lecture theatres have signs designating priority seating for persons with a disability many do not have such signs. A third factor affecting access is the auditory amplification system and all the large lecture theatres have a public address system. However, only two lecture theatres on campus have hearing loops. In three of the newer lecture theatres a closed circuit radio amplification system has been included. In these venues students are able to borrow receivers to use in the lecture theatre and thereby have a closed circuit connection with the lecturer. The advantage of this system, similar to the use of an FM system, is the screening out of background noise. The disadvantage is that the student does not hear questions and comments by other students unless these are repeated by the lecturer. A fourth factor is that of level of illumination. A well illuminated lecture venue makes it easier for the student who is lip reading but during lectures the lights may be dimmed to present overhead projections or videos. Further variables rest with the personal characteristics of the lecturer. If English is the lecturer’s second language the presence of an accent can hamper lip reading, and many students have described the difficulty that ensues as they try to lip read someone with a heavy moustache and/or beard.

Services offered to Students with a Hearing Impairment

At the University of Queensland students with a hearing impairment have traditionally been offered four specific services to improve academic access:

1. Peer Notetaker Programme (Appendix A)

2. Letter of introduction to lecturers/tutors outlining best teaching strategies (Appendix B) and requesting that, if available, the lecturer/tutor give copies of their personal lecture notes to the student prior to the lecture

3. Loan of an FM System

4. Procedural Variations to the conduct of examinations (individual notification of start/finish announcement, individual oral examination)

In individual cases other strategies have been tried at the suggestion of students, such as the use of a non-peer notetaker or an oral interpreter. These strategies have only been tried in situations in which there were very small numbers of students in the group (under ten) and in which time pressure was not critical, and the student recipients reported that they were useful.

Factors influencing development of the Access Tutoring Programme

The main factor influencing development of the Access Tutoring Programme was expressed student dissatisfaction with access by those students who rely primarily on lip reading. Students report that on average they can decipher only approximately thirty percent of the spoken content in lectures and tutorials. Only a very small percentage of lecturers and tutors make copies of the material presented in the lecture available to students. Although the University has employed someone to assist lecturers and tutors to place the material they present on the World Wide Web this project is still in its infancy and there is no imperative for lecturers and tutors to do so. Apart from the information obtained by lip-reading students are almost exclusively reliant upon their peer notetaker for access to material presented in lectures and tutorials. Copies of notes taken by the peer are passed to the student some time after the lecture. Frequently by the time the student receives the notes they have quite lost track of what little information they had been able to glean in the lecture. From time to time students have also expressed dissatisfaction over the quality of the notes obtained via the Peer Notetaker Programme. Student Peers who enrol in the Peer Notetaker Programme are required to view a training video and are provided with a training manual. However, the quality of notes varies with the skills of the peer notetaker and the skills of the lecturer or tutor who is delivering the material.

The Problem Defined

In conversation with students it became apparent that they often sought to obtain a second copy of notes from another peer for the purpose of comparing the two with each other, and with any notes that they themselves had been able to make during the lecture. This practice is extremely time consuming and does not guarantee an answer to the question being asked by the student with a hearing impairment “have I definitely received all the information which was provided during the lecture and tutorial?” Although students had never expressed this question to me in these words it became apparent to me that this indeed was the question which was being posed, albeit in another form. The question presented itself in my office in the form of anxiety, uncertainty, frustration, and an overwhelming sense of tiredness and lack of time. I came to the realisation that these students are never confident that they have obtained all the information. In fact, not only do they not know what they have missed, they also do not know if they have missed any material. This is quite a different circumstance from that experienced by the braille user who can detect through page numbering if a page is missing, by the sighted person who can see that a paragraph of the text is blurred and not able to be read, and by the person with hearing who can recognise when the amplification system has failed and the speaker can’t be heard. Is it any wonder that the student experiences anxiety and resorts to comparison of numbers of copies of notes in an effort to alleviate the anxiety?

Implementation of the Access Tutoring Programme

The University of Queensland has approximately 300 hundred students with a disability (around 1.2 percent of the total student population). All students with an acquired hearing impairment who rely mainly on lip reading for access (seven individuals) were invited to participate in the Access Tutoring pilot programme. While all seven students had at some time expressed concern and dissatisfaction with their access to academic material presented in auditory format only four students responded to the invitation and only two students agreed to trial the programme. The number of subjects for which Access Tutoring was implemented was seven.

Making the Arrangements

A letter of introduction explaining the rationale and objectives of the programme, to ensure that students with a hearing impairment obtained all information provided in lectures and tutorials, was developed (Appendix C). Participating students were asked to approach the lecturer or tutor for each of their subjects and request that additional tutorial time (up to 10 hours per subject per semester - more hours could be approved following negotiation between student, lecturer/tutor and Disability Adviser) be provided on a one to one basis. Students were given the explanatory letter to hand to the lecturer/tutor at the beginning of the semester. Student and lecturer or tutor would determine a mutually convenient time for the scheduling of the Access Tutorials. There would need to be intervals of sufficient duration between Access Tutorials to permit the student to collate the notes received from the Peer Notetaker with those they had taken themselves, and to supplement these with required readings from the text. Payment for the tutorials was set at the hourly rate for tutors (approximately $18.00 per hour).

Student Responsibility in Preparing for the Access Tutorial

It was decided in consultation with the students that preparation would be necessary in order to obtain the most benefit from the Access Tutorial. Once the Access Tutor was recruited and arrangements made for tutorial dates students using the programme were expected to prepare for the tutorial. They had to read through their own notes and those obtained from a peer via the Peer Notetaker Programme. In addition they had to read the appropriate section of the text book. The preparation was beneficial because it helped the students to pinpoint areas of uncertainty and to formulate questions for the Access Tutor.

Access Tutor Responsibility in Delivering the Tutorial

Access Tutors had to be completely familiar with the content of lectures/tutorials so that they could ascertain if the student has indeed obtained and understood all relevant information. Access Tutors were required to peruse the student’s notes and if the tutor identified areas of missing or misinterpreted information the tutor should then provide the student with this information. The Access Tutor should also respond to any questions the student raised about the subject content.

Problems with Programme Implementation

Several problems became evident as implementation of the programme was attempted. Initially the students expressed some concern over the need to take responsibility for recruiting the lecturer/tutor. Herein lay a problem, the intention was that implementation of the programme would provide students with equitable access and reduce their levels of stress, not add to them! Nevertheless they overcame this concern and negotiated with the particular academic staff members concerned. A major administrative problem emerged as it became apparent that despite unreserved willingness among academic staff members to participate in the programme five of the six staff members were unable to do so because they did not have any available working hours to offer. Another administrative problem emerged when it was discovered that if an academic staff member agreed to work overtime in order to fulfil the role of Access Tutor they would have to be paid at an overtime rate thereby adding significantly to the costs of the programme. In consultation with staff and students it was decided to obtain the services of the subject tutor whenever possible. If not possible the lecturer or tutor would recommend a student from the previous year’s class who had done very well in the subject.

Student and Access Tutor Evaluation of the Programme

Access Tutoring was provided for seven subjects in first semester 1996. A total of forty-two hours tutoring was provided by six Access Tutors. Tutors and students were sent an evaluation questionnaire at the end of semester. They were asked to rate effectiveness of the programme using a five point scale. Students scored access at the highest rank for two subjects, at the second highest rank for two subjects, and at the middle rank for three subjects. Only two Access Tutors, each of whom had provided tutoring for one subject, returned the evaluation questionnaire. Each one scored effectiveness of the programme at the second highest rank. An opportunity to make a qualitative evaluation was provided. While the comments of Access Tutors were mostly positive one tutor noted that student preparedness for the tutorial took some time to develop. Student comments were mixed. The process of recruiting tutors was noted as being time consuming and stressful. There was comment regarding the dilemma of having to recruit someone not directly involved in teaching the subject due to time constraints. This problem could potentially negate any beneficial effect of the Access Tutorial. Students reported that some tutors were more helpful than others. They felt that explanation of the objectives of the programme and expectations of both students and tutors needed to be clarified and made clear to all persons involved. (The explanatory letter was changed to provide clearer objectives.) There was a comment that the marks obtained in a subject for which an Access Tutor could not be recruited were lower than for those subjects where the programme was operating. Overall the students felt that the programme was helpful in improving their access to academic material presented in auditory format.

CONCLUSION

Participating students reported that the Access Tutoring Programme improved access to the material presented in lecture and tutorial sessions. The programme helped to reduce student uncertainty about whether they had obtained all academic material presented in lectures and tutorials. In this manner the programme helped to reduce stress for the students. Not withstanding this the process of recruiting tutors consumed both time and energy and the students reported that this process was stressful. The strength of this pilot programme was that there was an overall reduction in the number of hours spent in verification of lecture and tutorial content and more certainty that all information had been obtained.

EQUITY OR ANXIETY REDUCTION?

On reflection it is my impression that the pilot Access Tutoring Programme was more successful in achieving anxiety and stress reduction for the students, the academic staff members and the Disability Adviser than it was in achieving equitable access for the students involved. This pilot programme has been valuable in demonstrating that equitable access to academic material presented in auditory format in lectures and tutorials can only be achieved if the student has a printed version of the spoken word in front of them as the lecture or tutorial is being conducted. Interventions applied “after the event” while assisting with anxiety reduction cannot really be described as equitable access.

Appendix A

THE UNIVERSITY OF QUEENSLAND

DISABILITY UNIT

CAREERS & COUNSELLING SERVICE

1996

THE PEER NOTETAKER PROGRAMME is an equity initiative of the University of Queensland. Peer Notetakers are employed through the Disability Unit to ensure that students with a disability achieve equitable academic access.

A PEER NOTETAKER provides a copy of lecture/tutorial notes for a student who is unable to take notes for him/herself.

CONDITIONS OF EMPLOYMENT

1. Attend the Peer Notetaker Training Programme. For details contact the Disability Adviser at Careers and Counselling Service.

2. Read and comply with the responsibilities as outlined in the Notetaker Training Manual (available when you register for the Peer Notetaker Training Programme).

3. Respect the privacy rights of the student for whom you are working, i.e. keep all details of this arrangement confidential .

RESPONSIBILITIES OF ASSISTANTS

If for any reason a notetaker is unable to fulfil their commitment they should arrange for another student to take over the notetaking to ensure that the recipient is not disadvantaged. The notetaker should contact Coordinator at Reception, Careers & Counselling or phone 336 51712 to alter payment arrangements.

Any student who agrees to become a notetaker will become an employee of the University. As an employee of the University they will be covered under the University's insurance scheme for any legal liability arising in the course of their employment as a notetaker.

TRAINING

Notetaker Training Sessions (approximately 1 hour duration) provide information on appropriate notetaking skills. A Manual will be issued to each Peer Notetaker.

DUTIES OF NOTETAKER

Provide a copy of your lecture/tutorial notes for a student with a disability. Notes must be on A4 paper, comprehensive, legible and written in black ink or typed.

It is the Notetaker's responsibility to arrange a time to deliver notes to the student, this should be done within two days of the lecture (unless otherwise negotiated with the student).

REGISTRATION

It is important to register as a Peer Notetaker as soon as you commence duties.

Complete and submit Registration Forms to:

Co-ordinator

Peer Notetaker Programme

Careers & Counselling Service

before the 7th week of semester.

(a) the Peer Notetaker agreement form (available from your student employer or Reception, Careers & Counselling Service)

(b) an employment declaration form [available from all major Post Offices] (NB: If you have a HECs debt be sure to complete the form which includes a HECs section). Failure to complete this form will result in tax deductions at the highest rate.

PAYMENT

Notetakers are paid $50.00 per subject per semester for lecture notes. An additional $25.00 is paid if tutorial notes are required.

If the student for whom notes are taken withdraws from a subject before the 7th week of semester the notetaker is paid $25.00 for lecture notes and $12.00 for tutorials.

If withdrawal occurs after the 7th week the Notetaker is paid the full amount.

PAYMENT FOR PHOTOCOPYING

The notetaker is responsible for photocopying costs up to $10.00. If photocopying costs exceed $10.00, or if it is anticipated that this amount will be exceeded, the notetaker should contact the Co-ordinator at Reception, Careers and Counselling.

ELIGIBILITY FOR NOTETAKER SERVICE

Difficulty with notetaking can be experienced by students with various types and degree of sensory, physical and/or other disability. The disability may be of short duration e.g. fractured wrist, or long term e.g. cerebral palsy. Contact a Disability Adviser to determine your eligibility for Peer Notetaker Programme service.

DISABILITY UNIT

Careers & Counselling Service Relaxation Block Union Complex

Hours: 8.30am - 4.00pm Monday - Friday

Disability Adviser: Ms Laura Duggan

Ms Rhonda Watson

Telephone/TTY (07) 336 51508

(07) 336 51757

Facsimile: (07) 33651702

Alternative Print Service: (07) 336 52832

*This brochure is available in* Alternative Format*.*

*Please contact the Disability Advisers.*

Appendix B

DEAR SUBJECT COORDINATOR/LECTURER/TUTOR

A student with a profound hearing impairment is enrolled in your subject this semester. Your assistance with strategies to improve access for the student will be very much appreciated.

I have attached some literature for your information.

The following help is required:

(i) If you have printed copies of your lecture notes would you please make a copy available to the student who has been advised to make him/herself known to you.

(ii) Please advise the tutor(s) who are tutoring for your subject that a person with a hearing impairment will be in their tutorial group this semester.

(iii) Please advise additional and guest lecturers for your subject that a person with a hearing impairment will be in the lecture room.

(iv) Please use the public address system in the lecture theatre if it is available.

(v) Please wear FM amplification system provided by the student if requested.

(vi) Please repeat questions from the class group during lectures before responding.

Thank you very much for assisting with these arrangements. If you have any queries please call Laura Duggan/Rhonda Watson.

Yours sincerely

Laura Duggan/Rhonda Watson

Disability Adviser

Enc.

Appendix C

DEAR PROSPECTIVE PARTICIPATION ASSISTANT (Access Tutor)

The student who has approached you with this letter has a profound hearing impairment. This student is enrolled in the subject for which you are tutoring this semester. I am writing to ask if you would be willing to provide this student with approximately 10 hours of additional tutorial time over the period of the semester. (Less time may be required at the discretion of the tutor.) This would involve one-on-one meetings at a mutually convenient time. It is envisioned that these meetings would take place approximately Week 4, 8, 12 and possibly in the pre-examination period. An appropriate schedule can be arranged between you and the student. Payment for your services, which will be made through the Disability Unit, will be at the current rate for tutors (approximately $18.00 per hour).

The Participation Assistance Programme is an equity initiative of the University of Queensland. Details of the programme are outlined in the attached brochure. The objective of the Access Tutoring component of the programme is to ensure that students with profound hearing impairment have obtained all the information which has been provided in both lectures and tutorials. The effectiveness of this equity initiative will be evaluated by means of a survey to students and participating Access Tutors at semester's end.

The Access Tutorial Students using the programme are expected to read through their own notes and those which they obtain from a peer via the Peer Notetaker Programme in preparation for the Access Tutorial. The Access Tutorial comprises a meeting between the student and the tutor for the subject. The objective of the tutorial is for the tutor to ascertain if the student has indeed obtained and understood all relevant information. If the tutor identifies areas of missing or misinterpreted information the tutor should then provide the student with this information. The student should have the option of raising and discussing any issues that arise from either their lecture notes or those of their notetaker.

Your agreement to take part in this equity initiative will be appreciated. A Participation Assistance Manual will be forwarded to tutors who agree to take part in the programme. If you have any queries please call Laura Duggan or Rhonda Watson.

Yours sincerely

Laura Duggan\Rhonda Watson

Disability Adviser

**Title: Accessible organisations (Overview of workshop)**

**Theme: Creating an accessible organisational ethos**

**Author/Presenter: Pauline Dundas**

The world we live in is an amazing place. People can travel in space, communicate instantly with people on the other side of the world, live under water for long periods of time and so on. If we can do these things, surely it can't be so hard to establish ways for everyone to access the services they need or have access to the products that they want to use. Unfortunately, these things are still an issue because the principle of universal access is yet to be firmly embedded in the way our society thinks. I am not going to dwell on the political and financial reasons for this-suffice to say that if there is a will to enhance access to environments, products and services, there certainly exists the means to do so. This presentation takes the form of an interactive workshop through which participants will be sharing their experiences of creating an accessible organisational ethos.

The importance of making physical environments, products and services broadly accessible cannot be overestimated, as it makes commercial sense to start from the premise that whatever service, product or environment you are creating should be accessible to all who need or want to use it.

I will be using an example of one organisation's approach to making its products and services universally accessible. Until recently I have been working with the Open Learning Technology Corporation (OLTC) whose major aim is to provide the Australian education and training community with services which assist them to deliver high quality, cost-effective and accessible programs. The Corporation was established in 1993 by the Ministers of Education and Training as an independent organisation with links within Australia and world-wide to schools, vocational education and training, universities, adult and community education and industry. The projects the Corporation has undertaken are often cross-sectoral and have implications nation-wide. An underlying principle for OLTC is that its products and services should cater for the broadest possible range of users.

I am not telling you that OLTC is claiming to be a model for other organisations to follow. Rather, we will use OLTC as an example while exploring ways that organisations can create an accessible organisational ethos.

As I see it, the first step is for an organisation to acknowledge that access is an issue and be prepared to look at exactly what that means for its particular function and role. Although this first step sounds simple and straightforward it is not always easy to achieve, because organisations differ in their receptivity on this issue. Whoever thinks it is an issue is likely to be the one to have to work out a strategy for bringing the issue to the attention of staff and management.

Having raised access as an issue, what then? It is important to clarify the nature of accessibility issues for your organisation. Are you talking about physical access to your location, inclusiveness in the way your organisation delivers services, access to your products, or all of these? While it is a good idea to identify and fix things that need to be changed in order to increase access, in the long run it is necessary to create within the organisation an understanding of the principle of universal access, in order that the organisation can take ongoing responsibility for improving access in a similar way, for example, to its responsibilities for occupational health and safety. This requires some kind of policy underpinning.

Most organisations have recognised methods for establishing and reviewing policies and procedures. For a small organisation like OLTC it has been a relatively easy matter to have an issue put on the staff meeting agenda and, once agreement is reached to proceed, to set up a small group to draft a policy and procedure. A process of disseminating the draft to staff for comment follows, after which the amended policy and procedure is endorsed and incorporated into the Policy Manual.

It cannot be assumed that staff will all understand the issues involved just through a simple discussion. As with other issues like OH&S and Equal Opportunity, it may be necessary to raise awareness and understanding of the issue prior to policy development. The use of a resource person external to the organisation may be necessary for this to be maximally effective.

Once there is a policy and procedure in place, how do you know if it is effective? The most obvious things are those which you can see; for example, the modifications to make a location accessible. What can be or has been done to make your services accessible? Is this reviewed on a regular basis? Who is responsible for these reviews? What do you do if it is not working? Are your products accessible, for example, perhaps available in alternate formats? How do your clients find out about access provisions? How effective are the provisions? There are many ways to address these questions and each organisation will need to select a process (or processes) that is most appropriate for its particular situation. While there is no one correct way to do this, there are better and worse strategies. For example, taking the time to ask for feedback from people who use the access features is an easy and effective form of evaluation. Internal review procedures should be built in as another way of checking to see if the policy and procedures are working properly. If necessary, a formal review or evaluation should be conducted.

The essence of creating an accessible organisational ethos lies in generating the awareness, understanding and acceptance of access as an issue for your organisation. Without this, the rest will not work or, at best, only for a short time. Creating an accessible organisation ethos will be of benefit for everyone, and will help it to be flexible and responsive to a wide range of situations and changing demands.

Canberra Institute of Technology

DEVISING AND EVALUATING DISABILITY DISCRIMINATION ACTION PLANS IN THE TAFE SETTING

1. INTRODUCTION

Canberra Institute of Technology (CIT) is committed to equal opportunity for people with disability. In 1994 CIT launched its *Implementation Plan of FlexAbility: A strategic framework for people with disabilities in TAFE 1994 - 1996*. The Plan is a working document which addresses the goals and objectives of *FlexAbility* and sets out strategies to achieve specific outcomes for students with disability at CIT. The Plan was submitted to the Human Rights and Equal Opportunity Commission (HREOC) and has been accepted as an Action Plan under the Disability Discrimination Act (DDA).

As 1996 draws to a close we are now moving towards evaluating our Plan and developing a new strategic and Action Plan for the next three years which we intend to lodge with HREOC as an updated Action Plan.

This paper is an attempt to share our experiences and our search for a comprehensive, user friendly Action Plan which can be adopted for the TAFE setting. The paper draws extensively from the booklet produced by HREOC: *Disability Discrimination Act Action Plans A Guide for the Tertiary Education Sector* and seeksto add a “practitioners’” perspective.

2. WHAT IS AN ACTION PLAN AND WHY WRITE ONE?

An Action Plan is a proactive strategy for eliminating disability discrimination in your Institution. According to *Disability Discrimination Act Action Plans A Guide for the Tertiary Education Sector:* “ An Action Plan is a strategy for changing the practices of Tertiary Education institutions which might result in discrimination (intentional or unintentional) against people with disabilities.”

The Human Rights and Equal Opportunity Commission promotes Actions Plans to:

• minimise discrimination

 encourage broader participation and successful outcomes

 boost prestige of the institution

 meet government expectations and void complaints.

From our experience an Action Plan:

 provides a focus / direction for our activities

 provides a rationale which underpins our policy and practices and

 is an effective tool in obtaining commitment from Executive.

In considering a claim of discrimination under the DDA the Commission is required by the Act to consider any Action Plan which may have been prepared by the respondent. In this sense the Plan acts as an "insurance" policy for the institution. Such plans however will not serve as a complete defence.

The DDA states that an Action Plan should address all mainstream services offered by an institution. Apart from educational services this would include library services, canteen facilities, recreation facilities etc. This is unlike a “disability support unit’s strategic plan” which is likely to address only specific services for people with disability.

HREOC encourages service providers to consider areas of responsibility (other than services) which are covered by the legislation and to include these in the action plan. This will give the organisation a more holistic, cohesive approach in eliminating disability discrimination and promoting a recognition and acceptance of the principle that people with disability have the same fundamental rights as the rest of the community. These areas of responsibility include employment as well as physical access to buildings and facilities.

3. THE PROCESS OF DEVELOPING AN ACTION PLAN

3.1 FAMILIARITY WITH THE ACT

Before commencing an Action Plan, providers should be familiar with relevant sections of the DDA. These include

Section 3 Objects of the Act (with which your Action Plan must be consistent)

Section 4 Disability Definition (clients covered by your Action Plan)

Section 15 Discrimination in employment

Section 21 Education (how the Act relates to education providers)

Section 23 Access to premises

Section 24 Goods, services and facilities

Sections 61-65 what action plans must and could include & lodging a plan with HREOC, (referred to throughout this paper)

In essence the objects of the Act are:

*(a) to eliminate , as far as possible, discrimination against persons on the ground of disability*

*(b) to ensure, as far as practicable, that persons with disabilities have the same rights to equality before the law as the rest of the community and*

*(c) to promote recognition and acceptance within the community of the principle that persons with disabilities have the same fundamental rights as the rest of the community.*

3.2 ESTABLISH A CONSULTATIVE GROUP AND PROCESS

The first step in developing an Action Plan is to establish a consultative group, a consultative process and to nominate a person or people responsible for reviewing current policies and practices, developing, implementing, monitoring and evaluating the Plan.

It is essential to include people with disability (both staff and students) in the consultation and review process. This should include current and former students with disability as well as people with disability who have not accessed the institution.

Representation on the consultative group may also include senior Executive, student representation, teaching staff, administrative staff, student services staff (counselling, library, careers), facilities staff (building maintenance and design), community groups and disability advocates, human resource managers, specialist staff from secondary schools, eg: school transition officers and industry representation.

3.3 RESEARCH AND REVIEW CURRENT PRACTICES AND POLICIES

The consultative group should review current policies and practices with a view to identifying barriers to access including physical, communication and attitudinal barriers. Policies and practices which should be reviewed include: Institute and course promotion practices, marketing material, course selection procedure/criteria, policies for designated places, enrolment procedures, fee concessions, curriculum design , policies relating to flexibility in delivery of material, assessment policies , issuing awards, provision of support to students with disability, recreational facilities, canteen/cafeteria, libraries, student associations, staff development for teachers in disability issues, staff recruitment, human resource management and human resource development practices.

The review of current practice may include surveys to staff and students, consultation with staff at staff meetings, students in student forums, consultation with community groups, promotion of the review and request for input and collection of information from existing information systems eg: student enrolment and demographic data.

3.4 IDENTIFYING BARRIERS

3.4.1 Physical access

Institutions can enlist the help of ACROD - The National Industry Association for Disability Services \* for assistance to conduct access surveys which will identify physical barriers and make recommendations to improve physical access.

\* formerly Australian Council for Rehabilitation of the Disabled

The University of Queensland recently produced a manual Providing Equity in Access to Tertiary Institutions which was aTertiary Initiative for People with Disability Project.

The manual describes in detail the process for developing Action Plans for removing barriers to access programs and services. It has a strong focus on reviewing existing building stocks and developing plans to convert them to compliant facilities.

3.4.2 Attitudinal and Communication Barriers

Another resource available to identify barriers is the *Access Resource Kit* produced by the Western Australian Disability Services Commission. The Kit includes checklists to assist with the identification of access barriers to services. Each checklist includes a section to enable the identified access barriers and proposed solutions to be incorporated into disability service planning.

The checklists cover: Building and Facilities , Staff Access Awareness , Information , Public Participation and Adapting Services . While identification of physical barriers is relatively straight forward, identifying attitudinal and communication barriers is more complex.

As part of our review process at CIT we are currently:

 evaluating our present Action Plan (for a user - friendly presentation and for successful implementation of strategies)

 surveying our students with disability (a copy of this survey can be obtained from the authors of this paper)

 attending staff meetings (identify barriers and negotiate strategies)

 surveying staff at CIT (questionnaires to be devised)

 consulting community groups through a working party

 analysing Institute statistical data

 monitoring staff attendance at staff development

 evaluating the progress of the implementation of the *CIT Physical Access Survey,* conducted in 1993 by ACT Capital works in consultation with ACROD

 collecting and analysing Action Plans from other educational institutions.

In conducting a review, confidentiality of respondent’s must be maintained and response to all or part of a survey must be voluntary.

In compiling and analysing information collected, care should be taken to identify “gaps” in information eg: examine who *is not* accessing the Institute and *find out* what the barriers are.

Section 61 (c) of the Act states that in their plan service providers must *include provisions relating to the review of practices within the service provider with a view to the identification of discriminatory practices,* ie*:* there must be provision for the review of current practices to identify disability discrimination. Reviews can be conducted in the first instance or they can be staggered through the plan.

4. FORMAT (LAYOUT & STRUCTURE)

4.1 PAGE LAYOUT

Once your review is complete (or initiated and timetabled in your plan) and the information analysed, a decision must be made on the format you Plan will take. Section 61 (d) of the Act states that you Plan should set *goals and targets, where these may be reasonably determined against which the success of the plan in achieving the objects of the Act may be assessed*.

In deciding on your format you should consider the terminology which will be used throughout the document, eg: Goal, Aim, Objective, Strategy, Action, Performance Indicator, Evaluation Strategies etc. Whatever terminology you decide to use, it should be used consistently throughout the document and defined in the document. Note that while the dictionary definition of many of these terms is interchangeable it is important not to use the terms interchangeably within the document. Other items to be included within the body of the plan could include: time frames, priorities, resources, allocation of responsibility and status. Most Institutions also include in their document a: Forward, Executive Summary, Introduction (background to the institute), Background giving legislative base and Federal/local related policies, relevant sections of the DDA, glossary etc.

In deciding your format, it is important to look forward to how the plan will be evaluated and how performance indicators will be measured. At CIT we included a performance indicator against each strategy. This proved cumbersome and in many instances self evident, eg: the performance indicator of the strategy “developing new marketing material” is “new marketing material developed”. Given that your plan should be as succinct as possible to promote reader friendliness, it is not wise to waste space stating the obvious. A progress check list, separate to the plan could be used to monitor the Plan's implementation.

Performance indicators could be linked more simply to the overriding objectives or Goals, eg: goal: To increase the number of people with disability participating in Vocational Education and Training. The performance indicator would be a comparison of the numbers of people with disability who enrolled in VET prior to the implementation of the Plan against the number enrolled after the implementation of the plan.

We hope this will make evaluating the overall effectiveness of the plan in achieving its objectives a straight forward and more meaningful process. Note that the Act requires you to state your *means of evaluating the policies and programs* (Section 61(e)).

4.2 STRUCTURE / THE BODY OF THE PLAN

You will also need to decide on how you will structure the body of your plan. The choice of how you structure the plan will determine to a large extent the "user friendliness" of the document.

At CIT we directly linked our strategies to the document Flex*Ability* which in turn linked its’ strategies to the National Vocational Education Training Goals. While this served to ensure the strategies were integrated into mainstream TAFE initiatives,( the National Training Reform Agenda), it did not serve to produce an intelligible document as a “stand alone” Action Plan. We believe a structure which will allow *all* staff to pick up the plan and identify their responsibility will better serve our staff, and ultimately student needs.

Examples of format, page layouts and document structure used by other Tertiary Institutions, including TAFEs have been presented in handouts to this session.

5. DEVISING STRATEGIES/POLICIES/PROGRAMS

Once you have identified barriers, decided on the layout and structure of your document the most challenging step in the process begins. Your consultative group must now devise strategies to address the issues/ barriers which have been identified by your review.

According to the Act your plan should: *devise policies and programs to achieve the objects of this Act* (Section 61 a).

Strategies will be individual to each Institution based on barriers identified in research, however you may find it useful to access copies of other Action Plans and strategic plans written by other Institutions to help draft you Plan. Action plans can be purchased through HREOC.

Other useful documents include Flex*Ability: A strategic framework for people with disabilities in TAFE 1994-1996*, the draft consultative paper *Best Practice in Tertiary Institutions for students with disabilities* and *UniAbility, Disability Action Plan Guidelines.*

Note that your Action Plan need not be limited to meeting the requirements of the Act as stated in section 61, but *may include provisions other than those referred to in section 61, that are not inconsistent with the objects of the Act, (section 62)*.

Your plan should also include how these policies and practices will be communicated within your Institute (section 61 (b). This is of vital importance to the effectiveness in implementing your plan and in communicating your polices and practices to the broader community.

A draft of your plan should be circulated as widely as possible to relevant groups. Ongoing consultation and refinement of the plan should then be followed by endorsement of the plan by the Executive of your Institute. This is an important step in ensuring commitment and resourcing of the plan as well as promoting it with the Institute. At CIT our Plan was launched by the Territory Minister for Education at a function well attended by CIT staff.

6. LODGING YOUR PLAN WITH THE HUMAN RIGHTS AND EQUAL OPPORTUNITY COMMISSION

Sections 63 and 64 of the Act states that a *service provider may give: a copy of its action plan or any amendments to the Commission, and may at any time amend its’ action plan*. HREOC will advise if the plan has been accepted as an action plan under the Act. In examining an action plan HREOC will examine it in relation to section 61 of the Act.

7. IMPLEMENTATION AND MONITORING

CIT Disability Coordinators have had responsibility for coordinating the implementation and evaluation of the Plan. “Evaluation” has taken the form of requesting reports from Heads of Schools, Units and Departments across all areas of CIT. Each report form referred to the specific strategies for which the area was responsible. Of 80 reports sent out 20 were returned.

We found that since the Plans' performance indicators were linked to strategies, the reports we received informed us of the progress in implementing strategies. This process then served as a monitoring rather than an evaluation tool. Since we were involved in liaison in implementing the strategies, in most instances we were already aware of the progress in implementing strategies and so not a lot of new data was received. (We did however find out about a few relevant initiatives of which we were not aware and noted that many initiatives of which we were aware were not reported in this process.)

A checklist or “status report” might more effectively and efficiently monitor our progress in implementing the plan.

8. EVALUATION

Without engaging in a lengthy report on evaluation mechanisms we can share our experience in this area and suggest alternative methods we hope to trial at CIT.

We are aware that most teachers are extremely busy and do not have time to complete report forms. We recognised that a teacher’s failure to complete a report form does not indicate they were unresponsive in helping students with disability and we noted that in some instances returning a report form indicated that the respondent was up to date with paper work rather than being responsive in meeting the needs of students with disability.

We hope to refine the evaluation process and make it less intrusive on staff in the Institute and more meaningful in providing feedback on whether we are successfully eliminating discrimination against people with disability. Our evaluation of the effectiveness of the Plan will include the comparison of the following data before and during the implementation of the plan.

 enrolment data

 course completion rates

 complaints received

 number of new appointees with disability (staff)

 number of staff with disability undertaking staff development

 number of staff undertaking staff development in disability issues

 results of regular staff and student surveys

 facilities budget allocations and progress in implementing capital works programs

 budget allocations for support to students with disability.

CONCLUSION

As we prepare this paper we see that our work is more than cut out for us and realise that developing a meaningful yet user-friendly document will take considerable time and energy. It appears that much of our energy will be in the review and consultation phase, however we believe it will be time well spent.

There would be the temptation to engage a consultant to undertake this task (if funds were available), however we hope to learn much in the process about our Institution, our students and potential students with disability. We look forward to hearing from other TAFEs writing Action Plans or about to embark on the process so that we can learn from each others experiences.

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Pathways III National Conference

Paper & Poster presentation

To be delivered by Ian Edlin, Transition Coordinator,

Yooralla Society of Victoria

TITLE OF PAPER:

*YOORALLA’S INDEPENDENT LIVING SERVICE:*

*BRIDGING THE GAPS*

A MODEL OF BEST PRACTICE IN SERVICING THE NEEDS OF INDIVIDUAL ADULTS WITH PHYSICAL AND SENSORY DISABILITIES AND WHO REQUIRE HIGH LEVELS OF SUPPORT TO ACCESS THE COMMUNITY.

INTRODUCTION

Yooralla’s Independent Living Service and Recreation Service (formerly combined and known as the Learning & Living Service) were created after the International Year for the Disabled of 1981. Both services were leaders in creating services that are community based and consumer driven in contrast to the preceding institutionalised medical models.

Now after 15 years of continuous experience in functional outreach support to the needs of individuals and in expert community development practice, the Independent Living Service has developed exceptional characteristics that maintain leadership, innovation and expertise in the area of community access by people with high support needs.

There still exists however many structural and systemic barriers to the smooth transition to community based post school options for a young adult with high support needs. These impediments are briefly listed below.

IMPEDIMENTS TO THE TRANSITION PROCESS

To understand the need for this service model we need to briefly summarise the major areas of impediment. The impediments identified are:

1. Problem of co-ordinated funding

Funding is seperated into a multitude of Commonwealth and State and other funding sources that come with a set of eligibility criteria and timelines that do not correlate to the needs of the individual.

2. Problem of co-ordinated specialist and generic services

These young adults are surrounded by teachers, therapists, parents, carers, community providers, attendant care, employment agencies, CES, Disability Review Panels, advocacy agencies, other professionals, etc

3. Resources and capabilities required for early preparation.

Functional and independence issues in therapy and the school programs have generally not been focused or provided to the level required to prepare these young adults for community life.

Although there is a promising recognition and some changes planned in good faith, structural issues such as meal time assistance, specialist programs, timetabling, etc, and traditional over-emphasis on services to younger children, determine school and therapy program service delivery and priorities. Consequently an efficient and effective transition program cannot develop. School curriculum and therapy programs for individuals need to look at options and functional issues earlier (about age 13).

4. How to address the parent issues. There is little incentive for parents to support transition to an adult focused service as it usually means their young adult will:

∑ spend more time at home

∑ have to pay for community services which can be expensive, like taxis

∑ not have everything planned and taken care of

∑ not receive therapy,

∑ get little, or no attendant care, etc

For many parents this scenario can mean they face the imposition of one parent giving up paid employment to stay home and manage the disabled young adult. A double income family shifts to a single income family at the same time the costs escalate if they want their young adult to have a community life.

5. Confusion of roles

Who is the case manager? The individual, the parents, the carer, the service provider, or someone else called the case manager?

6. Minimised public transport options and their expense

Transport options are reduced to parent/carer, M50 taxi and depending on other factors maybe the train.

7. The need for health and therapy maintenance

Services that can respond to the changing health circumstances.

8. The need for appropriate personal attendant care

9. The need for “clear” pathways

“Clear” in the context that obstructions and barriers are removed by the availability and provision of support to meet the areas of individual need as they are needed.

10. The need for flexible pathways

Pathways that provide choices and can include the range of post school options such as work, further education, recreation and living skills.

These are only a few issues that have been raised and there are many more depending on the specific problems presented by people with high support needs. All of these issues when combined results in these people being under-represented in our communities and their generic structures.

THE INDEPENDENT LIVING SERVICE

The Independent Living Service provides a flexible service delivery to adults with high support need to enable them to live as independently as possible and access adult community based services.

The solution is often a matter of filling in the gaps that generic services do not or cannot provide adequately due to the often very special individualised needs.

The process can be seen as developmental and transitional for both the individual, the generic service and the community.

*THE ILS PHILOSOPHY*

People who want to receive services from Independent Living Service approach us personally, through a parent or carer, or through a professional service provider with whom they have contact. The request for service can be very specific from “*I want information about a computer course*” to a very generalised request, such as “*I want to be more independent, I dont know what to do?*“ which frequently becomes a ‘hamburger with the lot’ service approach.

The first objective of the Independent Living Service is to:

∑ assist the individual to identify their goals

∑ assist the individual to identify and define their needs by experiencing independence through a series of developmental steps

∑ encourage risk taking and people are supported to test themselves in their community, correlating to adolescent development and transition to adulthood

∑ it is from these experiences young adults can make decisions on what they want to do as adults

The second objective is to identify and bridge the gaps between individual needs and mainstream community services. The gaps are identified through individual requests, our community development practice and our ongoing consultation and network with community and government policy.

Further we develop resources and training programs in order to support community agencies to make their services to people with disabilities more effective and accessible.

*SOME EXAMPLES*

C.A.L.L. (COMPUTER ASSISTED LITERACY LEARNING) COURSE

A basic computer assisted literacy course funded by ACFE to bridge high support people to community education opportunities.

EXPLORING COMPUTERS COURSE

A basic information technology course to prepare high support people to develop basic knowledge of computers and what adaptive hardware and software they require to link in to the world of technology.

BECOMING THE BOSS PROJECT

An accredited course designed to teach people with high support needs basic management skills to manage their support services so they can live as independently as possible in the community.

PARENTS WITH DISABILITIES PROJECT

A project to link and support parents with a disability to develop support groups and gather and share information so they can reduce their isolation, gain parenting skills and get the emotional support needed to meet the challeges they have when raising able bodied children.

18+ TRANSITION TO POST SCHOOL OPTIONS

The ILS has been invited by the two Yooralla special schools Glenroy and Belmore to assist with planning and response to the 18+ stuydent transition group. The Yooralla society has now created a special project to extend these transition developments into ILS services.

Subsequently, in the latter half of 1995 a community development worker, Ian Edlin, from ILS assisted the School and Therapy services to identify and investigate the issues confronting the 18+ age group. The outcome of this liaison was the establishment of a Transition Team to:

1. Explore a functional, outreach, trans-disciplinary team approach, using a case coordination model.

2. Develop a greater understanding of functional outreach issues, by

∑ therapists and a teacher attending ILS case coordination meetings for a period of time:

∑ therapists working alongside ILS staff to receive support in their development to address issues of access in the community, and how to support families to actively participate in the process of their son or daughter leaving school.

3. Evaluate existing and proposed school transition supports and models to create a model for Glenroy students appropriate to their needs, resources available to this region, and to make recommendations to Government, the DSE, Yooralla, etc, with regard to programming and funding.

4. Enlist family support to the transition aims through family group workshops and home visits.

5. Support families to actively participate in the process of their son or daughter becoming more independent,

I.D.E.A.L. (INTERAGENCY ON DISABILITY EDUCATION AND ADULT LEARNING) COMMITTEE

An interagency committee to bridge the gaps by drawing together ideas and support for the implementation of future strategies in professional circles.

AND MANY MORE.

*THE ILS STRUCTURE*

In order to achieve our objectives, the Independent Living Service needs to continually strive to ensure that our service is innovative, flexible and responsive to the varied requests and needs of adults with disabilities.

This is fundamentally achieved by a team of professionals from diverse professional backgrounds, a trans-disciplinary team approach and through an expert community development practice.

The ILS service design is based on the following systemic dynamics:

∑ a throughput process (see Attachment 1):

∑ a flexible service that will respond to individual requests and will seek appropriate referral if required

∑ a trans-disciplinary team of professionals with a mix of skills and qualifications (see Attachment 2)

∑ case and service management through a team case co-ordination process

∑ service provision which is based in functional outreach, not congregate care

∑ a professional community development practice

∑ essential maintenance therapy

WHY ARE WE SEEN AS A MODEL OF BEST PRACTICE IN COMMUNITY ACCESS?

We do not operate from a congregate care model.

We are not a drop-in centre.

We are not case management.

We do not work in isolation (therapists work systemically with community development workers).

We work together as a team.

We effectively network with services in the community.

We produce community developments that enhance partnership that smooths out the transitions to community for high support needs people.

We produce consumer outcomes that measure real participation in community.

ATTACHMENT 2

THE INDEPENDENT LIVING SERVICE TEAM

MANAGER

ADMINISTRATOR/SECRETARY

COMMUNITY DEVELOPMENT ADVOCACY & CONSUMER

WORKER PARTICIPATION

COMMUNITY DEVELOPMENT INDEPENDENT LIVING SKILLS

WORKER

COMMUNITY DEVELOPMENT INDEPENDENT LIVING SKILLS

WORKER

COMMUNITY DEVELOPMENT ADULT LITERACY & BASIC WORKER EDUCATION

COMMUNITY DEVELOPMENT LIFE OPTIONS & FURTHER

WORKER EDUCATION

OCCUPATIONAL THERAPIST

PHYSIOTHERAPIST

SPEECH PATHOLOSIST

2 x THERAPY AIDS

SPECIAL PROJECTS:

COMMUNITY DEVELOPMENT TRANSITION COORDINATOR

WORKER

THE RECREATION SERVICE TEAM

MANAGER

ADULT RECREATION WORKER HOLIDAYS & TRAVEL

ADULT RECREATION WORKER HEALTH & FITNESS

ADULT RECREATION WORKER GENERAL COMMUNITY ACCESS

2 X CHILDRENS & FAMILY WORKER

*NEWSFLASH*

Futures for young adults

Introduction

*Futures for young adults* was launched by the Minister for Youth and Community Services on 13 November 1996. This joint initiative of the Department of Huma n Services and the Department of Education (DOE) will enable nearly 1 270 adult students with disabilities aged eighteen years and over to move from schools to adult education, training and supported vocational settings.

The first 18 Plus Transfer Project was completed in 1994. Through this project approximately 1 000 students with disabilities transferred from schools to a range of community-based adult services. An additional 1 270 students with disabilities aged eighteen years and over now require support to move to more appropriate adult options.

Futures for young adults

The Government recognises the needs of these adult students and has allocated more than $17 million in recurrent funds to the project in 1997. Non-recurrent resources totalling $10 million have also been made available for the start-up costs of new programs including capital works, vehicles and equipment.

Additional funding will be allocated from 1998 for additional students as they reach the end of their school days.

An individual transition planning process, which includes consultation with students and families, will assist students to take up an appropriate adult option. Case managers will work with adult students, families/carers and teachers to collect information, undertake standardised assessments and make recommendations regarding the most appropriate option for each young person. These options include:

• A place in a post secondary education/training institution.

• Employment on the open labour market.

• Specialised programs for people with a disability provided by employment services, Institutes of TAFE and other Vocational Education and Training providers.

• Community-based day programs.

Based on the case manager's recommendation, Human Services will make a referral to an appropriate service provider and detailed transition planning and program development will be undertaken for each young adult.

The planning and referral process will commence in late November 1996. Adult students will commence in their recommended post school option progressively from February 1997. In some instances it will be necessary for young adults to take up placements with interim service providers for a period of time while permanent programs are established.

The *Futures for young adults* program will meet the needs of individual young people through flexible service delivery systems. Should a young adult's needs change over time, there will be an opportunity for the young person to explore alternative adult options. Reviews will be undertaken with the young people and their families and carers during 1997If you require future information please speak to Mr Ian Edlin of Yooralia Society who is a conference delegate.

THEME: TRANSITION TO TERTIARY PROGRAMS

*IS A PATHWAY TO TERTIARYEDUCATION FOR A PERSON WITH ACQUIRED*

*BRAIN INJURY AN OPTION?*

*- from the perspective of a person with Acquired Brain Injury*

James A FORBES

Introduction

In the 1980's the job that a person holds was the key to the manner in which he or she may enjoy life. Employment brought monetary reward, status within the community and a sense of personal worth. With a job came the ability of that person to have some power and control over their life. Now in the 1990's employment for many is only a dream, and an almost impossible dream for a person with Acquired Brain Injury (ABI). Nevertheless, I still believe the rewards of a 'job' the most appealing objective for a person with a disability who desires to integrate into the community.

Over the last six years, as a member of disability committees and the occasional conference presenter, I have focused on the issue of redevelopment of a person with ABI with the hope of improvement in the quality of their life. By redevelopment I mean the restitution of a person with ABI to a status or condition that enables that person to obtain the greatest possible independence, dignity, physical performance and joy from living.

There are many means to achieve such restitution. Gaining tertiary qualifications is only one such means. Perhaps being given the opportunity to aspire to a tertiary program is where the emphasis should be.

In 1973 I sustained a brain injury as the result of a car accident. I embarked on a redevelopment pathway which resulted in me being eligible for tertiary education, but unable to proceed any further. My redevelopment pathway went something like this. Three years after my injury I matriculated and I applied for and gained entry to Roseworthy Agricultural College. The syllabus that was offered there suited my aims and aspirations precisely. I commenced my study with energy and enthusiasm. There was stimulation and interest everywhere. However, it soon became obvious that the life of boarding on-campus and the academic requirements demanded many more coping strategies and study skills than I had at the time. Merely matriculating was insufficient.

I now realise that my organisational skills were still not sufficiently well developed to independently prioritise the necessary daily activities. The stress associated with just trying to cope culminated in extreme tiredness, which prevented me passing the exams. I had no alternative but to seek an indefinite deferral from the course. This was very disruptive, breaking down many friendships that I valued and which had taken energy to generate. It was also very clear that I was to lose the opportunity to acquire much knowledge and skills that fascinated me, let alone the opportunity for employment and contributing skills back into the community.

In hindsight, my route to Roseworthy Agricultural College provided inadequate preparation for the demands of tertiary education. So what was missing? The successful completion of a tertiary qualification requires a range competencies, cognitive skills, organisational skills, social skills and emotional stability. Qualifications are achievable by people without disabilities, but they, too, need to be able to manage the challenge of transport, living away from home on a student's allowance, or at home as a dependent student. Obviously, for the people with disabilities, particularly people with ABI the challenges are more numerous, daunting and longer lasting.

The needs of a person with ABI

What are the needs of a person with ABI? Table 1 shows my concept of the stages a person passes through, from trauma to rehabilitation and their needs at the time.

PHASES

Readiness phase

• improving sophistication in social

 skills

Pseudo teenage phase

• responding to others

• readjusting perspectives

Managing phase

• developing identity

• increasing awareness of potential, and

 environment

• experiencing periodic grieving points

. striving to get better

• coping family / carers

Discharge phase

-to family or nursing home

• grieving

. discovering major disabilities

• being introverted

• living dependently

• managing medical condition

Trauma phase

NEED FOR ...

integrating with the community handling responsibility

gaining independence forming friendships seeking spiritual support challenging norms and rules developing behavioural skills experiencing peer support expressing emotions eg rage taking risks

improving organisational skills seeking stimulus for learning Improvmg memory improving confidence increasing social skills coping with disappointments seeking non-clinical progress assessment

loving /nurturing from close, intensive family/friends receiving grief counselling existing in a protective environment counselling for family to come to terms with loss

• receiving guidance

• undergoing surgical/medical repair

TABLE 1 Rehabilitation phases and needs of the person with ABI

*(Editor note – unfortunately these tables did not scan – check with author)*

 Person with a Person at

complete complement time of trauma

 of abilities

Some recovery of

 strategies and

 abilities

Figure 1 Dot analogy to explain rehabilitation of a person with ABI

Now I would like to use my dot analogy to explain what happens when a person sustains a brain injury.

I have depicted a healthy person as in a black and white newspaper photograph which is made up of innumerable black and grey dots on a white background. Each of these dots represents a life skill or a coping strategy, which cooperate in an intricate balance. When viewed from a distance the dots merge, giving the viewer an impression of completeness.

After an injury a number of these dots disappear with the loss of function. The outward appearance may remain the same, however closer scrutiny reveals the deficits. The task for the person with ABI is to replace those dots with dots that approximate the same function. This process of replacement of the dots occurs within the normal existing rehabilitation practices. However, I believe my scheme, or pathway that I am proposing would facilitate and enrich the existing process.

My redevelopment pathway

The pathway I am about to describe has been shaped from my brief Tertiary experience and observations. I see the need for a redevelopment program in a supportive environment to ensure the person with ABI acquires all the necessary skills to succeed.

Today there are self help groups such as The Head Injury Society of South Australia (THISSA) and the Brain Injury Network of South Australia (BINSA) which provide advocacy and important supports for people with ABI and their families. My pathway is a continuum that encourages a person with ABI to transfer from one self help program to another until such time that they are prepared for entry to a Tertiary program.

Let me describe two examples of support which has come from group activities I have been involved in. The first support I really found stemmed from being involved in the establishment of a small self advocacy group, Self Advocacy for the Brain Injured (SABI). A very strong set of friendships arose during the process of drawing up a constitution and came together at the end of a 'Think Ahead Week' conference for the Advocacy for the Brain Injured. The purpose of this group was to communicate within themselves and to the community about what it feels like to be brain injured. The group had a common interest of speaking up for people with ABI. In my experience enduring friendships are born when a group such as this work through a challenge to a common goal.

The second instance occurred in 1991 and again concerned the Advocacy for the Brain Injured. A frequently discussed topic at meetings and forums was communication and self expression, a difficulty for most people with ABI. The Advocacy for the Brain Injured organised a series of cartooning sessions with a well known local cartoonist to explore a means of expression. The results were exceptional and showed they have drawing skills and much to communicate. Encouraged by the success of this program, I saw an opportunity to enhance these drawing skills even further by introducing painting and colour sessions. I organised for two art teachers to conduct classes at the Payneham Community Integration Centre. This tuition lasted for six months and culminated in a very successful exhibition at Carclew in 1992. It was wonderful to see the 'art students' exhibiting their work with such pride and enthusiasm to the people attending the exhibition.

Later in 1992 the Advocacy for the Brain Injured sponsored a one act play at the Lion Art Centre in North Terrace. The a cast consisted of these artists. They also produced a large colourful calico mural which was used on stage as a backdrop. This mural had to be seen to be believed. Here were tangible products on show for all the community to see and enjoy. Everyone gained from these activities.

Let's get back to my redevelopment pathway.

I see the person with ABI needing guidance through the rehabilitation process. Such guidance is essential along what I call a redevelopment pathway, a journey where the person can move as far along as they choose. For some the outcome will result in tertiary entrance, for most improved quality of life.

The pathway passes through an environment for those who share the common goal of rehabilitation to interact, ie specialists, tutors, parents, carers, mentors, buddies and those with ABI. The program or programs can be based on joint activities, resource sharing, skills development including opportunities for initiating and developing social skills, and last but not least some tangible and even marketable products.

Note hour the pathway begins with the post trauma life of a person with ABI in a 'fog'. The person, the family and carers at this time are in a state of worry, fear, anxiety and grief, and are all quite unaware of the prospects of the future. They progress along the pathway attending numerous programs and acquiring coping and studying skills. I feel strongly that during this redevelopment process the person with ABI needs to be constantly supplied with feedback on their skills development and gradual gaining of prescribed competencies. A pathway guide or mentor would be invaluable during the process. The pathway that I have conceived strives to control and simplify the complex pilgrimage of the person with ABI who is preparing for tertiary study or reintegration into the community and journey may help the dream of employment to be realised.

Along the pathway there are activities leading to the acquisition of competencies and attributes so necessary for successful entry into and of completion of tertiary programs. Also there is provided a supportive environment in which the person can determine for themselves their suitability for tertiary study. Here the qualities of the potential students are recognised and nurtured.

Furthermore, along the pathway are opportunities for stimulation, self expression and the achievement of goals such as the recognition of one's abilities and disabilities and the 'letting go' of family dependencies, as described by D De Vaus ( 1994) in his book of that name. Goals such as these are just as important as the more obvious skills associated with mobility and computing.

Conclusion The intention of this paper has been to offer a proposal that a pathway of preparation for a person with ABI for tertiary programs is an option. I have collected ideas and information from conversations with people with ABI and other varieties of disabilities and to these I have added my own experiences. The following trends emerge:

For people with ABI:

• to study successfully they must have coping skills, organisational skills, social skills.

• employment endows them with properties that improve their quality of life immeasurably.

• employment, thus monetary reward, is not possible without some form of skill or

 qualification. (Let us not forget, too, that the experience demanded today by the

 workforce is yet another hurdle for the person with ABI to jump.)

 a strategy of preparation and transition to tertiary programs, ie my redevelopment

 pathway surely would help to demystify the rehabilitation process .

• those who have achieved success, can in turn be qualified to act as mentors or guides for

 others who journey along the redevelopment pathway.

• they need and can be rewarded contributors in the community.

I believe a pathway to Tertiary programs should be provided for people with ABI and both the community and the people would be the 'richer' for it. Let's add value to the community and to the life of the people with ABI.

Tertiary Instituhons

Figure 2 My redevelopment pathway for a person with ABI

ARRIVAL!

10 STRATEGIES FOR WORKABLE

LEARNING RELATIONSHIPS

Mary Guy and David Kearney

Hobart Institute of TAFE

Introduction:

The opportunity for people with a disability to be active in tertiary education is increasing. We are evolving from a prohibitive and inhibitive education sector to an inviting and inclusive one.

Where our past might have been damaging to the educational ambitions of people with a disability, we are mending some fences and building some bridges, quite literally, to mutually reap the benefits of the presence of people with a disability in tertiary education.

Our experiences of developing a workable learning relationship at Hobart Institute of TAFE have been positive. We recount these experiences in ten episodes or strategies. We define *what* we have achieved, and include some *how* and *why* reflective messages about attaining workable learning relationships.

Style and Content Disclaimer

*The style and format of our paper is by no means traditional in the academic sense. It is purposely personalised, as it is* our *experience of the recent past. The content may not sit comfortably with some people. They may view our account of our experiences to be naive and simplistic. We have certainly simplified some potentially complex issues, nevertheless, they remain our experience.*

STRATEGY No 1:

EXPLORE REASONS AND

READINESS FOR BEING THERE

Definition:

Readiness to be a student is about how you consciously intend to use your life's experience to make a future and a direction. Personal readiness is a 'point-in-time' experience. It is realising that you want to achieve educationally, but may not be currently aware of the significance of this desire. Readiness is the desire to go forward regardless of the unknown. Reasons for wanting to be a "tertiary student with a disability" of course vary.

Personal Insights:

*MARY*

*Sometimes you don't even know why you want what you want.*

*DAVID*

*The 'art' of education is to help unfold people's potential as though it is a vaguely remembered dream; they are not sure what their dream is about, but they know it is important to them and that there is a message there somewhere.*

Messages for Educators

• Everyone's motivation to study in a tertiary environment is different.

• We shouldn't confuse those (others) needs with educator's goals.

• Asking people to explain their readiness should be possible and shouldn't embarrass either the student or educator.

• There are no rules!

STRATEGY No 2:

ACCEPT ACCESS

Definition:

Access is a concept defined by planners to describe obstacles, barriers and hindrances which have not been removed or reconstructed. Access barriers can be visible or hidden. Impassable barriers are not always physical ones, they can be obstacles of perception. These are sometimes the barriers which are most difficult and most 'expensive' to move.

Personal Insight:

*MARY*

*Physical barriers are usually the first stumbling block for people with a disability (how do you stumble in a wheelchair?). The second kind of inaccessibility can be on the part of the person with a disability. Their attention to their own needs can make them oblivious to the personalities and characters of other people. I made myself accessible to others who in turn gave me a fairer go.*

*DAVID*

*Some educators lock themselves into a little room which is inaccessible to anyone who does not learn the way the educator wants them to. This closure of opportunity prevents some truly wonderful experiences occurring. Students can easily find both a comfort level and an effective operating level when they interact in a class with other students who have a disability.*

Messages for Educators

• Access is not so much a problem of physical barriers as it is a barrier of mental attitude.

• Open the little rooms! Think around barriers. All barriers are movable. In every problem at least one alternative is possible.

STRATEGY No 3:

ABILITY TO HARMONIZE

Definition:

Harmonizing is the art of "fitting-into and getting-something-out-of" a situation. It is about taking advantage of the way the world is so that you can change it more for your needs, but not in a selfish way. Locus-of-Control theory is based on this notion and so is our deeply held belief in the importance of personal empowerment.

Personal Insight:

*MARY*

*Trying to get used to sitting in a room with a group of other people who knew why they were there was difficult. Now I understand that they were as new to the situation as I was. I was able to recognise the positive possibilities and use these to my advantage.*

*DAVID*

*If people begin by 'agitating', the flow of harmony may not be in their favour. Beginning by going with the flow and making adjustments later will benefit the all who share the learning environment. One single danger lies in harmonizing though and it is that students with a disability may not be assertive when the right moment arrives.*

Messages for Educators

• Allow people to harmonize and aclimatise to the learning environment. Sometimes people will need help to do this.

• People who have not aclimatised/harmonised will be noticeable

STRATEGY No 4:

COUNT THE COST

Definition:

Cost is the financial and personal expense which comes with being a student with a disability. People with a disability pay more in real terms to be a student. This cost is represented in actual terms in transport, materials, personal care and extra-curricular learning support. In real terms it is represented in extra time, extra effort and extra energy. Front-line educators can be facilitators of simple economic support strategies

Personal Insight:

*MARY*

 *Personal care is a foreign notion to most students. When I decided to study there was a cost but I also saw benefit. The trick is balance both. You have to live, but after you have had the taste, you are compelled to feed the mind and the body!*

*DAVID*

*People with a disability have many 'in-addition-to' expenses when they study. Educators don't always understand and administrators never seem to understand. Sometimes neither care.*

Messages for Educators

• "Ways-to-get-around-this" strategies can be found and can be replicated, if we share successes

• Costs can be absorbed to make a level-playing-field

• Sometimes you need to keep quiet about these informal working 'strategies' in the interest of social justice

STRATEGY No 5:

ACCOMMODATE ACHIEVEMENT

Definition:

In tertiary education achievement is the usually the attainment of mutually satisfactory goals. Achievement is the outward recognition of professional success. Often we neglect focusing on personal accomplishments. For that reason alone recognising and commending achievement can become an important part of the educator-student relationship. This does not mean either, that we should celebrate or "memorialise" achievements in a tokenistic fashion.

Personal Insight:

*MARY*

*Desire to learn and achieve was part of me thirty years before I approached TAFE. Achievement is highly personalised thing. It may be a simple thing such as the feeling you get when you pass assignments in on time. It can be a*

*DAVID*

*People with a disability in tertiary education are usually ordinary people achieving ordinary things. But sometimes some extra-ordinary things happen. These things are not commonly celebrated, not as feats of brilliance, but as milestones of personal achievement. I could not do my job unless I believed that this achievement was possible and recognised*

Messages for Educators

• Some people might not recognise their own achievements

• Notice when people pass milestones

• Find credible and respectable ways to celebrate people's achievements

STRATEGY No 6

ACCOMMODATE REWARD

Definition:

Reward is the intrinsic value which you receive from being involved in, or completing a task. This kind of reward is not something which others can give you; yet others can take it from you. It is something you create for yourself.

*MARY*

*Does course completion equal reward? I think there is a lot more to it than that. The effort that people with a disability put into study is significant, but no more significant than other students. The first time I taught a class by myself, I was absolutely petrified. Would they see me in the same light as a teacher. Fifteen minutes into the class I had forgotten all about fear and was enjoying what I was doing. That's reward!*

*DAVID*

*Reward in education is often equated with success. This is not always true. To tertiary students all over Australia intrinsic reward is the thing which motivates and even impels them. It is the pleasure of enjoying the moment of satisfaction. This can occur during or at the conclusion of a piece of work.*

Messages for Educators

• Reward is present in many forms. It is the fuel which drives motivation.

• Higher order learning is founded on the prospect of going beyond extrinsic reward. Educators can support progress towards such educational goals by encouraging students to recognize their individual rewards.

STRATEGY No 7

HUMOUR IN EDUCATION: A REALITY CHECK

Definition:

Humour in education is the capacity to laugh at situations, which are may be mistakes you might have made, but didn't beaus you were learning. The humour value lies in safely revealing potentially serious issues in a non-threatening way.

Personal Insight:

*MARY*

 *If I laughed at all of the humourous things which happen in tertiary education, both interesting and senseless, I might never stop!*

*DAVID*

*I've found a sense of humour to be a useful factor in the process of dealing with 'others' outside of the learning environment. We need to demonstrate to them that we are dealing with sometimes complex but manageable issues*

Messages for Educators:

• Define the rules for using humour. Humour is otherwise hurtful

• Humour can make some things happen

• Humour is a tool to make people think

STRATEGY No 8:

MODEL TOLERANCE AND RESPECT

Definition:

Tolerance in tertiary education is not about how educators and other students tolerate people with a disability, but how people with a disability tolerate educators and others, and maybe how people with a disability might be able to give them a fair go. Therefore, by definition, *respect* is anything that happens from that time onwards.

Personal Insight:

*MARY*

*The view that people with a disability should study in certain ways, or only study certain things is absurd. The student has to be tolerant of what exists, no matter how hard this might be. And this is not tolerance without question or in blind faith. It is simply accepting what exists with a view to changing it from the inside.*

*DAVID*

*Respect is the ability of the person to regard the 'institution' of education; not the mystique of education, but the spirit of education. As an educator it is also about how I respect someone's potential.*

Messages for Educators

• If you simply expect respect you might have a long wait

• Things change more easily from the inside

• Respect people's potential, even before they have revealed it

• To expect tolerance from students with a disability you must also model it

STRATEGY No 9:

THE TRUE PURPOSE OF PLANNING

Definition:

Planning is organising the future. Planning to students with a disability in tertiary education also means "now that I'm here, how do I stay here?". True and real student "support" doesn't just present itself in the form of advice or practical support. It's most worthy form comes in the shape of assisting people to see their future. True planning is 'helping' people to visualise their future.

*Personal Insight:*

*MARY*

*I went through four distinct stages:*

*1. Cautious Familiarisation: For 2 or 3 weeks people were distant and a little unsure about how to take me or how to approach me.*

*2. Hesitant Helping: Soon people became more confident but still held back a little*

*3. Intentional Involvement: People made an effort to be involved. You could see 'intention' written on their face!*

*4. Final Acceptance: You know when you are accepted. You feel a part of the group.*

*DAVID*

*There is a temptation to be a mediator/facilitator 'on-behalf' of a student with a disability. There are no rules about when to step in and when to stand back. Unless you judge the moment you may act for a person who is entirely capable and ready to act for themselves. The trick is to plan for such occasions, with the person, so that they have a chance over time, to be more in control....I think this what we envision empowerment to be.*

STRATEGY No 10:

ALL OF THE ABOVE AND BELOW

PEOPLE WHO SUPPORT

POSITIVE LEARNING RELATIONSHIPS:

• People who listen consistently

• People who are approachable consistently

• People who act on an issue

• People who are honest in their reactions

• People who are honest in their relationship

• People who take and give

• People who give back, because when they took and realised they enjoyed it!

THINGS WHICH SUPPORT

POSITIVE LEARNING OPPORTUNITIES

• Realistic introductory strategies: the how to accept and include strategies

• Realistic objectives set at achievable and reachable stages

• Support which is needs based and time to 'find your feet'

A systems-based approach to

A way-out if you need it

Conclusion

We have defined a series of issues and potential problems for people with a disability in tertiary education In doing so we also define sets of good practice.

As educators, we can be better at what we do by being more alert and open to possibilities. Innovation, in our experience, is not being trapped by the experience of other people in the traditional sense. We have tried to deal with issues which have arisen in an open manner.

Nevertheless we have not been able to solve every problem or, quite literally, open every door. What we have done is to consider a wider range of solutions to problems which commonly confront people with a disability in tertiary education settings and we have consciously tried not to be hampered by traditional ways of doing things.

What we can achieve in a small scale, still has to replicated on a larger scale, by others in our own organization. The system is not perfect. It won't ever be, because new demands will over-ride current practice, in some cases as fast as response to one need is met, a new and different demand will take its place.

This is the way the world is and we should accept it as a naturally occurring feature. We can respond to individual needs, as long as we consider this as being a part of our shared reality.

Expectations Meet Reality:

 the First Year Experience at University for Students with Disability

Jenny Neale and Bronwyn Hayward

Victoria University of Wellington

This paper explores the initial expectations and experiences of first year students with disabilities at Victoria University of Wellington. Their expectations for the year were articulated as part of a survey of students carried in March/April 1996. A discussion of the range of and need for services, the resourcing of these and how the overall needs of the individual student with a disability are met are presented with a reflection on how these services have developed.

To begin, some information about Victoria University where the campus is;

 geographically challenging for all

 comprises around 20 separate buildings on very hilly terrain.

 has several multi-level buildings

The University has a diverse population with;

 Maori and pakeha students

 international students

 students with disabilities

 mature students

 school leavers

The university environment is premised on academic merit. Previously the New Zealand Government had passed legislation on Human Rights which included supporting the rights of people with disabilities. Accordingly, the university has a charter to support inclusion of people with disabilities and a policy of reasonable accommodation. Thus, while the university’s charter and policies, legislation and personal beliefs demand equity, at the same time there are limited resources with which to achieve this.

In order to meet the needs of students with disabilities we became creative. and put in place a variety of support structures such as:

∑ a co-ordinator for students with disabilities, employed for 4 days a week. The hours are increasing to full-time in 1997;

∑ fast-track card for enrolment, although postal and computer enrolment are also popular options;

∑ Vic Volunteers, who are students available to assist with access, reader/writer services, as note-takers and with library use;

∑ Equity in Action card which students use at their own discretion to save explanations when requiring assistance in non academic matters;

∑ the Sutherland Room, containing specialised equipment;

∑ parking facilities;

∑ individual support with specific problems.

CANDO, a group set up and run by students, offers support and a chance to socialise. It meets monthly and involves both staff and students.

To enlarge on two of these services:

1. SUTHERLAND ROOM

∑ This is a room for students with disabilities with swipe card access only

∑ Idea gained from previous Pathways conference and results from an earlier student survey

∑ Created through a grant sought by university trust

∑ Unlike other institutions which have allocated space for students with disabilities, this room is fully equipped with a range of specific items

 - two beds in separate rooms, i.e. to rest, etc.

 - TTY

 - a range of ergonomic furniture, kneelers, chairs

 - scanner

 - on-line computer

With limited resources available, what has been provided is a facility that attempts to match needs. Students are able to assist and support each other, and those new to their disability learn from more experienced students, for example about options available, support, and resources. Students working together and sharing resources then leads to less pressure on individuals.

There is also a social aspect. The Sutherland Room is a place to meet that is comfortable and easier to access. It is the only place where some students with disabilities can independently make tea/coffee, act as hosts, and offer hospitality. Students continually upgrade ‘their’ room. So far they have added duvets and covers, easy readers, and shelves.

2. VIC VOLUNTEERS

The Co-ordinator for Students with disabilities employs a part time Vic Volunteer Co-ordinator who is responsible for five team leaders who are each responsible for 10-12 volunteers. During 1996 there were 100 volunteers. All fellow students.

Volunteers’ Tasks

∑ note takers (currently in 50 subjects)

∑ reader/writers for exams

∑ read texts/journals onto tape

∑ typing assignments

∑ personal assistance, i.e. in library

Team Leaders’ Tasks

∑ meet with CSWD and VVC every two weeks

∑ regularly ring around their volunteers

∑ problem solve

∑ liaise with departments and volunteers

Team leaders are allocated responsibility for a number of departments and associated volunteers. There is a balance of team leaders with and without disabilities. This is inclusive as it removes a potential ‘us’ - ‘them’ dichotomy.

The use of Vic Volunteers ensures that large numbers of students with disabilities have their needs met within a limited budget. For the volunteers themselves the CV, reference/s and experience/s are all highly sought after when they are job hunting. As an aside, it was interesting to note in the student election campaign the number of candidates who listed Vic Volunteers as relevant experience. Training is provided on disability issues; being a volunteer; how to take lecture notes. and any other skills required to do the job, plus aspects that may assist them personally.

Other advantages are that specific individual needs are being met, without stressful, time consuming applications for funding and resources; and dignity and independence is maintained. Volunteers generally do not know the identity of the person they are working for.

Students with disabilities are starting to want to become volunteers, i.e. a student may be receiving notes from a volunteer, and they are volunteering to read onto tape so everyone is benefiting

Departments pay photocopying costs incurred. Everyone then, makes some sort of contribution enabling students with disabilities to more fully participate in student life. And a final point, Vic Volunteers is raising awareness of people with disabilities and associated issues around the university.

Given these are the services that the staff suggest were needed, based on the experience of student services personnel and an earlier survey of students with disabilities (reported on at Pathways II), what do the first years expect when they come to Victoria University?

In April 1996, what we hope will be a longitudinal study[[6]](#footnote-6) of full time students began at VUW. This research is looking at the reasons why a cohort of students, i.e. those beginning their study in 1996, either leave or stay at VUW to complete their studies. A 54% response rate to the first questionnaire gave 972 replies of whom 58 identified as students with disabilities. The initial results from this questionnaire and a subsequent follow-up questionnaire in September provide the information for the following discussion.

Who were the first year students with disabilities?

Table 1 Disability Type

|  |  |  |
| --- | --- | --- |
| Disability Type | Number | % |
| Vision  | 21 | 36 |
| Hearing  |  7 | 12 |
| Mobility  |  5 |  9 |
| Learning  |  3 |  5 |
| Multiple  |  3 |  5 |
| Other\* | 18 | 31 |
| Unspecified  |  1 |  2 |
| Total | 58 | 100 |

\* Includes chronic back pain, OOS, epilepsy, psychological problems

As students were asked to self identify we have no measure of the severity of disability though some of those with visual impairment indicated that this was not major.

Whereas 87% of first year students without disability were under 21 years of age there were 77% of students with disability that came in to this category. Therefore, first year students with disabilities were likely to be slightly older on average than other first year students.

Table 2 Age of Students

|  |  |  |  |
| --- | --- | --- | --- |
| Age | Students with disability | Other Students | Total % |
| Under 21 years | 45 | 796 | 841 86.9 |
| 21-30 |  9 |  68 |  77 8.0 |
| 31-40 |  2 |  28 |  30 3.1 |
| 41-50 |  1 |  11 |  12 1.2 |
| Over 50 |  0 |  3 |  3 .3 |
| NS |  1 |  4 |  5 5.2 |
| Total | 58 | 910 | 968 100.0 |

Seventeen of the 58 students with disabilities came from families where no other member had attended university.

Inspite of the advisory services provided and fast track enrolment being available for students with disabilities, some clearly slipped through the cracks and their initial experience of university processes was not a happy one.

*I was not prepared for the hours of queuing in the first week of enrolment and orientation. Not a good introduction, instead of feeling positive and excited and secure, I was irritable and angry. A better system is needed.*

*I found the enrolment process extremely hard, trying to work out what courses I needed to do in what order to be able to gain the qualifications I want in the minimum time. Also finding my way around was hard. I found some people helpful and others not very helpful at all.*

Generally students with disabilities felt that they were prepared for university.

*I feel that my school years have prepared me quite adequately for my first year at university.*

*I believe through having had a year not attending an academic institution in New Zealand, I am capable of approaching my studies in a more mature way. Having left home a year ago, hostelling is not a great upheaval. However, in some subjects, I feel as if I am slightly disadvantaged through having 7th form not as fresh in my mind.*

*Am prepared through years of travel, life, work experience*

Several had found their first weeks not comfortable and would have liked to know where they stood in relation to other first years.

*It is a big step from College and I am finding it weird.*

*Feel a need to know my level of skills in comparison to other 1st year students.*

*I feel totally unprepared for university. I went to SLSS for mature students . However, this did not prepare me for the lectures, the preparation of the work etc. Covered such things as paragraph structure etc. While this is valuable, it would have been really helpful for guidance on time allocation, how to study effectively etc.*

What were the academic and social goals for students in their first year?

Looking at academic goals first, the majority of first year students answering this question wanted to either pass. or pass with good grades, particularly so they could gain entry to a specific 200 level course (44% overall, 69% students with disabilities), or gain more knowledge in their chosen subjects (12% overall and 20% students with disabilities).

With regard to social goals, 62% (36) of students with disabilities wanted to make new friends and meet new and exciting people (compared with 47% over all) while having new experiences was the goal for 7% of students generally and 5% of students with disability. A small percentage of students were not expecting the university to meet any social goals or were too busy to see this as an option (3% over all and 5% students with disabilities). As one student with a disability commented;

 *[I’m] pessimistic about Vic’s role in social life as academic requirements are paramount.*

The literature on student retention suggests that there are a number of factors influencing students to either stay or leave tertiary study. When asked, about the year ahead, students with disabilities generally exhibited higher levels of concern in most of the suggested areas when compared with other first year students.

Table 3 Areas of Concern

 Students with Disabilities Other 1st Year Students

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Concern | Number | % | Number | % |
| Financial | 48 | 82.8 | 676 | 76.3 |
| Subject knowledge | 40 | 68.9 | 647 | 71.2 |
| Study Skills | 42 | 72.4 | 594 | 65.3 |
| Communication | 28 | 48.2 | 371 | 40.8 |
| Social | 14 | 24.1 | 345 | 37.9 |
| Daily Living | 33 | 39.7 | 258 | 39.5 |
| Total | 58 |  | 914 |  |

Students with disabilities were less likely to have social concerns and had slightly lower levels of subject knowledge concerns.

Seven students attended the orientation for students with disabilities and six found it useful while one didn’t know. One student mentioned that when she was originally applying to various universities, VUW was the only one that had a box to tick to indicate a disability on the pre-enrolment form. Subsequently a booklet was sent out explaining services and provisions for students with disabilities. At the end of the year, four students (out of 26) indicated that they used the services provided by the co-ordinator of students with disabilities and found them very good while two students were not aware that the services existed.

*I have found the co-ordinator for students with disabilities extremely helpful and all that Vic has to offer disabled students is a credit to them. Thanks for making our lives just that bit easier.*

At the end of the year a preliminary analysis of 26 questionnaires returned by students with disability indicated that they had had some of the anticipated problems but also there were others that loomed larger.

Table 4 Areas of Major Difficulty During the Year

Balancing study/work/family commitments 14

Financial 11

Health (physical/mental/emotional) 10

Study skills (e.g. organisation/note taking) 8

Time management 7

Written/spoken communication skills 4

Daily living (e.g. transportation) 4

Knowledge of subject area/s 3

Social (meeting new friends etc.) 3

Students were also asked to indicate which area created the greatest difficulty for them during the year. Keeping some sort of balance between study, work and family commitments was highlighted again with comments such as:

*Balancing study and work and not going insane from a severely restricted social life*

*T*rying to keep up with study and assignments while under financial pressures created problems, often exacerbated by health concerns.

*Earning the money for my fees so that I don’t have to get a student loan plus OOS in my hand.*

*Getting tired and run down due to early mornings/late nights due to work and varsity*

*Keeping up with work and trying to get by on what money I had*

One student had found their ”...*health problem becoming worse due to the change.”*

Looking at what has been provided at VUW, and reflecting on what the first year students have said, it does appear as if we are `on the right track’. However, the wider concerns remain. The lack of provisions to cater for students with disabilities in the NZ tertiary education sector has been the subject of fairly intensive lobbying by student groups, and others, over the past few years. A number of research reports, notably between 1993 to date, have outlined various aspects that should be considered in establishing some sort of coherent policy initiatives. Education Review (September 1996) quotes the NZUSA co-president as saying that students wanted a fund set up or students with disabilities should be able to receive a higher level of subsidy. The current research suggests that students with disability have similar concerns to other first year students but at an intensified level. In an era of shrinking budget allocations, a reliance on the goodwill of staff and other students is needed to ensure that students with disabilities get similar opportunities to take part in and complete their studies. While VUW continues to do what it can, a lot still rests on the provision of sufficient financial resources to both the institution and the individual student.

SURVIVING STRESS IN A

CHANGING UNIVERSITY ENVIRONMENT

Phyllis Parr, University of Western Sydney Macarthur and Kerri Heavens, University of Western Sydney Nepean.

Please Note: This paper summarises the key concepts outlined in the Stress Reduction Workshop presented at the conference. To assist readers, the handouts used during the workshop are included in the appendix.

INTRODUCTION

The Disabilities area in universities has changed substantially during recent years. Of major influence has been the increase in the number of students with disabilities, especially those with high support needs. This increase in student numbers has required an increase in resources - both financial and staffing and a diversification of the skills required of Disability Advisers. In addition, the changing political climate has placed pressure on universities and consequently, Disability Units, to cut costs and at the same time extend service provision, increase efficiency and initiate entrepreneurial activities. These additional pressures and changes can potentially create an extremely stressful work environment. Therefore, the purpose of this workshop is to remind Disability Advisers of the symptoms and possible destructive nature of stress and to provide possible suggestions on how to reduce stress levels.

UNDERSTANDING STRESS

Stress is an everyday occurrence, it is unavoidable and manifests in various ways. There is some debate in the literature as to how to define stress. Most often, stress is defined as either a consequence, that is, "stress is the non-specific response of the body to any demand made on it" (Seyle, 1976); or as a cause, that is, "stress is environmental demands that require behavioural adjustment" (Benson, 1975). For the purpose of this workshop, stress is defined as occurring when the body responds to those changes in the environment which are perceived as a demand or a threat.

People are exposed to and consequently, must adjust to, stressors from four basic sources:

(i) the environment - weather, noise, traffic, and pollution;

(ii) social stresses - deadlines, financial problems, job interviews, presentations, disagreements, demands for your time and attention, and loss of loved ones;

(iii) physiological - rapid growth of adolescents, menopause,

 illness, aging, accidents, lack of exercise, poor nutrition,

 sleep disturbances; and

(iv) thoughts/cognitions - your brain interprets and translates

 complex changes in your environment and body and

 determines when to turn on the 'emergency response'.

Richard Lazarus (1984), argues that stress begins with an individual's appraisal of a situation. First the individual asks how dangerous or difficult the situation is and what resources are available. Anxious and stressed individuals will often decide that:-

 (1) an event is dangerous or too difficult; and

 (2) they don't have the resources to cope.

EFFECTS OF STRESS

When an individual is experiencing severe stress the whole of the body is effected. The sympathetic nervous system is aroused and the person's heart rate, breathing rate, muscle tension, metabolism and blood pressure all increase. Blood is circulated away from the hands, feet and digestive system and is transferred to the muscles. "Butterflies" are often experienced in the stomach, and the diaphragm and the anus become tensed. In addition, there are other body changes which can lead to health problems if stress is on-going. The adrenal glands start to secret corticoids (adrenalin, epinephrine and noradrenaline). All of these chemicals inhibit digestion, reproduction, growth, tissue repair and the responses of your immune and inflammatory systems.

Research indicates that individuals who have experienced on-going stress are found to show hyperactivity in a particular "preferred system" such as skeletal-muscular, cardiovascular or gastrointestinal system. Therefore, how stress effects the body depends on the individual and can manifest in fatigue, muscle tension, hypertension, migraine, headaches, ulcers or chronic diarrhoea. Almost every part of the body can be damaged by stress.

WHAT CAUSES JOB BURN OUT

There are many difficulties within the work environment that require workers to adapt. Stress eventuates primarily as a result of a lack of control. For example in the Disabilities area, Advisers can become demoralised by the heavy work load and enormous expectations from both bosses and

students, frustrated by the lack of available training, or perhaps discouraged by the lack of acknowledgment. Also, there are many minor factors that are beyond our control that have a stressful impact. For example, impromptu meetings, phone interruptions, crisis management, bureaucratic red tape, equipment breaking down, high noise levels, poor air conditioning etc.

SYMPTOMS, SOURCES AND RESPONSES TO STRESS

Some of the indicators of excessive stress are a reduction in productivity, irritability, diminished motivation, poor judgement, accidents, a sense of time pressure and inability to see the 'big picture', along with the physical symptoms discussed above. To assist Advisers to determine their level of stress it is suggested that they complete the “Identifying Your Symptoms of Job Stress" from Davis et al 1995 (see appendix 1).

It is also of assistance to evaluate as precisely as possible, what it is about your particular job that creates stress. Again a short questionnaire - 'Identifying Sources of Stress in Your Job' is recommended (see appendix 2). The most common sources of stress often fall into the following areas: lack of control, information gap, conflict, blocked career, alienation, overload, underload, environment, value conflict.

Once you have determined what it is about your job that creates stress it is important to also ascertain how you personally respond to stress. Responses to stress can be divided into three components:

 (i) Your feelings e.g., bored, numb, anxious, insecure, annoyed, confused, angry, dissatisfied, refreshed, impatient, intolerant.

 (ii) Your thoughts -

 "I'll never make it",

 "What a waste, I've got work to do",

 "Not another student",

 "I deserve better than this",

 "Why does he continue to interrupt me",

 " I am worth more money".

 (iii) Your Behaviour -

 plodding,

 inefficiency,

 eat chocolate,

 drink coffee,

 work faster and longer,

 make mistakes,

 become critical,

 resistant to suggestions,

 guess what people want,

 complain,

 refuse to talk to people,

 tense body muscles.

To assist you establish how you respond to stress make a list of those things in your work environment that cause you stress and for each one, list your feelings, thoughts and behaviours. Having a better understanding of: your own symptoms of stress, those components of your job that you find most stressful and the way you respond to stress will assist you to put in place strategies for reducing your stress levels.

RESPONDING MORE EFFECTIVELY TO JOB STRESSORS

1. SETTING GOALS

The first step in reducing your work stress levels is to determine more effective ways to respond to the stressors in your work environment. It may be that you are able to avoid some stressors altogether, at the very least, preparing yourself to handle stress when it does occur is an advantage. Changing your work environment is an effective way to take more control. Change maybe required in one or more of the following areas -

 1. Change the external stressor (quit the job, assertively tell the

 boss not to overload you, take regular breaks, adopt time

 management strategies).

 2. Change your thoughts (turn off the job when you go home,

 alter your perfectionist attitude, stop assuming that you are

 responsible for other's problems)

 3. Change physically (relax, exercise, eat properly, get sufficient

 sleep).

Setting goals is often of assistance in achieving change. It is preferable that goals be: specific, observable, achievable within a certain time frame, broken down into small intermediate steps and compatible with long term goals, written down in simple self-contract form, re-evaluated at specific intervals and rewarded when achieved. It may be useful to set goals with a work colleague so that you can both encourage and support one another in your attempts to reduce your stress levels.

2. MOTIVATE YOURSELF

Making changes within the work environment is not necessarily an easy task. Therefore, when you are moving closer to achieving your goals reward yourself. For example:

\* Give yourself 1 point for each relaxation break you take,

 25 points means a new dress or car radio.

\* Buy that book you have always wanted after clarifying with

 your boss some of his/her expectations.

\* Rent that new murder mystery video after telling a work

 colleague not to interrupt you when you are writing

\* Call a friend for a short chat after you write that memo

 requesting leave

\* Assign one dollar towards a shopping spree for each stress-

 producing thought you catch and change.

3. CHANGE YOUR THINKING

Job stress is created when your thoughts trigger a negative emotional response. There are three common thought processes that have a destructive outcome:

 *1. I've got to do*

 (*a certain task)*

 *(in a certain way e.g. - perfectly, on time, so my boss will be*

 *pleased) etc.,*

 or*(something painful)*

 *will happen.*

 *2. “They are doing this to me and it's not fair.”*

 *3. “I'm trapped here.”*

The feelings created from the above thoughts include anxiety, anger and depression. The following are a few strategies that can assist you to cope with these stress producing thoughts.

Firstly, make a realistic and specific appraisal of exactly what will happen if you do not complete the task on time, or it is not flawless or totally pleasing to your boss. Take into consideration what has happened to yourself or fellow employees in the past. Exactly what is your boss likely to say and what exactly will happen to you.

Secondly, blaming others for your job stress will be of no assistance. Blaming others often places yourself in a victim role where you become helpless and out of control. Blaming also triggers anger and hormones like noradrenaline that depletes your energy and in the long run effects your health. Therefore, to avoid blaming others and to reduce anger levels ask yourself, "What steps can I take to change the conditions I don't like?" If you are unable to determine ways to change the situation, then you have two rational alternatives - adapt to and accept the conditions or find another job. If you decide that you are able to accept the current situation try using the following coping statement:

“ “ *(a certain person) acting as he/she should. The conditions necessary for him to act this way (his/her needs and coping strategies to meet those needs, past success and failures, fears, attitudes towards your relationship) all exist, and this is why he/she \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specific ation) (to) (with) me."*

*(*

Finally, no one is trapped in a job, you may have very difficult choices to make, however, ultimately the decision is yours. It is often useful to consider: what would you be risking if you were to change a major stressor in your job; what steps could you take to change jobs altogether and what would be the risks.

4. DEAL WITH YOUR BOSS

One possible source of job stress can arise as a result of ambiguous expectations from supervisors. Therefore, a useful strategy to reduce stress is to clarify with your direct supervisor precisely what is expected of you. This will reduce the amount of "mind reading" and assuming that often occurs between supervisors and supervisees. The following is a list of suggested questions that you can use during an interview with a supervisor:

 *1. What is expected of me in my position?*

 *2. What are the organisation’s long term goals and how do I fit*

 *into the plan in the near and long-term future?*

 *3. How am I doing? What are my strengths? What areas do I need*

 *to improve?*

 *4. What additional skills or training do I need to progress?*

 *5. What happens if something goes wrong? What can I expect*

 *from you if a problem develops?*

 *6. If I continue my current level of performance, what can I*

 *expect?*

It is often useful to have a better understanding of what motivates your supervisor. Consider the following:

 *1. What is difficult about your supervisor's behaviour?*

 *2. What do you think motivates your supervisor's behaviour?*

 *3. How might you use your understanding of what motivates*

 *him/her to anticipate his/her next move and deal with*

 *him/her more effectively?*

It may take time to gain a better understanding of your supervisor's motivations, however, eventually you will develop strategies that will effectively influence your supervisor. Placing time and energy into developing a good working relationship with your supervisor is useful as is supporting your boss on issues that are important to him/her and confronting your supervisor only on those issues that are vital to you.

5. WHEN IN CONFLICT NEGOTIATE

There are always times when we find ourselves in a position where we are at loggerheads with other people we work with. It is important that we are able to state our case and negotiate an outcome that everyone can live with. The following four step model provides a framework to present your case:

 1. State the problem (what you perceive to be the cause of your

 stress).

 2. State how you feel about the problem.

 3. State how it affects your productivity and motivation.

 4. State win-win solutions (both sides of the conflict gain

 something positive from your solution).

6. PACE AND BALANCE YOURSELF

To prevent "burn out" and to reduce stress levels, it is necessary that you pace yourself. Here are eight tips designed to help you pace yourself and balance your work load.

 1. Determine your natural rhythm - when do you perform optimally and schedule your most difficult tasks for then.

 2. Organise your day so that you alternate between difficult

 and easy tasks.

 3. Organise brief periods throughout the day for work related

 tasks that are pleasurable but not necessarily productive.

 4. Utilise tea and lunch breaks to reverse the stress response.

 5. If you have flexible working hours, take time out in the middle

 of the day to do exercise or conduct personal errands.

 6. Take short breaks (approx 5 minutes) throughout the day to

 minimise the effects of stress.

 7. Choose leisure activities that complement the stressors you

 experience at work. For example, if your job requires a lot of

 sitting and mental activity consider aerobic exercise as a leisure

 activity.

 8. Plan to take vacation breaks at least once a year.

7. KNOW WHEN TO QUIT

If after making a genuine effort you are unable to change and improve your work environment and the amount of job satisfaction is minimal, it may be that you are not suited to your position and need to make a job change. Is the price you are paying emotionally and physically worth the material benefits? Visualise yourself continuing in your current position for another five years. What effects will your job have on you? Will it make you a stronger and happier person or a weaker and more dissatisfied person? A useful exercise clarifying your ideal job is to describe such a job in detail. Include: your job title, responsibilities, your boss, your co-workers, your environment and the management structure. Then list what your fears are about leaving your job. It is often then useful to turn your fears into a goal designed to get around any barriers. For example, if the fear is that you are too old, your goal statement mighty be " I will talk to someone my age who has a job like my ideal one and find out if age really makes a difference".

NUTRITION, RELAXATION AND TENSION BREAKERS

There are many other ways to cope with stress in a more general sense for example - meditation, massage, aroma therapy, visualisation, breathing exercises, physical exercise etc. All of these methods used regularly are extremely useful in reducing stress levels, however each requires a certain amount of training and practice before they can be employed. This means that you have to prepare yourself BEFORE you become stressed. The reality is that we tend to believe that we are immune to stress and if by some chance we were unfortunate enough to experience a bout of stress, we believe that our existing coping strategies would be sufficient to deal with it. Consequently, we think that participating in stress reducing courses are a waste of our valuable time, time which could be devoted to getting on with the job. The problem is that stress tends to creep up on us and we only realise that we are stressed when we feel out of control, pressured and unable to perform to our usual standard, in short we are in a crisis. This is not the time to begin thinking about enrolling in an extended course aimed at reducing your stress levels, this is a time for action.

The remainder of this paper will focus on three strategies: Nutrition, Relaxation through Breathing and Tension Breakers. Each of these strategies can be implemented immediately so there is no delay in beginning work on lowering your stress level. The beauty of these strategies is that they do not require you to attend a course or to read copious amounts of literature, are free of charge, are effective and most importantly, you have the power to put them in place. However, do not expect by using these strategies for a day or two that your stress will disappear - it won’t. It took some time to reach this state so it will take some time to reverse the process. So, be patient, practice every day, listen to your body, be aware of both physical and psychological changes and finally, ensure you put aside time to unwind every day. Remember as a professional, you have a responsibility to yourself, the employer and the client to take care of yourself.

The first strategy to be addressed is Nutrition. Most people would never consider nutrition as having anything to do with stress, let alone being able to have a positive effect on stress levels. However, if you stop and think about it for a moment, food is the fuel that maintains and energises the body. The body is like a racing car and it can only perform well when the fuel used is the best available! When we experience stress, our bodies use up enormous quantities of vitamins and minerals. This can cause deficiencies in these vitamins and minerals which in turn, leaves us tired, run-down, irritable and therefore, less able to cope with stress. Nutrients which are particularly related to stress are Vitamin C, the B complex vitamins, and the minerals: calcium, phosphorous, magnesium and zinc.

VITAMIN C

This is used in enormous quantities when the body is under stress. Vitamin C is not stored very well in the body and so a continuous input in our diet (mostly from fresh fruit and vegetables) or from supplements is essential. Tea, coffee, cigarettes, and the Pill deplete the body of Vitamin C. Vitamin C also assists the body to protect itself from toxic pollutants in the environment. When there is a deficiency in Vitamin C, the person experiences fatigue, poor resistance to infection, poisoning from drugs and chemicals.

Food sources high in Vitamin C: Capsicum, citrus fruit, tomatoes, parsley, rose hips, bean sprouts, fresh greens (unwilted), grapes, berry fruits.

VITAMIN B-COMPLEX

The function of the B vitamins is to maintain a healthy nervous system. Our modern diet consists of many refined, processed foods, for example, grains such as rice and wheat have the outside husks removed which significantly reduces the amount of B vitamins. Most people’s diet significantly lacks sufficient Vitamin B. This is especially true when drugs and alcohol are used, as these further deplete the body of essential B vitamins. Alcohol is often used to help relieve stress, but this makes us physically less able to tolerate stress. Alcohol increases the need for B vitamins while decreasing the supply in the body. A deficiency in Vitamin B-complex results in fatigue, depression, indigestion, nervousness, irritability, headaches, premenstrual tension, allergies, anaemia, pains, dermatitis and susceptibility to infection.

Food sources high in Vitamin B-complex: Liver, brewer’s yeast, wheatgerm, brown rice, whole grains, green vegetables, nuts, cheese, dried soybean, dried pinto beans, soybean lecithin, wheat bran, dried skim milk, whole milk, millet, soy/wheat flour.

CALCIUM

Calcium affects the reactions of the nervous system. It is an essential raw material for rebuilding the body. It is necessary in order for the body to use iron and Vitamin D. Symptoms of calcium deficiency are irritability insomnia, muscle cramps, period pains.

Food sources high in Calcium: Green vegetables, sesame seeds, soybeans, dairy products, kelp, skim milk powder, turnip greens, parmesan cheese, parsley, molasses.

PHOSPHORUS

Phosphorus is necessary in the body for calcium to be absorbed. It is also assists in the transformation of food into energy. It is worth mentioning that the use of antacids, e.g. Quick-eze, dexsal can deplete the body of phosphorus. Symptoms of a phosphorus deficiency are weakening of bones, pain and poor concentration.

Food sources high in Phosphorus: Liver, yeast, wheatgerm, meat, kelp, corn, egg yolks, wheat bran, skim milk powder, whole milk powder, dried pinto beans, dried kidney beans.

MAGNESIUM

It is necessary to have sufficient magnesium in order for Calcium and Phosphorus to be used in the body. A deficiency can be created by using diuretics, alcohol and eating refined foods. Symptoms of magnesium deficiency include irritability, sensitivity to noise, insomnia and leg cramps.

Food sources high in Magnesium: Nuts, soybeans, wholemeal bread, kelp.

ZINC

Zinc helps to fight infection and heal the body. It also helps counteract the effects of heavy metal poisoning (e.g. lead) from a polluted environment. A deficiency of zinc can be caused by drugs, the Pill, alcohol, and by drinking water from copper pipes. Eating too much bran can also deplete zinc in the body. Symptoms of zinc deficiency are poor healing and low resistance to infection and chronic monilia infections.

Food sources high in Zinc: Seafood, meat, whole grains, nuts, beans, kelp, sprouts, yeast and egg yolks.

FOODS TO AVOID

Certain foods can cause stress. Any food or liquid containing caffeine, e.g. coffee, tea, chocolate or coca-cola, irritates the nervous system and interferes with the absorption of vitamins, especially Vitamin C. Unfortunately, we often crave these foods when we are under stress, because they give us a temporary lift.

Refined carbohydrates, especially sugar, should be avoided. They give a temporary burst of energy by increasing the blood sugar level and this is followed quickly by a huge drop in blood sugar. Fatigue, depression and a craving for another hit of sugar or caffeine often then eventuate.

Foods to avoid:

 \* avoid eating too much fat (cut down on fried foods);

 \* cut down on red meat;

 \* fast foods;

 \* sugar, cakes and pastries;

 \* use less salt;

 \* cut down on alcohol and cigarettes;

 \* coffee or any drink containing caffeine;

 \* coke or any cola drink;

 \* chocolate.

*Remember:* *Eating a diet high in carbohydrates, especially sugar, and*

 *low in protein can affect our mental health.*

GOOD FOODS TO EAT

Your diet needs to include more complex carbohydrates like:

 \* whole grain bread;

 \* wholegrain cereals i.e. muesli, wheat bix, wheat germ;

 \* brown rice, wheat, wholemeal pasta;

 \* legumes - dried beans, lentils, chick peas;

 \* vegetables of all types including potatoes;

 \* fruits;

 \* low fat dairy foods.

Okay, we now know what effect nutrition has on our stress levels, we also know what foods to avoid and which foods we should increase in our diet. You need to think about what changes you are prepared to make, even small changes can make a difference. Start today with lunch, why not consider a salad sandwich on grain bread, a piece of fruit, juice or herbal tea. Taste the difference, you will be surprised at the difference you will feel in your energy level and coping ability.

The second strategy in this paper is relaxation techniques, two methods will be addressed, firstly, relaxation through breathing and secondly, relaxation visualisation through breathing. Each of these strategies are designed to be used in the office during the day. The maximum amount of time you need to set aside is 15 minutesand it is a good idea to schedule a relaxation break in your diary. Advise your boss and co-workers that you will be unavailable at that time, unplug your phone and finally hang a sign on your door saying “Do not disturb - taking care of me”.

Breathing is a significant contributor to relaxation because breathing has a psychological, as well as a physiological effect. The physiological effect of correct breathing is that it allows the body to take up oxygen which is needed to replace carbon which is being stored in the body, as a result of normal metabolic events. The less oxygen the body needs to burn, the less the heart needs to pump and the less carbon produced, the less carbon dioxide the body has to rid itself of. The less it has to get rid of, the slower the metabolic rate. The slower the metabolic rate, the quieter and calmer you will feel. In other words, if we breath correctly our metabolic rate is decreased so our body does not have to work as hard and this makes us feel more relaxed. (Atkinson 1988).

Psychological states affect our breathing. Our breathing is noticeably different when we are excited, afraid or angry than it is under normal circumstances. However, we tend not to be aware that our breathing is affected just by our ordinary thoughts and feelings. The mind and the body are one, so if our thoughts can change our breathing than the reverse is true. By using breathing techniques, we can take control of our thoughts by replacing negatives with positives.

Herbert Benson (1975) found that to achieve relaxation four elements were required:-

 1. A quite environment where sensory input is minimal, with

 little likelihood of sudden intrusive sounds and a moderate

 temperature.

 2. A comfortable position where the person can achieve a

 decrease in muscle tension throughout the body and allow

 physical release of muscle tension to occur.

3. Use of a mental device to achieve relaxation of the mind. Since the conscious mind is always active, we cannot stop it thinking, but if the mind is allowed to dwell on some repetitive focus this will minimise thought activity taking place.

4. We cannot make ourselves relax, we must allow it to happen. Benson calls this the ‘passive attitude’. This refers to letting go of our critical faculties and focusing on a mental device. We need also to accept that logical thoughts will try and sometimes succeed in replacing the mental device. Once we are aware this has happened, we must return our focus to the mental device, failure to do so will prevent the mind from relaxing.

GUIDELINES FOR RELAXATION THROUGH BREATHING.

Before you begin, ensure that you will not be interrupted. Sit with your feet flat on the floor and your knees comfortably apart. Place your hands in your lap. Keep the base of your spine at the back of the chair, with your back upright and your head balanced. Close your eyes.

 \* Take a slow deep breathe in through your nose, expanding your abdomen, then slowly breathe out through your mouth.

\* As you slowly breathe out, silently say to yourself “RELAX’, breathe easily and naturally. Focusing your mind on the word ‘RELAX’ prevents unwanted thoughts distracting you. It may take a few sessions before you master this technique.

\* Continue breathing for five to fifteen minutes. When you have finished, sit quietly for several minutes. Open your eyes when you feel ready.

\* Practice this at least once per day.

GUIDELINES FOR RELAXATION VISUALISATION THROUGH BREATHING

Using this method, the imagination is used to reinforce positive ideas into the subconscious and to influence the way you feel about yourself. Before you begin, ensure that you will not be interrupted. Sit with your feet flat on the floor and your knees comfortably apart. Place your hands in your lap. Keep the base of your spine at the back of the chair, with your back upright and your head balanced. Close your eyes.

 \* Take a slow deep breathe in through your nose, expanding your abdomen, then slowly breathe out slowly through your mouth.

 \* When you feel relaxed visualise your breath as being

 scintillating white light, or pure clean fresh fluid or pure

 energy radiant with joy.

 \* Breath in through your nose, visualising the breath coming in

 to your body through the back of your head. As your breathe

 moves around your head, it gathers all the tension and

 disharmony. When you breathe out all the tension and

 disharmony is removed from the body.

 \* Continue to breathe in through your nose, visualising the

 breath coming into your body through the forehead, the base of

 the brain then do the same with your abdomen, reproductive

 organs and finally the soles of the feet. Each breath out rids the

 body of tension and disharmony.

 \* Take a full lung breath and hold it in for as long as you can

 with comfort, visualising your body being charged with radiant,

 joyous energy.

 \* When you have finished, sit quietly for several minutes. Open

 your eyes when you feel ready.

 \* Practice this at least once per day.

The final strategy presented in this paper will be Tension Breakers. When under stress our bodies are mobilised for physical action unless we are able to discharge this build-up of energy, our body cannot return to a state of equilibrium. Ideally, we need to engage in some type of regular aerobic exercise such as swimming, jogging, cycling or brisk walking for at least 15-20 minutes without a break. The long term effects of aerobic exercise show effective results in relation to lowering blood pressure, heart and breathing rate and the development of a tranquil, calm state of mind. Aerobic or regular exercise is highly recommended if you are serious about reducing your stress level for life.

Tension Breakers cannot replace regular exercise nor are they intended to do so, however, they are offered as a quick means of breaking the tension spiral quickly by doing something that can diffuse the tension and calm the mind. Tension Breakers, like the Relaxation Through Breathing exercise are designed to be used in the office. No special training or equipment is necessary, the exercises only take a few minutes and can be easily performed in between interviews or whenever you have a spare minute.

GUIDELINES FOR TENSION BREAKERS

\* Swinging

 Place your feet a little apart. Let your arms hang loosely at your sides and relax your whole body. Begin swinging your arms with gentle swaying movement so that your body turns and your head looks over one shoulder, then the other. Just swinging gently with your body, relaxed, continue for half a minute or so, slow down and come to rest.

\* Shaking

 Stand up with space around you, hold your arms loosely out from the wrist. Now shake both your arms all the way up, let the shaking spread to your shoulders and now take a couple of deep breaths and sit down again.

\* Stretching

 Stand up and move into an open space, start walking slowly and begin to stretch your arms above your head. On each slow step, stretch further so you can feel the stretch from your toes to your fingertips. Take giant steps to increase the stretch, then gently lower your arms and make your steps smaller and return to your chair.

\* Head and Shoulder Rolling

 Sit in a comfortable position and place your hands in your lap, let your head drop forward, then slowly and comfortably turn towards one shoulder, bring your head back to the erect position, turn to the other shoulder and drop it down again. Continue rolling it like this slowly and freely. Now bring your head back to the centre and start rolling the other way, slowly and gently and come back to the centre. Now shrug your shoulders up, take them back, then down and forward, rolling them freely. Stop and start rolling the other way and finish with a sighing breath.

\* Walking

 Stand up and start walking comfortably around the room swinging your arms freely and thinking about the movement of your body. Let your body sway with your arm swing, swaying rhythmically keeping your head erect, slow the swaying. Let your arms drop and return to your chair.

\* Shoulder Release

 Raise shoulders, tensing muscles hold the position for five seconds. Gently lower the shoulders towards the floor, push shoulders down. Hold this position for the count of five. Repeat twice. Release shoulders to finish.

Professional staff working in disability support services in Australian Universities have been under tremendous pressures in recent years, this pressure at times has seemed almost unbearable and certainly has taken a toll on our professional and personal lives. We are expected to be more accountable (which means more report writing at the very least), to increase productivity, to be a financial wizard, (that is to do more with less funds): to improve or create services to meet the individual needs of students with disabilities, employ, train and supervise staff such as note takers, interpreters, provide advice and support to academics, have an in-depth knowledge of the Disability Discrimination Act and how it relates to higher education. In general, the expectation is that we are the ‘experts’ on disability issues. All this and more in an environment that has been undergoing enormous political changes. Disability Advisers in the main are dedicated people who genuinely want to provide the very best service possible to the consumers of their service. Unfortunately, sometimes, we are so busy actually doing the work that we forget that we like others, are also susceptible to stress and eventual burn out.

The aim of this paper is to remind us that we have an obligation to our employer, clients, our families and most importantly to ourselves to ensure that we have the necessary knowledge and skills to combat the stress generated in our work. The strategies presented here are useful for providing quick relief when our stress levels are so high that we are unable to think clearly and feel out of control. However, it is to be remembered that these strategies do not stand alone but must be incorporated into a healthy lifestyle management plan.

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*APPENDIX 1*

From: The Relaxation & Stress Reduction Workbook - Fourth Edition

 Martha Davis, Elizabeth Eshelman & Matthew McKay (1995).

IIDENTIFYING YOUR SYMPTOMS OF JOB STRESS

Instructions: Rate each of the following items in terms of how often the symptom was true for you during the last three months.

 0 = Never

 1 = Occasionally

 2 = Somewhat often

 3 = Frequently

 4 = Almost always

 1. I feel little enthusiasm for doing my job.

 2. I feel tired even with adequate sleep.

 3. I feel frustrated in carrying out my responsibilities at work.

 4. I am moody, irritable, or impatient over small inconveniences.

 5. I want to withdraw from the constant demands on my time and energy.

 6. I feel negative, futile, or depressed about my job.

 7. My decision-making ability seems less than usual.

 8. I think that I am not as efficient as I should be.

 9. The quality of my work is less than it should be.

 10. I feel physically, emotionally, or spiritually depleted.

 11. My resistance to illness is lowered.

 12. My interest in sex is lowered.

 13. I am eating more or less, drinking more coffee, tea, or sodas, smoking more cigarettes, or using more alcohol or drugs in order to copy with my job.

 14. I am feeling emotionally callous about the problems and needs of others.

 15. My communication with my boss, co-workers, friends, or family seems strained.

 16. I am forgetful.

 17. I am having difficulty concentrating.

 18. I am easily bored.

 19. I feel a sense of dissatisfaction, of something wrong or missing.

 20. When I ask myself why I get up and go to work, the only answer that occurs is “my paycheck.”

If you scored 0 to 25, you are probably coping adequately with the stress of your job. If you scored 26 to 40, you are suffering from job stress and would be wise to take preventative action. If you scored 41 to 55, you need to take preventative action to avoid job burnout. If you scored 56 to 80, you are burning out and must develop a comprehensive job stress management plan.

*APPENDIX 2*

From: The Relaxation & Stress Reduction Workbook - Fourth Edition

 Martha Davis, Elizabeth Eshelman & Matthew McKay (1995).

IDENTIFYING SOURCES OF STRESS IN YOUR JOB

Instructions: Rate your experience in your job during the past year, using the following 5 - point scale:

 0 = Never

 1 = Occasionally

 2 = Somewhat often

 3 = Frequently

 4 = Almost always

Lack of Control

 1. I lack the authority to carry out certain responsibilities.

 2. I feel trapped in a situation without any real options.

 3. I am unable to influence decisions that affect me.

 4. There are a lot of requirements that get in the way of my doing certain tasks.

 5. I can't solve the problems assigned to me.

 Sub Total

Information Gap

 6. I am unsure about the responsibilities of my job.

 7. I don't have enough information to carry out certain tasks.

 8. I am underqualified for certain tasks I'm expected to do.

 9. Others I work with are not clear about what I do.

 10. I don't understand the criteria used to evaluate my performance.

 Sub Total

Cause and Effect

 11. There is no relationship between how I perform and how I am rated.

 12. I sense that popularity and politics are more important than performance.

 13. I don't know what my supervisor thinks of my performance.

 14. I don't know what I am doing right and what I am doing wrong.

 15. There is no relationship between how I perform and how I am treated.

 Sub Total

Conflict

 16. I am expected to satisfy conflicting needs.

 17. I disagree with co-workers.

 18. I disagree with my supervisor.

 19. I am caught in the middle.

 20. I can't get what I need to get the job done.

Blocked Career

 21. I feel pessimistic about opportunities for advancement or growth in my job.

 22. My supervisor or boss is critical.

 23. I feel unaccepted by the people I work with.

 24. My good work is not noticed or appreciated.

 25. My progress on the job seems less than it could be.

 Sub Total

Alienation

 26. I experience little meaning in my work.

 27. I feel unsupported by my co-workers or boss.

 28. My values seem at odds with those of the management.

 29. The organization seems insensitive to my Individuality.

 30. I find I cannot be myself at work because I feel different from my co-workers.

 Sub Total

Overload

 31. I have too much to do and too little time in which to do it.

 32. I take on new responsibilities without letting go of any of the old ones.

 33. My job seems to interfere with my personal life.

 34. I must work on my own time (during breaks, lunch, at

 home, and so on).

 35. The size of my workload interferes with how well I do it.

 Sub Total

Underload

 36. I have too little to do.

 37. I feel over qualified for the work I actually do.

 38. My work is not challenging.

 39. Most of my work is very routine.

 40. I miss contact with people in my job.

 Sub Total

Environment

 41. I find my work environment unpleasant.

 42. I lack the privacy I need to concentrate on my work.

 43. Some aspects of my environment seem hazardous.

 44. I have too much or too little contact with people.

 45. I have to deal with many little hassles.

 Sub Total

Value Conflict

 46. I must do things that are against my better judgement.

 47. I must make compromises in my values.

 48. My family and friends do not respect what I do.

 49. I observe my co-workers doing things that I don't

 approve of.

 50. The organization that I work for pressures employees to do things that are unethical or unsafe.

 Sub Total

 Grand Total

If your score is over 100, you have more than an average number of job stressors. If your score is 130 or higher, the number of job stressors is unusually high. Identify the categories in which you scored 12 or more. In addition to dealing with specific major stressors, you will want to give consideration to these general areas.

Engineering for Access

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Abstract

Educational institutions are becoming increasingly responsive to the needs of students with disabilities. Higher education institutions may, in fact, be considered as leaders in planning, as evidenced by the number of Disability Action Plans lodged with the Disability Discrimination Commission.

The challenge now faced by institutions is to reduce the incongruence between their own operations and the learning offered through their academic courses. The issues of equity and access are as central to most professions as they are to the business of a university.

This paper will present an initiative of the University of Ballarat through its Bachelor of Engineering program. Equity staff, and in particular the Disability Liaison Officer, have participated in a review of the engineering program and are now involved as members of the teaching team for the first year unit, Engineering and Society. Through participation in the teaching team it is possible to influence curriculum content to include concepts like disability access.

The paper will argue that the inclusion of equity, access and rights issues in curriculum is a powerful method for achieving systemic cultural change.

Working as an ‘equity practitioner’ one can develop the feeling of living in the margin, with a regular dash into the mainstream to reiterate and attempt to reinstate (or create) the values of inclusiveness, fairness and equality. It is not unreasonable, perhaps, to have this feeling; the very existence of equity practitioners in higher education suggests an entrenched marginalisation of distinct groupings of students. The trick for the practitioner is to develop their role beyond the image of nuisance, and to provide a solid bridge into the mainstream, or to move the boundary of the mainstream to encompass the margin.

A core activity of higher education institutions remains that of education; teaching and learning. It is an activity that most equity practitioners are concerned to influence in terms of outcomes for students, and it is an activity receiving renewed attention in many institutions in the wake of “...a more restricted view of scholarship... Basic research has come to be viewed as the first and most essential form of scholarly activity, with other functions flowing from it” (Boyer, 1990, p.15). The pursuit of prestigious research and publication remains a priority for academics, but the importance of undergraduate teaching and learning has been reinforced and reaffirmed in the Statement of Purpose of the Australian Higher Education System (Higher Education Council, 1992, p.12).

An initiative during 1996 at the University of Ballarat has seen the building of a bridge between the equity margin and the core activity of education, with also, perhaps, a shift in the mainstream boundary. A review of the Bachelor of Engineering during 1995 was an opportunity for equity practitioners to participate in developing the aims and objectives for the first year curriculum, and to become active members of the teaching team for this year for the newly developed unit Engineering and Society. From the perspective of the Disability Liaison Officer this has provided an opportunity to achieve a deeper level of cultural change not possible through other support activities.

The opportunity began at the level of curriculum design, with inclusion of concepts like equity, individual difference and rights in the unit description as key concepts to be studied during the year. The next level of opportunity was offered at presentation stage. The students have been exposed to information on contemporary equal opportunity legislation and policy as well as broader sociological concepts and perspectives. The third level of opportunity, and the most exciting, has been participation in the learning tasks of the students.

The learning tasks and assessment for the unit were designed to provide for continuous assessment during the year. These were also designed to achieve the development of generic skills, abilities and values in addition to content specific knowledge. Most of the learning tasks involved the students in group or team work, and interacting with people in the broader University and general community. Assessment was conducted not only on written analysis, but also on presentations to student colleagues, production of artefacts, and interactions with groups separate from the immediate student group. The following paragraphs outline an example of the type of learning task undertaken by students.

During first semester one team of students was encouraged, for their interview task, to interview a student with a disability from another faculty. Although not highly inspired with this focus to begin with, on the grounds that ‘this is not real engineering’, the team agreed to pursue it providing there was strong support from their teacher. The task involved several steps, each with its own learning benefits to be described.

The first step was the formulation of questions to ask, enabling a study of the way in which language can reinforce prejudice and negative stereotypes through a process of labelling. This step required that students deal with their own stereotype images, and adopt a use of language that communicated an innate respect for the interviewee. It also required that students articulate the links between the business of engineering and the physical access difficulties that a person with a disability might experience. For some students this appeared to be the first time that they had consciously linked engineering with physical access.

The second step was the actual interview with the student with a disability. Again, for most students this was the first time that they had spoken to a person who uses a wheelchair and, furthermore, she was female (all but one student in this team were male)! The importance of this step lay in the experience of engaging and communicating effectively with a person with a disability, and understanding that it is no more difficult to achieve than with any other person.

The next step in the process was a tour of the campus with their interviewee. The interviewee agreed to one of the engineering students conducting the tour in a non-electric wheelchair, as an additional way of highlighting access difficulties. The tour required the students to challenge their perceptions of access in the environment, as well as the responsibility of engineering in improving access. Prior to the tour their perception had been that building design presented the major access barrier, and was therefore not the responsibility of engineering. The experience of roadside kerbings, gravel surfaces, steep gradients and impossibly heavy doors led to a re-assessment of this perception. The tour in company of a wheelchair user also required that the task be undertaken seriously and with full respect for their interviewee, with no possibility of getting out of the chair when the going got tough.

The collated data from the interview and campus tour was then finally presented by the team to their full class of student colleagues. Without devaluing the influence of the expert or professional in any way, the power of peer communication is enormous. The level of awareness achieved by the team of students is arguably far greater than could have been achieved in a whole series of lectures by the Disability Liaison Officer on disability awareness.

So what is the overall value of the process that has been described? It is contended that value exists at several levels. Student feedback at the end of the semester and the end of the year indicates a shift in the attitude of students, in addition to the development of content specific knowledge. Awareness of disability access issues is regarded as occurring ‘naturally’ to the first year student and an obviously integral component of their future practice. This contrasts with the earlier attitude of disability access not being ‘real engineering’. It suggests that the study of equity and access issues as an integrated concept within a field of study will result in an increased likelihood of students adopting the values and beliefs that equity practitioners would like to see broadly represented within the community. It suggests a step towards achieving the aim of education as described by Boyer (1990):

The aim of education is not only to prepare students for productive careers, but also to enable them to live lives of dignity and purpose; not only to generate new knowledge, but to channel knowledge to humane ends; not merely to study government, but to help shape a citizenry that can promote the public good. (pp. 77-78).

It is perhaps also a contribution to the development of lifelong learners, through offering a program that “...offers a comparative or contextual framework for viewing the field of study” and “...seeks to broaden the student and provide generic skills” (Candy et al, 1994, p.xii).

Equity practitioners are arguably ideally placed to be the teachers of the concepts of equity and access, inclusiveness and individual rights. It is their area of expertise, and these concepts and practices are internalised and communicated in most interactions. Furthermore, the innate respect for the individual contributes to a solid teacher/learner relationship based on mutual respect and dignity. How better to develop these generic abilities and attitudes than to experience them in the classroom? Equity practitioners can contribute to an increased “concern and respect for students and student learning” (Ramsden, 1992, p.97) and model sound teaching practices. This is not an inconsiderable role given “These personal qualities are mandatory for every good teacher; it is sad that they are often scarce commodities in higher education” (ibid, p.97).

The other significant value of the process was the increase in status experienced by a move into academic work. Although not an end in itself, it can serve to improve the status of the non-academic work of the equity practitioner, resulting in improved outcomes for students experiencing systemic barriers to access and participation. As stated in the introduction, the equity practitioner can feel that life is being lived in the margin; participating in the mainstream activity of teaching and learning can provide a good bridge between academic staff and the often provocative role of advocate.

The combination of these outcomes can result in an increased congruence between the operations of institutions and the learning outcomes of students. Institutions are concerned, through legislative and policy necessity, with improving equality of access and participation to their services. It seems to stand to reason that a desirable graduate characteristic should be an equal commitment to this principle.

The Higher Education Council through the National Board of Employment, Education and Training has challenged the sector to identify “what ‘cultural change’ strategies are available at the system level and at the institutional/faculty which warrant consideration in the national policy?” (1995, p.36). This paper concludes that the embedding of equity awareness in undergraduate courses is a strategy worthy of consideration. This strategy through its facilitation by equity practitioners can shift the marginal boundary for themselves and the students whom they represent.

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PATHWAYS III NATIONAL CONFERENCE

JENNIFER HUGHES

 SRC SPECIAL NEEDS

 SOUTH EAST INSTITUTE OF TAFE

 WEHL STREET CAMPUS

 MOUNT GAMBIER 5290

THEME: QUALITY AND EQUITY - TAFE

I.C.I. AWARENESS

INVISIBLE CHRONIC ILLNESS AND TERTIARY EDUCATION

WHAT IS I.C.I AWARENESS?

It is the awareness of the needs of students suffering from

“INVISIBLE CHRONIC ILLNESSES”

What illnesses are we talking about, and how do they affect a student’s ability to be part of normal campus life?

∑ TO STUDY EFFECTIVELY

∑ TO COMPLETE THEIR CHOSEN COURSE

I.C.I. INVISIBLE CHRONIC ILLNESS

The experts in body language and Communication tell us it is in the first 10 seconds of meeting someone, that we form an opinion of them.

If this is so, then sufferers of Invisible Chronic Illnesses will be perceived as being totally normal and from that moment on we put them in a position where they will spend the majority of their remaining lifetime trying to “justify” their problems and special needs, none more so than during their time in Tertiary education,

but the saddest justification of all is the continual demands put upon them by family and their peers as to why they are bothering to struggle through a tertiary course at all.

After weeks of scanning through masses of floppy disks , the only mention of students with ‘I.C.I.’s was referred to as a

“HIDDEN DISABILITY”

Giving as examples the more common disabilities and, thank goodness, more manageable conditions such as

∑ Arthritis

∑ Epilepsy

∑ Asthma

∑ Psychiatric conditions

So let us explore and discover a more comprehensive example of ‘I.C.I.’

∑ M.E/C.F.S

∑ M.S.

∑ LUPUS

∑ FIBROMYALGIA

∑ H.I.V INFECTION

∑ CHROHNS DISEASE

∑ LYME DISEASE

∑ SOME FORMS OF CANCER

∑ ENDOMETRIOSIS

∑ MIGRAINE

∑ DIABETES

MOST ‘I.C.I.’S SHARE SIMILAR CHARACTERISTICS.

NON-OBSERVABLE SYMPTOMS - FOR EXAMPLE

∑ PAIN

∑ FATIGUE

∑ BLADDER AND BOWEL URGENCY OR INFREQUENCY

∑ MUSCLE WEAKNESS - IMPAIRED CO-ORDINATION

∑ LACK OF BALANCE - CONCENTRATION

∑ MULTIPLE ALLERGIES

∑ UNUSUAL PHYSICAL SENSATIONS - NUMBNESS, TINGLING, HOT AND COLD FLUSHES

∑ SLEEP DISORDERS

∑ HEADACHES

SEVERAL OR ALL OF THESE SYMPTOMS CAN BE PRESENT EACH AND EVERY DAY

MOST ‘I.C.I.’S ARE INCURABLE.

MANY GET TO A CERTAIN STAGE AND STAY AT THAT LEVEL.

SOME CASES ARE MORE MODERATE OR MORE SEVERE.

MOST ARE HIDEOUS AND ERRATIC MAKING LIFE FOR THE SUFFERER VERY ERRATIC TOO NOT KNOWING WHAT THE NEXT HOUR WILL BRING, LET ALONE THE NEXT DAY, MONTH OR YEAR.

SO, IF I.C.I. SUFFERERS ARE FEELING SO DREADFUL MOST DAYS OF THEIR LIVES - WE’RE BACK TO THE QUESTIONS

 WHY BOTHER?

WHY PUT YOURSELF THROUGH THE HELL THAT COMES WITH TERTIARY STUDIES?

THE ANSWER IS HOPE

 HOPE OF A CURE

 HOPE OF REMISSION

HOPE THAT THE CONDITION REMAINS STABLE AT A MANAGEABLE LEVEL.

STUDENTS WITH VISUALLY IDENTIFIABLE DISABILITIES BECAUSE OF THE PRESENCE OF:

 A WHEELCHAIR OR WALKING FRAME

 CRUTCHES OR WALKING STICKS

 A WHITE CANE AND/OR DARK GLASSES

 HEARING AIDS

HAVE FOUGHT OVER THE YEARS FOR EQUALITY AND QUALITY OF LIFE AND THE RIGHT TO AN EDUCATION

STUDENTS WITH AN I.C.I. OFTEN SPEND MANY YEARS STRUGGLING THROUGH LIFE COPING WITH A GREAT DEAL OF PAIN AND FRUSTRATION LONG BEFORE THEY GET TO THE POINT OF NEEDING A VISUALLY OBVIOUS AID.

JUST AS RAMPS, RAILS , AUTOMATIC DOORS, LIFTS ETC ARE PROVIDED FOR THOSE WITH VISUALLY RECOGNISABLE DISABILITIES

WE HAVE TO LOOK AT WHAT CAN BE DONE FOR I.C.I. STUDENTS.

MOST CAMPUSES HAVE PERSONNEL SUCH AS:

∑ THE EQUAL OPPORTUNITIES OFFICER

∑ STUDENT ADVISORY OFFICER

∑ STUDENT COUNSELLOR

∑ DISABILITIES/EQUITY OFFICER

HOW QUALIFIED ARE THE PEOPLE IN THESE POSITIONS WHEN IT COMES TO I.C.I. SUFFERERS, PARTICULARLY:

 STUDENT COUNSELLORS AND

 DISABILITY/EQUITY OFFICERS

THIS IS YET ANOTHER SITUATION WHERE THE TERM “WHEN YOU’VE WALKED A MILE IN MY SHOES” IS VERY PREVALENT

ONLY FULLY QUALIFIED COUNSELLORS SHOULD TAKE ON SUCH A TASK AND/OR AN OCCUPATIONAL THERAPIST TOGETHER WITH/OR A PERSON WHO IS A SUFFERER THEMSELF.

HERE WE HAVE THE AGE OLD SITUATION OF ‘I CAN SEE THE PLASTER CAST BUT I CANNOT SEE YOUR PAIN’ UNLESS OF COURSE YOU HAVE HAD A BROKEN LEG TOO.

COMMUNICATION AND PARTICIPATION

I.C.I. SUFFERERS HAVE THE SAME RIGHTS TO HAVE MEASURES INSTIGATED TO ACCOMMODATE THEIR PROBLEMS AND DIFFICULTIES THEY MAY ENCOUNTER WHILST TRYING TO STUDY AND BE PART OF EVERYDAY CAMPUS LIFE.

LET US FIRSTLY LOOK AT SOME OF THE PROBLEMS AND THEN AT THE POSSIBLE SOLUTIONS TO THESE PROBLEMS.

PHYSICAL

THE FOREMOST OVERWHELMING PROBLEM,

∑ FAST LOSS OF ENERGY AND EXHAUSTION JUST GETTING TO THE CAMPUS.

∑ DISTANCES TO WALK FROM BUILDING TO BUILDING.

∑ STEEP INCLINES - HILLS.

∑ STANDING ON ONE’S FEET OR SITTING FOR HOURS.

∑ CLIMBING STAIRS - NOT WANTING TO USE LIFTS WITH A DISABLED ONLY SIGN ON THEM BECAUSE VISUALLY YOU DON’T LOOK IMPAIRED.

STANDING IN LONG QUEUES:

∑ THE CAFETERIA

∑ TUTORIAL ENROLMENTS

∑ FEE PAYMENTS

∑ I.D. CARDS

∑ INITIAL BOOK BUYING

∑ LIBRARY LOANS

LONG CONSECUTIVE TUTORIAL SESSIONS NOT ONLY INCREASE THE FATIGUE AND PAIN, BUT CAN ALSO BRING ON SYMPTOMS SUCH AS HEADACHES AND/ OR NAUSEA.

IF YOU USE A WALKING AID BECAUSE OF WEAKNESS IN THE LEGS OR BALANCE PROBLEMS, IT MAY MEAN YOU HAVE TO STAY AT THE BACK OF THE CLASS MAKING VISION AND HEARING MORE DIFFICULT AND STRENUOUS.

ASSIGNMENTS - ESSAYS

∑ EXHAUSTION AND BRAIN FOG.

∑ DIFFICULTY IN SWITCHING FROM ONE SUBJECT TO ANOTHER.

∑ SWAPPING OR DOING ASSIGNMENTS AND ESSAYS AT THE SAME TIME.

∑ NOT ALWAYS BEING ABLE TO TAKE PART IN GROUP PROJECTS .

∑ NOT BEING ABLE COMPLETE ASSIGNMENTS ON DUE DATES.

∑ HAVING TO MAKE EXTRA TRIPS TO OBTAIN INFORMATION FROM THE ‘SHORT LOAN’ LIBRARY REFERENCE MATERIAL OR SCIENCE LABORATORIES.

EVEN THOUGH SILENCE IS EXPECTED IN LIBRARIES IT CAN BE A NOISY PLACE MAKING CONCENTRATION DIFFICULT.

SOMETIMES PRECIOUS ENERGY IS WASTED ON THESE EXTRA TRIPS TO CAMPUS - THE LIBRARY IS OUT OF THE BOOKS YOU REQUIRE - THE LABS ARE FULL ETC.

EXAMS

A DREAD FOR ANYONE, A NIGHTMARE FOR I.C.I. STUDENTS. AGAIN, ENERGY AND FATIGUE THE PROBLEM - WILL I BE ABLE TO KEEP GOING FOR THE TIME ALLOWED - THEY KNOW THE WORK BUT HALF WAY THROUGH THEIR FOGGED BRAIN CAN’T ADD 2 AND 2 TOGETHER.

I.C.I. STUDENTS ARE UNABLE TO ‘CRAM’ OR STUDY LATE INTO THE NIGHT. SOCIAL DIFFICULTIES

I.C.I. STUDENTS ARE VERY OFTEN TWO ILL TO JOIN EXTRA UNIVERSITY ACTIVITIES, EVEN THE COFFEE BREAKS BETWEEN LECTURES. OTHER STUDENTS MAY DISPLAY INDIFFERENCE ABOUT HAVING THEM AS A PART OF A STUDY GROUP BECAUSE, OF THEIR CIRCUMSTANCES, AN I.C.I. STUDENT MAY BE REGARDED AS UNRELIABLE, ANTI SOCIAL BY THEIR PEERS WHICH MEANS THEY ARE NOT ABLE TO FORM LIFE LONG FRIENDSHIPS AND/OR RELATIONSHIPS, THIS IN TURN LEADS TO ISOLATION AND LOSS OF SELF ESTEEM AND CONFIDENCE WHICH IN TURN AGAIN MAKES IT HARD TO STUDY, AND ABOVE ALL, KEEP THE STRENGTH AND DETERMINATION TO COMPLETE THE COURSE.

WHAT’S THE SOLUTION?

HOW CAN EDUCATION FACILITIES ACCOMMODATE I.C.I. STUDENTS?

MOSTLY WITH UNDERSTANDING - A LITTLE THOUGHT - PLENTY OF FLEXIBILITY AND LUCKILY AT VERY LITTLE COST.

PROBLEM SOLVING

BACK TO THE DRAWING BOARD

FIRST AND FOREMOST, A WELL TRAINED AND/OR WELL INFORMED DISABILITIES/EQUITY OFFICER.

SOMEONE WHO CAN HONESTLY SAY “I KNOW HOW YOU FEEL - I’VE BEEN THERE.”

AND THE STUDENT IS CONFIDENT THAT THEY REALLY DO KNOW.

THE STUDENT SHOULD INVESTIGATE THE CAMPUS THEY CHOOSE.

∑ GETTING AROUND THE CAMPUS - HILLS, INCLINES.

∑ STAIRS AND LIFTS.

∑ WILLINGNESS TO BE FLEXIBLE.

∑ THE PEOPLE THEY WILL BE DEALING WITH. IF THEY HAVE PROBLEMS.

THE CAMPUS

ACCESS TO A COUPLE OF ELECTRIC MOBILITY SCOOTERS FOR GETTING AROUND THE CAMPUS WOULD BE AN EXCELLENT ASSET.

SEPARATE TIMES OR PRIORITY LINES FOR BEING SERVED IN CAFETERIAS, LIBRARIES, ADMINISTRATION ETC.

∑ FRONT COMFORTABLE SEATS, ALSO FOOTSTOOLS WILL HELP STUDENTS GET THROUGH LECTURES.

∑ ENCOURAGE AND ALLOW PERSONAL TAPE RECORDERS TO TAKE THE PRESSURE FROM KEEPING UP OR REMEMBERING.

∑ QUIET REST ROOMS WITH 2 OR 3 BEDS SUBDUED LIGHTING, RELAXATION MUSIC PLAYING. ONE HOURS RELAXATION IN SUCH A ROOM COULD HELP AN I.C.I. STUDENT TO GET THROUGH ANOTHER LECTURE/TUTORIAL.

∑ SUGGEST THE S.R.C. OR DISABILITIES OFFICER TO ADVISE I.C.I. STUDENTS OF THE AVAILABILITY OF AROMATHERAPY MASSAGE IN THE COSMETOLOGY SCHOOL.

∑ MORE FOOD/DRINK VENDING MACHINES AND PAYPHONES OR POSSIBLY THE EXISTING ONES COULD BE BETTER SITUATED.

∑ AN I. C. I. IDENTIFICATION CARD IN CASE SUCH STUDENTS ARE CHALLENGED WHEN USING FACILITIES PROVIDED SPECIFICALLY FOR DISABLED AND I. C. I. STUDENTS, SUCH AS QUEUES, SCOOTERS, LIFTS ETC.

∑ FLEXIBLE AND SHORTER TIME FRAME FOR EXAMS, A SMALL AMOUNT OF WORK PER DAY OVER A LONGER TIME FRAME RATHER THAN EXPECTING THEM TO COMPLETE 6-8 HOURS PER DAY. I. C. I. STUDENTS USUALLY HAVE A GOOD OR BAD TIME OF DAY

HUMAN RESOURCES - USE THEM !

THE DISABILITIES OFFICER CAN LIAISE WITH YOUR TUTORS AND LECTURERS IN MANY AREAS:

∑ RESCHEDULING WORK PROGRAMS TO STAGGER ASSIGNMENT DUE DATES.

∑ MAKING ALLOWANCES FOR MISSED LECTURES/TUTORIALS.

∑ ASSIST IN ARRANGING EXTENSIONS ON ASSIGNMENTS.

∑ ISSUING OF SPECIAL DISABILITY/I. C. I. STUDENT CARDS.

∑ MAKE SEPARATE ENROLMENT AND ORIENTATION DAY ARRANGEMENTS.

∑ ARRANGEMENTS FOR SITTING EXAMS SEPARATELY, ALLOWING EXTRA TIME OR RESCHEDULING DATES.

∑ RECOGNISE I. C. I. STUDENTS AS FULL-TIME WITH A FULL-TIME I. D. CARD, GIVEN THEIR CAPACITY TO STUDY RE THEIR DISABILITY

∑ USE THE STUDENT COUNSELLING SERVICE - A FORTNIGHTLY VISIT TO TOUCH BASE AND DEAL WITH PROBLEMS QUICKLY.

∑ SEE YOUR LECTURER AT THE BEGINNING OF EACH UNIT.

∑ OBTAIN A DISABLED PARKING PERMIT AND/OR TAXI SUBSIDY SCHEME - ARE YOU ENTITLED TO MOBILITY ALLOWANCE?

∑ USE THE LIFTS - THE REST/SICKBAY BETWEEN LECTURES.

∑ IF NEEDED, ASK FOR SOMEONE TO SCRIBE IN YOUR EXAM OR VERBAL THE EXAM

REMEMBER ALL STUDENTS WITH I.C.I.’S ARE AS INTELLECTUALLY CAPABLE AS THE REST OF THE STUDENTS.

THEY MUST LEARN TO WORK AROUND THEIR VARIOUS SYMPTOMS AND PROBLEMS IN THE SAME WAY AS A PARAPLEGIC HAS TO ADAPT TO LIFE IN A WHEELCHAIR. THE DISABILITY/EQUITY OFFICER CAN ONLY WORK WITH THE INFORMATION YOU GIVE THEM.

THE FASTEST GROWING INVISIBLE CHRONIC ILLNESS AMONGST STUDENTS IS “CHRONIC FATIGUE SYNDROME” - AN ILLNESS THAT FOR THE MOST PART PRESENTS ALL THE DIFFICULTIES MENTIONED IN THIS ARTICLE. SUCH IS THE EPIDEMIC THAT IT HAS BEEN PLACED IN THE TOP THREE PRIORITY DISEASES AT “THE ATLANTA INSTITUTE OF DISEASE CONTROL” ALONG WITH H.I.V. AND A NEW STRAIN OF TUBERCULOSIS. HOWEVER, IF YOU ARE

DIAGNOSED QUICKLY YOU CAN RECOVER FROM C.F.S.

MANY STUDENTS ALONG WITH THE CHALLENGE OF COPING WITH THE STRANGE NEW WORLD OF A COLLEGE OR UNIVERSITY CAMPUS, MAY BE HAVING TO COPE WITH ENDLESS TESTS AND DOCTORS APPOINTMENTS WITH FEAR OF DIAGNOSIS FOR MANY MONTHS EVEN YEARS.

WHATEVER THE DIAGNOSIS THERE IS NO STRONGER OR MORE POSITIVE STATEMENT YOU CAN MAKE THAN TO SAY “MY HEALTH HAS GONE BUT MY MIND NEEDS TO KEEP BEING EXERCISED”, FOR THE DAY THAT WILL COME WHEN I AM WELL AGAIN, AND WHEN THAT DAY COMES I WILL HAVE HAD AN EDUCATION THAT WILL OPEN UP A WHOLE NEW WORLD FOR ME

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“IF I KNEW YOU WERE COMING I’D HAVE BAKED A CAKE”

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Pathways III Conference

Some reflections of an arthritic cardiac hypertensive epileptic's service on university committees

*Introduction*

Previous committee experience

Teachers college SCAE Student Union 1973-1976

 NCAE Student Committee 1977

 ACAE Religion Studies Committee 1978-9

*Retirement*

Served on some seven committees, mostly by co-option at AGMs; Unemployed Teachers' Union, Parish Council as youth representative, Legion of Mary, Service to Youth Council, 106 Hindley Street Youth Project, Catholic Over Fifties, Multi Faith Association.

Moved to Jamestown December 1992 while continuing BTh that I had started after being given an invalid pension in November 1986 and being bored with nothing to do except read books. I was not allowed to work, lest this be used to withdraw my invalid pension. I finished the BTh in 1993 and took time off "to enjoy life" but again found myself in the throes of boredom. So resolved, despite the "drowsy" effects of the drugs I was on to prevent the attacks of epilepsy, reduce the blood pressure and heart attack as well as to relieve the pain of the arthritis. So in 1994 I went back to university and became the student representative on the sub-committee on students with disabilities. I have been doing my MEd Studies part time during this time.

*Committee service*

During this time I have been to a committee meeting on average once a month, occasionally having missed only one or two because of my living in the country. I have most weeks over this period put a notice in the student newsletter *Hot Tips*, giving both my home telephone number as well as one that I can be contacted at University. I have also advertised the times when I am free and available in an easily accessible room of the Union Building on the shopping, phone and Post Office level in room 003. I had found it rather disappointing that I had been only approached by two students over the period. This of course may reflect what a great job Melissa Madsen is doing as the disabilities liaison officer. She has been doing so great a job that most of the students have not needed my services. I have as a result been mostly talking to those of the students with physical disabilities like myself who are the most obvious of students in wheelchairs, with canes or crutches, hearing aides or white canes and guide dogs. I have spoken to a number of these as I have made it my business to seek them out and speak with them when I see them. I have had contact with only one who has a psychiatric disability.

Karl Kempfe-Muller

Pathways III Conference

Some suggestions for future committee members of university committees

*The constituents*

*How to represent them*

*Surveys to get their opinions*

*How are we to contact them?*

*What else can be done? Suggestions?*

*Is there need for a students only body?*

Pathways III Conference

Disabilities and student representatives

Brainstorming ideas

How to make committee service attractive?

REPAIR, PREVENTION AND IMPROVEMENT MODEL

FOR EDUCATIONAL AUTHORITY ACTIVITIES

 *RESPONSE STAGES:*

 *1. Repair*

 Reactive refinements

 Í as immediate responses

 to inadequacies in Producing

 existing administrative inclusive

 practices. *2. Prevention*  administrative

 Challenge Preventative development practices

The Objects administrative through exploration of Í incorporating

 of Í practices in Í causes and requirements equity and

the DDA. universities. of existing and evolving ensuring

 administrative quality.

 practices. *3. Improvement*

 Planned, informed, total

 quality management strategies

 Í to promote and provide quality

 service elements in administrative

 practices.

Barbara Lawrence, 1996.

 B. LAWRENCE, 1996

ACHIEVING INCLUSIVE ADMINISTRATIVE PRACTICES

Levels of quality responses . Responses and indicators/tools

 1. IMPROVEMENT

 • fulfil Object of the Act through quality service

 • Disability Standards

 • Disability Discrimination Act Action Plans

 • University Equity Plans

 • Policy on Students with Disabilities

 • current and accurate knowledge of clients

 • accessibility of administrative information to stakeholders

 • involvement of stakeholders in development and evaluation

 • acknowledged and credible reference groups

 • continuous consultation with all stakeholders

 2. PREVENTION

 • develop prevention guidelines - Objectives and Strategies

 • prevention strategies in the Act to achieve objects

 • awareness of serious nature of offences

 • identify direct and indirect discrimination - eliminate

 3. REPAIR

 • awareness of Education Section of DDA

 • awareness of Objects of DDA

 • knowledge of 'disability' broadness

 • identifying inequities/inaccessibility

 • response to complaint

*"What is equality for people with a disability is quality for all people."*

Developing disability-specific grievance procedures for students with disabilities in universities

Ms Melissa Madsen

Disability Liaison Officer

The Flinders University of South Australia

Abstract

The Flinders University of South Australia has been involved in developing disability-specific grievance procedures for students with disabilities. These grievance procedures will provide students with a mechanism for having complaints of discrimination and harassment on the grounds of disability heard and resolved within the institution.

This paper will look at what factors lead to the development of these grievance procedures, what distinguishes them from the pre-existing sexual harassment grievance procedures and why grievances procedures are an important means for ensuring the rights of students with disabilities.

Background

The Flinders University of South Australia has specific equal opportunity policies on sexual harassment, anti-racism, and students with disabilities as well as a broad equal opportunity and affirmative action policy. The University also has detailed student-related policies on assessment and other matters. These provide for an appeals mechanism through the Student Appeals Committee. The University Statutes also have provisions for complaints of misconduct[[7]](#footnote-7) to be made against students, enquiries to be held following such complaints and penalties imposed.

Of the equal opportunity policies, only the sexual harassment policy has grievance procedures associated with it. The approval by Council of the *Policy Against Racism* in 1995, and associated debate over its proposed grievance procedures, motivated the University to investigate the development of generic grievance procedures.

The grievance procedures would be used for a variety of staff and student complaints, including those of discrimination and harassment. Draft generic grievance procedures were also found to be contentious and problematic.

So it was agreed to look at the development separately of grievance procedures for anti-racism and disability, with a view to identifying the key features of grievance procedures in each area, and incorporating these into a generic grievance procedure at a later date.

My project has been to identify the essential elements of a good disability-specific grievance procedure so that these can not only be incorporated into disability-specific grievance procedures in the short term, but so that they can be incorporated into other equal opportunity grievance procedures in the longer term. In this paper therefore, grievance procedures refer to grievances which arise from discrimination or harassment which is covered by state or commonwealth equal opportunity legislation. My main focus is on students with disabilities who experience discrimination or harassment on the grounds of their disability.

What is the rationale for grievance procedures?

• Need for students with disabilities to resolve problems whenever possible quickly and easily

The primary reason for instituting disability-specific grievance procedures is to ensure that students with disabilities have an accessible means of resolving a complaint that relates to their disability quickly and fairly.

From my experience as a Disability Liaison Officer, it appears that students with disabilities continue to face discriminatory treatment. From my experience and from discussions on e-mail lists, it appears that what I might consider to be non-discriminatory practices in relation to students with disabilities are by no means accepted practice throughout the University. Indeed there are a number of 'grey' areas, particularly concerning the relationship between suitability for employment and the University's role as an educational institution.

This means that there is considerable room for dispute and complaint while there remain areas where students with disabilities and University staff are not in agreement over what constitutes disability discrimination, what is reasonable, and what is non-discriminatory practice.

• Public awareness raising function of grievance procedures

A grievance procedure which is widely distributed, with the clear support of senior officers of the institution also serves a public awareness raising function. It clearly signals to members of the University community, and the broader community what the institution believes to be acceptable behaviour and practice within the institution.

• Cost to institution of not having grievance procedures

Corinne Canter[[8]](#footnote-8) notes that "[g]rievances that are not addressed or dealt with effectively can be expensive." (p12,294) She estimates that it can cost up to $36,500 to deal with a formal complaint of sexual harassment. The experience of my institution this year has been that it is very expensive to deal with complaints which are taken to formal stages under the Disability Discrimination Act (DDA) through the Human Rights and Equal Opportunity Commission (HREOC). Certainly, if an institution chooses to seek legal advice, and/or be legally represented in formal hearings, this will constitute a great proportion of those costs. However the costs of having senior and not-so-senior staff devote significant periods of time to hearings, preparing correspondence, and briefing other staff can also be significant.

An ability to resolve complaints at the institutional level in order that more formal, external procedures do not have to be invoked will benefit not only the student but may save the institution money. Of course, the existence of internal grievance procedures should not be seen as precluding a student with a disability from invoking external procedures. That right of complaint to an external, independent body is important, particularly in situations where a complaint may be complex, contentious and/or precedent-setting. There is some indication however that where evidence exists that a student's complaint has had a fair hearing under an institution's internal grievance procedures, HREOC may decline to inquire into a complaint of disability discrimination using the powers of §71(2) of the DDA.

• Ability to identify systemic discrimination

Provided that data collection is undertaken as part of a grievance procedure, it should be possible to identify trends and patterns in complaints. In particular, this should enable an institution to identify areas or issues which are causing particular concern to students with disabilities. In turn, this provides an opportunity for the institution to target resources, staff development etc to resolving those issues. Grievance procedures thus provide an institution with a means of monitoring its own performance in providing a non-discriminatory environment for students with disabilities.

What are the essential elements of disability-specific grievance procedures ?

I do not wish to discuss the various models of grievance procedures here, because I feel that this is beyond my project. Corinne Canter[[9]](#footnote-9) gives a detailed description of the various models of grievance procedures and their relative advantages and disadvantages.

Nor do I wish to identify the essential elements that are common to all grievance procedures. The Australian Standard on complaints handling[[10]](#footnote-10) and Corinne Canter[[11]](#footnote-11) both detail the essential elements of effective complaints handling mechanisms and grievance procedures.

What I do want to do here is identify the key elements of grievance procedures that make them user friendly for people with disabilities.

• Need for a grievance procedure to provide for a quick review of a decision

Sometimes students with disabilities need to have a decision reviewed, and reviewed quickly. This may relate to a relatively minor matter, and so the full weight of a formal grievance procedure may not be necessary, but the matter may be sufficiently important to the student to warrant an informal review.

An example of this is a student requesting an assignment extension. The student may feel that they have been treated unfavourably if an extension is refused, but it may be stressful for the student to have to go through a protracted process to gain an extension, and by the time the process has run its course, the extension may no longer be useful. Here the student may benefit from an informal grievance procedure which provides for a quick review of a decision.

The Flinders University of South Australia *Policy on Student Enrolment Load, Assessment and Progress*[[12]](#footnote-12) indeed requires students to undertake an initial informal consultation in relation to reviews of topic grades or marks, presumably with the rationale that many issues can be resolved quickly through an initial discussion or request for a review of a decision. Of course, some complaints will require a formal process if they are to be resolved.

• Ability to use advocates

In its complaints policy for consumers of services to people with intellectual disabilities, the Intellectual Disability Services Council (IDSC) defines an advocate in the following way:

"An Advocate is a person who represents the interests or expressed wishes of the client/consumer, and who acts in the client/consumer's best interest where he or she is unable to express his or her wishes.[[13]](#footnote-13)"

I believe that it is important to provide for the use of an advocate of the student's choice in grievance procedures. The Disability Complaints Service Inc recommends also that grievance procedures for people with disabilities provide for the use of advocates[[14]](#footnote-14). While students with disabilities in higher education are in a somewhat different context that the context envisaged by IDSC's complaints policy, some students may be unable to express their own wishes without an advocate (eg. student with speech impairment). On a broader level, if a grievance procedure is used to cover both staff and students with disabilities, then staff with an intellectual disability may particularly require an advocate.

In some instances, I have seen students and their advocates need to construct quite complex arguments as to why an accommodation is reasonable. In other situations, students with disabilities (particularly psychiatric disabilities) have felt that approaching staff without support was unduly stressful or daunting. Indeed there are times when I have felt that myself! Clearly while sitting down to discuss a matter is a reasonable initial informal step in a grievance procedure, there is a power imbalance if the dispute is between a student and a member of academic staff. An advocate can assist to rectify these issues.

It seems unreasonable to require not only that students with disabilities go through a process of negotiation (which may include grievance procedures, if initial negotiations are not successful) to obtain equitable forms of assessment[[15]](#footnote-15), but that they are also required to do so without support. After all, even if the process is successful, it is clearly an additional requirement which is placed on students with disabilities, where students without disabilities generally are able to obtain fair assessment without negotiation. Advocates are one means of minimising the burden of this additional requirement[[16]](#footnote-16).

Providing for the ability of an advocate to complain on behalf of another person however appears from existing University grievance procedures to be a contentious issue. The Flinders University of South Australia *Revised Policy on Sexual Harassment*[[17]](#footnote-17) provides only for complaints made by the complainant, not someone acting on their behalf. While receiving complaints only from complainants ensures that ownership of the complaint remains with the complainant at all times, it seems possible that this may exclude some people with disabilities from making complaints.

• Easy to understand and easy to use

This would appear to be a requirement of any grievance procedure[[18]](#footnote-18), yet I believe that it has especial importance in relation to students with disabilities. Students with disabilities may be faced with a heavier-than-usual workload (eg. Braille users) or experience significant levels of fatigue (eg. students with ME/CFS) or have difficult understanding complex documents (eg. students with some learning disabilities, pre-lingually Deaf students, students with Asperger's Syndrome). For these students, a grievance procedure which is not easy to understand and easy to use is a grievance procedure which is unlikely to be used.

Similarly this means that the people who are handling enquiries or grievances from people with disabilities will also need to have a reasonable level of disability awareness. Students who do have a complaint or grievance may often be very upset about what has occurred or the treatment they have experienced. They may not therefore be in a frame of mind to provide education about their disability-specific needs to the person who is receiving their complaint.

The Australian Standard on complaints handling comments:

"The characteristics of an accessible complaints handling process include:

.... Special arrangements should be made for people with disabilities or specific needs. e.g. ramps for wheelchairs and special staff skills.[[19]](#footnote-19)"

Basic awareness for front line complaints handling staff[[20]](#footnote-20) should therefore include:

• How to guide a blind or vision impaired person

• How to speak to a Deaf person through a sign interpreter, relay service or TTY

• How to speak to a hearing impaired person

• Etiquette around wheelchair users

• Communication needs of people with a speech disability

• Awareness of the needs of people with a psychiatric disability

• Appropriate language use

For larger organisations, at least one male and one female grievance officer should be located in an easily accessible location.

• Published in a variety of formats

The Australian Standard on complaints handling comments:

"The characteristics of an accessible complaints handling process include:

.... Information describing an uncomplicated process expressed plain English and other community languages, and in large print.[[21]](#footnote-21)"

Clearly, a grievance procedure which is partly or wholly targeted at people with disabilities needs to take into account their needs to access printed materials in a variety of formats. This means that grievance procedures, or at the very least summaries of grievance procedures, need to be provided on disc, on audio tape, in Braille and large print. World Wide Web pages and other electronic storage formats may also be of benefit to people with disabilities.

Given that lodging a complaint may require considerable thought, it is important that students with disabilities have independent access wherever possible to information about grievance procedures. If a complaint is of a sensitive nature, the student may not want anyone else initially to know that they are considering lodging a complaint, and if they have to ask for assistance to find out about a grievance procedure, they may be deterred from continuing with their complaint.

• Ability to lodge complaints in a variety of means, or to gain assistance to lodge complaints where a means of doing so is specified (eg. in writing).

Currently many grievance procedures require that formal complaints are lodged in writing. For example, The Flinders University of South Australia *Student Appeals and Complaints Policy*[[22]](#footnote-22) generally specifies that while complaints may be made orally or in writing, only written complaints can be dealt with formally. Similarly The Flinders University of South Australia *Revised Policy on Sexual Harassment* also specifies that formal complaints are to be made in writing[[23]](#footnote-23). This requirement may be a barrier to students with disabilities who are unable to write or who have difficulty in doing so.

Again, the Australian Standard on complaints handling comments:

"The characteristics of an accessible complaints handling process include:

.... Methods of making complaints which are flexible in order to meet the needs of all consumers. The process of submitting complaints should not be limited to one form of communication.[[24]](#footnote-24)" and

"Assistance should be available...[and]...should be designed to allow a complaint to be made in a way which ensures it can be dealt with by the complaints handling process of the organization.[[25]](#footnote-25)

Complaints which involve allegations of discrimination or harassment, and which the complainant wishes to take to a formal level may need to be made in writing for the legal protection of the organisation's officers investigating the complaint. However where this is the case, the relevant policy and procedures should make it clear that confidential assistance is available to people to put their complaint in writing where they would otherwise have difficulty in doing so.

Similarly complaints and grievance procedures which involve stages (usually informal) where the complainant can seek advice or make an informal complaint orally may be a barrier to Deaf students and students with a speech disability.

Such policies and procedures should make it clear that assistance will be available to a student who needs assistance to seek advice, or to complain informally. Officers who have responsibility for giving advice and receiving informal complaints should be provided with appropriate training to enable them to carry out these roles effectively for all staff and students. They should also know how to obtain the support services of a sign interpreter in a sensitive manner which does not compromise the confidentiality of the complainant, and funding should be available for this purpose[[26]](#footnote-26).

• Ability to take systemic (class action) complaints

Many grievance procedures, and guidelines for grievance procedures, assume that the complaint is by an individual against an individual[[27]](#footnote-27) or that the complaint is by an individual against an organisation[[28]](#footnote-28). An exception to this is The Flinders University of South Australia *Policy Against Racism*[[29]](#footnote-29) which recognises a concept of *institutional racism*. This is defined in the following way:

"*Institutional racism* describes the way social institutions discriminate directly or indirectly, intentionally or unintentionally, through their structures and organisations to support or maintain racism.[[30]](#footnote-30)"

I believe that a disability-specific grievance procedure, which aimed to address disability discrimination, would benefit from explicit reference to a construct which recognised the institutional or systemic nature of some disability discrimination. Although such discrimination is often experienced by individuals and hence individual complaints procedures could be used to attempt to resolve these grievances, I believe that the inclusion of procedures to deal with systemic or institutional grievances would have three main benefits.

Firstly, it would enable a group of students with disabilities to lodge a complaint jointly against a particular policy, practice or procedure. This would relieve some of the stress associated with lodging a complaint, as the complainant may be a group of people (or even a Students' Association).

Secondly, a means of lodging complaints of systemic discrimination will identify systemic discrimination more quickly. Data collection on individual complaints will also achieve this end, but may be much less effective in doing so (students may be generally unwilling to lodge individual complaints, so a composite picture of where this discrimination is occurring will take much longer to develop).

Thirdly, it will enable more appropriate remedies of complaints for a broader class of people. I mentioned earlier that individuals might use individual complaints procedures, when the discrimination experienced is really systemic or institutional in nature. However the resolution or remedy for that individual complainant will normally only be directed at that individual complainant. The complainant may in fact be highlighting a deficiency in the institution's policies, procedures and practices, but generally only the individual's immediate circumstances can be resolved through an individual complaint. A complaint of systemic or institutional discrimination may have the ability in resolution to address the broader deficiency in policies and procedures.

Example: A student with a disability lodges an individual complaint that their request for reasonable adjustment to assessment was not responded to for several weeks and then was refused. A resolution to this individual complaint might involve granting the adjustment, with extensions to compensate for the time delay in responding to the original request.

However the complaint might highlight deficiencies in staff awareness of their obligations to provide reasonable adjustment to assessment for students with disabilities. It may also highlight the fact that the relevant policy has been poorly distributed or does not set time frames within which students will receive a response. A complaint of systemic or institutional discrimination may be able to cite these deficiencies as the basis for complaint, and have these addressed as part of a resolution. This will clearly have broader benefits for students with disabilities.

How does this differ from existing grievance procedures ?

Throughout this paper, I have contrasted current practice in existing grievance procedures with what I believe to be best practice for disability-friendly grievance procedures. Clearly a grievance procedure whose primary consumer is people with disabilities should exemplify those essential elements of disability-friendly grievance procedures.

However, it is my contention that these are elements that should be incorporated into all grievance procedures. Disability does not prevent women with disabilities from experiencing sexual harassment, nor does it prevent gay men and lesbians with disabilities from experiencing homophobia, nor does it prevent indigenous Australians with disabilities from experiencing racism. The grievance procedures in institutions such as universities, which provide a right of complaint to non-disabled staff and students, should ensure that they equally provide a right of complaint to staff and students with disabilities.

EQUITY 2001

1. Introduction

1.1 In 1996, the ANTA Board established a Project Steering Committee, chaired by Dr Gregor Ramsey, to develop advice on access and equity strategies for incorporation into the next National Strategy on Vocational Education and Training. The first National Strategy, developed in 1994, included “increased accessibility” as one of its four key themes.

1.2 In addition to Gregor Ramsey, who is the Acting Deputy Vice-Chancellor at Western Sydney University, Chair of the ANTA Research Advisory Council and former head of the NSW TAFE Commission, the Project Steering Committee comprised:

 Mark Bagshaw, International Marketing Manager, IBM Australasia Ltd and Chair, ANTA Disability Forum

 Linda Burney, President of the NSW Aboriginal Education Consultative Group and Chair, Interim Aboriginal and Torres Strait Islander Training Advisory Council

 Sally Davis, Chief Executive, Community Services and Health Industry Training Advisory Board

 Hanifa Dean, Adjunct Senior Research Fellow, Curtin University of Technology and Chair, non-English Speaking Background Ministerial Consultative Group on Vocational Education and Training

 Shirley Gregg, Director, Operations, Department of Industrial Relations, Vocational Education and Training, Tasmania and Gaye Oakes, Manager, Equity Policy

 Gwen James, MCEETYA VEET Women’s Taskforce (from the Department of Industrial Relations and Training, Queensland)

 Bonita Matijevic, Director, Strategic Policy and Public Affairs, Australian National Training Authority

 Jenni Werner, General Manager, Human Resources, CRA Limited

 Michelle Wheeler, Director, Equity Policy, NSW Department of Training and Education Co-ordination and Natalie Conyer, A/g Director

 Tony Zanderigo, Principal Policy Officer, Training and Development Branch, Commonwealth Department of Employment, Education, Training and Youth Affairs

 Secretariat support was provided by Leda Blackwood, Senior Project Officer and Kate Hutcheson, Project Officer, from the Australian National Training Authority.

1.3 The Project Committee produced an Issues Paper in April 1996 and conducted national consultations with community, industry, and government stakeholders, by way of public consultations and focus group discussions in each State and Territory. Following input on the Issues Paper, the Committee produced a Consultation Paper in June 1996 which was also distributed widely for comment.

1.4 The Committee’s Work has also been informed by a stocktake of reports, and an analysis of the recommendations of 60 major reports from the stocktake, on access and equity in vocational education and training prepared since 1990. It is very clear from the consultation and the considerable body of work already available, that implementation of strategies is necessary, rather than more research and more reports

1.5 Instead, this Report to the ANTA Board, Equity 2001, brings together the key, strategic areas where co-operative and concerted activity for access to be improved and equity of outcomes to be realised. The Project Committee appreciated the wide range of comments and input received from a broadly-based variety of sources from all over Australia.

2. Why Access and Equity?

2.1 Australia’s future prosperity requires that the nation improve its economic performance and international competitiveness. To do this, we need to develop a diverse and dynamic national skill pool. This objective cannot be achieved without specific attention being given to the impediments that prevent many Australians from engaging optimally in employment and training.

2.2 Currently, there are many Australians whose potential skills and abilities are not being utilised. Redressing this under-utilisation of our human resource is not only important for the direct benefits which a skilled workforce brings to industry, but also in recognition of the high costs on governments (particularly in areas other than vocational education and training, such as welfare payments) and the consequent restrictions on economic growth, which persisting inequalities create.

2.3 There are also social benefits to improving the participation in, and outcomes from, education and training for individuals. The capacity of education and training to change people’s life chances, to enable people to develop to their full potential and to have security and satisfaction in work and in life, has consequences not just for the individual, but for society.

2.4 For all of these reasons, in the consolidation and further development of the national training system, we need to make sure that the policy, planning, funding and delivery mechanisms for vocational education and training are inclusive of the needs of all Australians.

2.5 While there is broad agreement that access to vocational education and training has improved, this has not been uniform across sectors of provision or across client groups. Improving access will continue to be a priority issue, particularly in the context of a more open and competitive training market. However, access and equity means much more than providing ‘equal access’ to vocational education and training. While access is important, it is only the first step in achieving equity. Intervention which stops at participation as a sole measure of success, will invariably fail to deliver the increase in skill levels Australia is seeking.

2.6 As we know, not all Australians live on the ‘level playing field’. Simply letting people through the front door of vocational education and training will not guarantee quality participation and successful training and employment outcomes. Strategies for equity - ie. training and employment outcomes at least on a par with the community average - need to encompass all of these goals: equal access, quality participation and successful outcomes.

2.7 The individual groups under-represented in vocational education and training, and to which this Report refers, are:

 Aboriginal and Torres Strait Islander peoples

 people with a disability

 people from a non-English speaking country as well as some people from a non-English speaking background

 women

 people living in rural and remote areas, and

 various emerging groups in the community such as people leaving institutional settings.

More information on the participation of most of these groups in the vocational education and training sector may be found in the ANTA publication, Participation and Attainment of Individual Client Groups in Vocational Education and Training.

3. Principles to Achieve Access and Equity

3.1 The following set of principles underpin the policy framework and strategies to achieve access and equity.

1. Individuals, along with industry and enterprises, are clients of vocational education and training.

2. The training environment for individuals can be improved within the existing features of the national vocational education and training framework (ie. competency standards, curriculum, assessment, delivery and staff development).

3. The link between training and employment outcomes for individuals can be improved by industry and enterprises.

4. Training outcomes for individuals can be improved by shifting the balance at the national level from specific access and equity programs offered by training providers to supporting individuals from under-represented groups in training and employment.

5. Planning and funding to improve access and equity in vocational education and training should be on the basis of real and credible outcomes which are measurable and on which progress is reported regularly.

3.2 These Principles should be promulgated widely to stakeholders in vocational education and training, to guide development of the national vocational education and training framework and to demonstrate the importance of achieving equal access, quality participation and successful outcomes for individuals.

4. Participation and Qualifications Profile

4.1 The ANTA publication on Participation and Attainment of Individual Client Groups in Vocational Education and Training sets out details of current participation rates and qualifications profile for the five key individual client groups.

4.2 Even amongst those groups where participation rates are higher than their share in the population, the outcomes of training and the qualifications profile are less positive than for the general population. In summary, their experience is characterised by:

 over-representation in basic preparatory and non-vocational courses;

 over-representation in the lower skill level positions;

 uneven representation in course completion and success rates;

 under-representation in the labour force;

 under-representation in management roles; and

 over-representation among the ranks of the long-term unemployed.

4.3 Outcomes and possible strategies to improve the performance of the vocational education and training sector in relation to these issues are outlined below. (Please note that in this section the Strategies relate to all of the groups.)

Outcomes by 2001

 Possible Strategies

 Increase in participation in structured and accredited training, by client populations currently under-represented and improved vocational and employment outcomes for individual clients, viz:

Aboriginal and Torres Strait Islander Peoples

 Shift in qualifications profile to 40% of Indigenous qualification attainment at skilled, trade and professional/para-professional levels.

  Key agencies responsible for policy, planning and funding of vocational education and training, including ANTA, State/Territory Training Authorities, industry training advisory bodies (ITABs), and group training companies, put in place mechanisms for ongoing consultation with each of the individual client groups.

 ITAB Board membership representative of the demographic profile of those industries ITABs represent.

 Participation and attainment rates of Indigenous peoples in courses linked to community services and health, public administration, tourism, hospitality, utilities and retail industries to a level proportionately equal to their non-Indigenous counterparts in these industries.

 Successful completion rates for Indigenous peoples, increased from 49% to 60%.

 Processes for evaluation of VET programs include qualitative evaluation by relevant communities.

 In co-operation with the Departments of Employment, Education, Training and Youth Affairs, and Health and Family Services, develop strategies and goals for the increase in structured, accredited training provided through labour market programs.

People who are non-English Speaking

 Increase in the proportion of migrants with overseas post-school qualifications, having all or part of their qualifications recognised in Australia, from 60% to 75%.

 A 40% increase in NESB peoples, successfully completing the operative, trades and skilled level courses.

 A 40% increase in English language, literacy and numeracy training for migrants, particularly women operatives.

People from Rural and Remote Areas

 Increase, by at least half, the proportion of students from rural and remote areas who are participating in the course of their choice, while remaining in their local community.

 Increase by 50%, the amount of structured and accredited training linked to local employment opportunities, which is being provided in rural and remote locations through flexible delivery arrangements.

  Share best practice examples of on-the-job and off-the-job training with industry, Group Training Companies and training providers which have been identified as a high priority, and backing this up with staff development and support.

 Develop partnerships between individual industries and training providers to negotiate specific goals and strategies for the improvement in training and work outcomes for client groups.

 Prioritise industries where there has been little or no accredited training, for resource allocations for the development of training programs and products.

Women

 Increase the participation and attainment rates of female operative level employees, in structured and accredited training across all industries (particularly emerging industries), to a level which is proportionately equal to that for their male counterparts.

 Participation and attainment rates in skilled and professional/para-professional level courses, on a par with males, across all industries.

People with a Disability

 Increase in overall participation from 4.3% to 8%.

 Increase in attainment rates in Advanced Certificate and Associate Diploma level courses equivalent to those in the community who do not have a disability.

 Increase in attainment rates in Trade Certificate level courses from 15% to 18%.

 Successful module completion rates increased from 64% to 70%.

5. 10-point Approach to Improved Performance to 2001 and Beyond

5.1 In considering the priority strategic areas to achieve access and equity, the Committee identified the causes of disadvantage in vocational education and training, rather than simply ascribing disadvantage to a ‘category’ of person, to provide a clearer strategic focus for intervention. This is not to say that there are not shared experiences within some identified groups in the community, nor to obviate the continued need for equity to be measured by improvements in outcomes for those groups not benefiting to the same degree as others.

5.2 To illustrate the causes of disadvantage, a matrix has been developed identifying the individual client groups mentioned in paragraph 2.7 above, and their place within the labour market, to assist in sorting through the issues or causes of disadvantage which individuals face. Only those issues considered of high priority for a particular group are listed. The matrix is provided at Appendix 1.

5.3 This matrix makes it clear that high priority issues are shared across client groups. Even so, different strategies or approaches will be required to address the specific ways in which each group may experience disadvantage. The issues identified are discussed below, as a 10-point plan to improve performance in access and equity to the year 2001 and beyond, with cross-reference to the relevant principles, the outcomes to be achieved by 2001 and suggested strategies to reach those outcomes.

5.4 It is important to stress that each part of the plan is inclusive of the other and one is not of a higher priority and/or less importance than another.

1: Improving Funding Arrangements

 Principles 1, 4, 5

5.5 The need to improve performance in accessibility and to provide for equity measures in vocational education and training, often tends not to be addressed in the ‘mainstream’ funding arrangements for the system. While access and equity, as one of the themes of the first National Strategy for Vocational Education and Training, has been included as a requirement in the annual ‘Profiles’ process, it has not been an area which has been fundamental to the acceptance of, or negotiation of, the annual Profile. As a consequence, funding is often fought for on a ‘one-off’ project basis.

5.6 This points to a need for greater emphasis on:

 long-term program funding which can allow for greater continuity and certainty, and which, given that the outcomes sought are not likely to be achievable on a year-on-year basis, would provide the opportunity to yield improved results, and

 funding based on the outcomes sought in vocational education and training and the needs of the clients, rather than funding based on particular programs or concentrated on providers.

5.7 Such a funding model would need to be underpinned by the development of appropriate costing of the specific training and support needs of particular groups in the population.

5.8 It is recognised that there are additional costs in delivering training to groups under represented in vocational education and training. This can range from costs because of literacy, language and numeracy needs; to the costs of remote or rural delivery; to meeting a physical disability; child care support; or providing support for a student or employee who is in a very different environment.

Outcomes by 2001

 Possible Strategies

 Funding arrangements take account of differential funding requirements for successful outcomes by individual client groups.

 Funding provided on an outcomes basis either to individual clients or employers to choose the off-the-job training which suits the needs of the individual.

 A shift towards provision of long-term program funding for programs designed for disadvantaged clients, in order to provide for continuity and the ability to plan for long-term improvements in training outcomes.

  Basic unit costs established for students with differential levels of support needs.

 Key agencies responsible for funding VET, review funding guidelines and develop approaches to ensure recognition of differential costs.

 Evaluate efficacy and equity of current user choice arrangements, and where necessary, make adjustments.

2: Making Training More Relevant

 Principles 1, 2, 3

5.9 Where vocational education and training is not, or does not appear to be, relevant to an individual’s needs or life circumstances, the motivation to participate in and complete training is reduced. This is an issue where training is not linked to, and can not satisfy, people’s aspirations. Cynicism about the capacity for training to provide opportunities for employment may be created where, for example, training has been provided through labour market programs for Aboriginal and Torres Strait Islander peoples and has not been realistically linked to employment or other outcomes. Similarly, there are many people with a disability accessing training programs funded from a variety of sources, which are not accredited or recognised and are, therefore, of limited value in enhancing long-term employment opportunities. Such programs provide access to training for the out-of-work, but little access to work itself.

5.10 The relevance of training may also be undermined where it is not promoted, or delivered, in a socially or culturally appropriate way. For people from culturally diverse backgrounds, and particularly for Aboriginal and Torres Strait Islander peoples from remote communities, the opportunities created by training may not always be apparent, either because they are communicated in a way that does not take account of the social and cultural context, or because the content does not relate to the individual’s experience. Content must always be relevant to the client, and not a ‘modified’ program designed for someone else.

Outcomes by 2001

 Possible Strategies

 Improved knowledge and understanding of vocational education and training by individual clients.

 Perception of quality and relevance of training, to individual client groups, increased.

  In consultation with the individual client groups, identify optimum form, content and distribution of information to meet the needs of individual clients.

 Involve ITABs, group training companies, industry associations and unions in developing and distributing information to employers about the benefits of training and employing under-represented client groups.

 Marketing strategies for VET to include use of appropriate role models and communication medium for the individual client groups.

 Introduce the concept of a ‘skills passport’ where credit is given for a module or part-completion of a qualification.

3: Improving Discriminatory Attitudes

 Principles 2, 3

5.11 In the absence of discriminatory attitudes, we would expect people from client groups to be more evenly represented across all fields of endeavour, including in training and employment. However, both overt and covert discriminatory attitudes continue to be a cause of disadvantage for many individuals wishing to participate in training and in the workforce. This is an issue which particularly affects Aboriginal and Torres Strait Islander peoples, people with a disability, and people from some migrant backgrounds, and continues to have an impact on many women.

5.12 Such discrimination is usually expressed in terms of lower expectations of ability, skills and personal attributes, and stereotypes about the kinds of work for which a person is suited. For example, individuals may be directed into specific courses, or an employer may not provide training within the work place for some groups, as opposed to others where the improvement of their skills and employment opportunities is specifically targeted. It also reinforces the low expectations which some individuals, who have experienced disadvantage, often have for themselves, and also disregards other skills or attributes which people may already have that may be relevant to, and useful in, the workplace (eg. languages other than English).

Outcomes by 2001

 Possible Strategies

 Increased social and cultural awareness and an understanding of principles of reasonable adjustment within the vocational education and training sector.

 Increase the number of teachers and trainers from each of the individual client groups.  Where currently unavailable develop staff development programs for increased social and cultural awareness and an understanding of principles of reasonable adjustment.

 Identify priority areas for implementing programs, and set goals for implementation. Priority areas might include:

 front-line administrative staff;

 program managers;

 human resource managers (providers and industry);

 teaching and training staff in all settings;

 people involved in the development of competencies and curriculum; and

 RPL assessors.

 ANTA in co-operation with the State Training Authorities, collect data on staff profiles of TAFE and set goals for increasing representation of client groups.

 Skills Audit of individuals.

4: Increasing Levels of Language, Literacy and Numeracy Skills

 Principles 2, 3

5.13 A lack of adequate language, literacy and numeracy skills affects all aspects of life, seriously impeding a person’s ability to participate fully in the community, in training and in work. It is an issue which was identified, through the matrix, as being of fundamental importance for all of the groups listed, although it is of particular importance for Aboriginal and Torres Strait Islander peoples, migrants and men with low post-school qualifications.

5.14 The constraints which a lack of adequate language, literacy and numeracy skills place on an individual’s mobility within the labour market, make this a first order issue for those affected. Workplace health and safety make language skills an important issue and accordingly, must receive a high priority from industry.

Outcomes by 2001 Possible Strategies

 Increase by 75% in the provision of discrete language, literacy and numeracy courses in non-English speaking and Aboriginal and Torres Strait Islander communities.

 Increase by 50% in the number of operative level workers, completing recognised language, literacy and numeracy courses.

  (see Competencies and Curriculum)

 Develop partnerships with non-English speaking and Aboriginal and Torres Strait Islander communities for the tailoring and provision of language, literacy and numeracy courses.

 Negotiate with industry and training providers, goals to increase operative level workers completing language, literacy and numeracy courses and support this with:

 sharing of best practice approaches

 dissemination of recognised language, literacy and numeracy training programs.

5: Improving Basic Work and Life Skills

 Principles 1, 3, 4

5.15 For many people, both outside the labour market and amongst the long-term unemployed, the lack of very basic work and/or life skills, can be the major barrier to participation in ‘mainstream’ society and to employment. The most affected appear to be people with a disability, Aboriginal and Torres Strait Islander peoples, mature women entering the labour market for the first time, and people re-joining the community following periods of institutionalisation.

5.16 Basic work and life skills have tended to be treated as lying outside the domain of training for vocational outcomes. The principal issues appear to be an expectation of the level of work and life skills people will have by the time they exit school, and a failure to appreciate that vocational outcomes are predicated on the ability of a person, for example, to manage social interactions within the workplace or to catch public transport.

5.17 A related issue is the cultural framework underpinning the vocational education and training system for describing the nature of work and life. This framework is, in many cases, inadequate for addressing the social and economic realities of some people’s lives. This might particularly be the case, for example, in rural and remote areas, where there are limited employment opportunities or in some Aboriginal and Torres Strait Islander communities, where a functioning labour market may not exist. In these instances, basic skills may have an impact on an individual and a community’s economic development without leading to a direct ‘vocational’ outcome.

Outcomes by 2001 Possible Strategies

 Improved recognition and articulation of basic work and life skills into structured and accredited training.

  Clarify the relationship and articulation between ACE and VET activities and align areas identified by client groups as a priority.

 Incorporate basic work and life skills training within the policy, planning and funding framework of national VET.

6: Improving Student and Employee Support

 Principles 1, 2, 3, 4

5.18 Perhaps the most important issue for people currently under-represented in vocational education and training or not attaining equitable outcomes from the system, is that of student or employee support. This is an issue across the community, and has direct bearing on the ability to access, participate in, and complete, training for many individuals, as well as finding and remaining in satisfying employment.

5.19 Student or employee support can include:

 the co-ordination of information and service delivery, both within VET and with external agencies

 the modification and provision of equipment and alternative modes of delivery

 financial resources for the individual to meet training and related costs

 access to adequately resourced support staff, and

 appropriate support in the first few weeks of work.

5.20 The high cost of individual support has meant that it tends to be primarily available within the public sector, where there is a legislative requirement for the equitable provision of training and work opportunities.

5.21 The opening up of the training market and shift away from training in institutions to enterprise-based training and flexible delivery, may create added challenges in terms of equity of outcomes.

Outcomes by 2001 Possible Strategies

 Models for provision and co-ordination of support services for individual clients participating in vocational education and training have been developed and promoted.

 Funding support is in place for provision and co-ordination of service delivery for individuals in on-the-job and off-the-job training.

  In consultation with client groups and service providers, map the current services available to provide support to individual students.

 Identify best practice in provision and co-ordination of service delivery and develop ‘How to...’ materials for sharing with public, private and community providers; group training companies and industry.

 (See Funding Arrangements)

7: Improving Child Care Provision for Students

 Principle 2

5.22 The availability of affordable, accessible, and culturally appropriate child care, continues to be of importance to parents (and women in particular), and has an effect on their ability to undertake training, regardless of whether they are in the workforce or not. While considerable investment have been made by the Commonwealth Government in increasing child care provision, there is a need for this provision to be better targeted to students within VET, and to take account of particular social and cultural needs.

5.23 For example, the demographic profile for Aboriginal and Torres Strait Islander peoples shows that many indigenous women take on child care responsibilities from a very young age. For this group, in particular, training for employment will not be an option as long as appropriate child care services are not available.

Outcomes by 2001

Possible Strategies

 40% increase in child care places available to students in TAFEs or through other agencies, with priorities identified in consultation with key client groups.

 Children’s services in VET Aligned with the National Child Care Strategy.

 Alignment of capital and recurrent funding processes for children’s services in VET.  Investigate the implications and opportunities in the National Child Care Strategy for improved children’s services in VET.

 In consultation with client groups, identify priority areas for improved child care provision.

 Develop a long term plan for the VET sector, for capital and recurrent funding of children’s services.

 (See Funding)

8: Eliminating Bias in Competency Standards, Curriculum, Teaching and Course Requirements

 Principle 2

5.24 While the development of competency-based training has the potential to provide for greater flexibility and accessibility of training, this has not always been realised. The Government’s new apprenticeship and traineeship system (currently known as the Modern Australian Apprenticeship and Traineeship System or MAATS) will provide the opportunity to address issues of access and equity in the development of new products and programs.

5.25 In the development of competency standards, it is still the case, in many instances, that biases are being built-in, through assumptions about what is required to perform particular tasks, and a lack of knowledge about the principles of reasonable adjustment.

5.26 Likewise, with the development of curriculum, there continues to be a problem with assumptions being built-in about how all students learn, and their cultural and social frames of reference.

5.27 A further issue in terms of the linking of industry competencies with curriculum and course requirements, is the inflexibility with which the principle of linkage is sometimes applied. It is generally acknowledged that not all people undertake a course to gain entry to the particular industry for which the course has been designed. However, in many cases, the inability of a student to complete a module required to work in the industry, is being used as a basis for excluding the student from the course.

5.28 The development of training packages linking competency standards, learning strategies and materials, guidelines for assessment and professional development products and services provide an opportunity to incorporate the principles for access and equity (in section 3) in the existing features of the national vocational education and training framework.

Outcomes by 2001

 Possible Strategies

 The administrative arrangements, products and programs developed under MAATS, are inclusive of the needs of individual clients.

 New training packages are available in key industries and for occupations identified by industry and individual client groups, as a priority.

 New training packages are socially, linguistically and culturally inclusive.  Consultative arrangements with key individual client group representatives, are put in place for the development of administrative arrangements, products, programs and the identification of priorities for the new MAATS.

 Through the principle planning mechanisms for the VET system, and in consultation with industry and the individual client groups, identify priority areas of training and set short and long term goals for the:

- development of comprehensive training packages incorporating competencies, curriculum, and delivery;

 Competencies and curriculum are socially, culturally and linguistically inclusive.

 All industry competency standards integrate language, literacy and numeracy standards.

 All pre-entry level and entry level training courses include provision for optional language, literacy and numeracy; and basic work and life skills modules.

  development of training packages tailored to the needs of individual client groups, where required;

 modification of existing competency standards and curriculum and support materials to enhance inclusivity.

 Review national, State and Territory administered guidelines for the development of VET products and programs, and related approval processes, and where necessary, amend, to ensure social, linguistic and cultural responsiveness.

 (See Improving Discriminatory Attitudes)

9: Increasing Recognition of Prior Learning Assessments

 Principle 2

5.29 Recognition of Prior Learning (RPL) is one of the key features of the national vocational education and training system. It offers great promise in improving training outcomes for many people currently disadvantaged within the labour market.

5.30 In particular, increased access to, and use of, RPL processes has the potential to increase significantly the number of migrants with recognised employment-related skills, and to enhance their employment opportunities. RPL is also a significant issue for those individuals who have extended periods out of the workforce, including women, people with a disability, Aboriginal and Torres Strait Islander peoples, people who have been institutionalised, and those at risk of being long-term unemployed.

5.31 Some of the particular issues which need to be addressed in terms of RPL, are poor demand for RPL assessment because industry, training providers, community organisations, and individuals do not understand the processes or its value; an insufficient number of trained assessors; the cost of assessments, relative to the perceived benefits; and industry concerns about wages claims based on assessment.

Outcomes by 2001 Possible Strategies

 50% increase in RPL assessments, with the focus being on workplace assessment for industries with high numbers of migrants and women at an operative level and pre-entry assessment, particularly for the long-term unemployed.

  Promote RPL to individual client groups and enterprises.

 Simplify processes for accessing RPL.

 Develop and promote widely through the VET sector, ‘How to...’ materials for socially and culturally inclusive RPL assessments.

 Set goals for increased training of RPL assessors.

10: Improving Flexible Delivery

 Principle 2

5.32 The key features of the national vocational education and training system, such as competencies, curriculum, and recognition of prior learning, provide the building blocks for delivery, which is responsive to the needs of the client. This potential, however, is not being realised as continuing structural rigidities such as ‘time-based’ courses, inflexible course requirements, and location bound infrastructure, lock many individuals out of training.

5.33 This may be a particular concern in rural and remote areas and in Aboriginal and Torres Strait Islander communities, where facilities are not accessible or modes of delivery may not be appropriate; for people with a disability who require additional time for course completion and alternative modes of delivery; and for women who may be limited in the times at which they can undertake training.

5.34 There is currently a considerable amount of work and commitment of resources in developing and implementing flexible delivery approaches, and the needs of individual client groups should be included as part of these developments.

Outcomes by 2001

 Possible Strategies

 Increased provision of training through flexible modes of delivery, for individual client groups.  ‘How to...’, materials for flexible delivery for key client groups, in both on-the-job and off-the-job training disseminated and applied within TAFEs, group training companies, private providers and enterprises.

 Evaluate current flexible delivery arrangements for success in meeting the needs of individuals.

6. Conclusion

6.1 This Report does four things:

 First, it provides a set of principles to underpin the policy framework and guide development of strategies to achieve access and equity in vocational education and training. The Project Committee believes that these are relevant to all aspects of the national vocational education and training framework and should remain relevant for many years.

 Second, it provides a series of outcomes to be achieved by the end of the year 2000, as well as possible strategies to achieve them. Obviously, the way in which the achievement of these outcomes is measured is also of critical importance. The Committee understands that this will be included in the development of the next National Strategy for Vocational Education and Training. The Committee believes that progress towards outcomes should be measured each year and reported on annually, but with the realisation that many of these outcomes can only reach potential over a 3-5 year period.

 Third, it does not seek to impose a series of new proposals and strategies, but has built on existing strategies and linked them together via the 10-point plan.

 The exception to this is the proposal regarding funding arrangements, with a move to outcomes-based funding, possible expansion of the ‘user choice’ approach and a costing model which reflects the unit costs of delivering training to people from those sections in the community with whom this Report is concerned.

6.2 The outcomes are realistic and achievable within a three-year timeframe, based on current levels of performance, if the strategies outlined throughout the Report are implemented.

6.3 This Report is to be incorporated into the draft of the revised National Strategy for Vocational Education, which is proposed to be released early in 1997. We look forward to Equity 2001, and the Principles, Outcomes and Possible Strategies, being an integral part of the next National Strategy, and then contributing to the future development of vocational education and training in Australia.

 *An Approach to Access and Equity in Vocational Education and Training* *- Issues Paper*, ANTA,

April 1996.

 *An Approach to Access and Equity in Vocational Education and Training* *- Consultation Paper*, ANTA, June 1996, ISBN 0642 25088.

 *A Stocktake and Analysis of Access and Equity reports in vocational education and training, 1990-95,* ANTA, Septemer 1996.

 *Participation and Attainment of Individual Client Groups in Vocational Education and Training*, ANTA, May 1996, ISBN 0642 25241 6

 *ibid.*

MATRIX

showing causes of disadvantage

 OUT OF WORK IN WORK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Women | Men | Women | Men |
|  |  |  |  |  |
| Aboriginal and Torres Strait Islander peoples |  language, literacy and numeracy basic work and life skills transport income support cultural appropriateness mode of delivery (time, place, form) discriminatory attitudes level/type of training lack of employment opportunities family care |  language, literacy and numeracy basic work and life skills transport income support cultural appropriateness discriminatory attitudes level/type of training lack of employment opportunities |  employee support  language, literacy and numeracy  cultural appropriateness mode of delivery (time, place, form) level/type of training discriminatory attitudes lack of career structures RPL family care |  employee support language, literacy and numeracy  cultural appropriateness mode of delivery (time, place, form) level/type of training discriminatory attitudes lack of career structures RPL |
|  |  |  |  |  |
| Non-English speakingmigrants/refugees |  language, literacy and numeracy cultural appropriateness  mode of delivery (time, place, form) income support student support level/type of training discriminatory attitudes RPL family care |  language, literacy and numeracy cultural appropriateness  income support student support level/type of training discriminatory attitudes RPL |  employee/student support language, literacy and numeracy cultural appropriateness  mode of delivery (time, place, form) level/type of training discriminatory attitudes lack of career structures RPL family care |  employee/student support  language, literacy and numeracy cultural appropriateness  mode of delivery (time, place, form) level/type of training discrimination/ attitudes lack of career structures RPL |

 OUT OF WORK IN WORK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Women | Men | Women | Men |
|  |  |  |  |  |
| Disability |  student/community support  income support literacy and numeracy basic work and life skills physical access mode of delivery (time, place, form) level/type of training discriminatory attitudes RPL family care |  student/community support  income support literacy and numeracy basic work and life skills physical access mode of delivery (place, form) level/type of training discriminatory attitudes RPL |  employee support  literacy and numeracy mode of delivery (time, place, form) level/type of training discriminatory attitudes RPL family care |  employee support literacy and numeracy mode of delivery (time, place, form) level/type of training discriminatory attitudes RPL |
|  |  |  |  |  |
| Rural and Remote |  lack of training lack of employment opportunities mode of delivery (time, place, form) RPL family care |  lack of training lack of employment opportunities mode of delivery (place, form) RPL |  lack of training lack of career structures employee support mode of delivery (time, place, form) RPL family care |  lack of training lack of career structures employee support mode of delivery (time, place, form) RPL |
|  |  |  |  |  |
| Women |  mode of delivery (time, place, form) income support student support basic work skills level/type of training discriminatory attitudes gender inclusiveness RPL- family care | n/a |  mode of delivery (time, place, form) income support student support basic work skills level/type of training discriminatory attitudes gender inclusiveness RPL family care | n/a |

 OUT OF WORK IN WORK

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Women | Men | Women | Men |
|  |  |  |  |  |
| Other (eg. those leaving institutions) |  literacy and numeracy basic work and life skills mode of delivery (time, place, form) level/type of training attitudes/discrimination RPL |  literacy and numeracy basic work and life skills mode of delivery (place, form) level/type of training attitudes/discrimination RPL | n/a | n/a |

**Inclusive Practices Optimum Outcomes - A Tool For Change**

Developing inclusive practices in the provision of education has become an issue of growing importance in the tertiary sector. Part of this has been precipitated by the changing face of the student population - a population that has become more diverse, and more aware of its rights to participate in accessible and relevant education.

Furthermore, the passage of anti-discrimination laws at both Commonwealth and State levels has placed very clear obligations on all people involved in the provision of tertiary education to do so in ways that do not discriminate on the grounds of, amongst other things, gender, race or disability. The need to develop inclusive practices for students who have a disability therefore puts some very real and important challenges to academic and administrative staff alike.

Disability has been one area which has created some of the most perplexing challenges. Once ramps and lifts have been installed, and a disability liaison officer is appointed, what more can a university do to overcome practices which discriminate against students who have a disability?

Discriminatory practices are often indirect. This is partly because those practices are often incorporated in the structure, and their discriminatory impacts typically go unnoticed. In reality, however, there are a myriad of ways in which students who have a disability experience discrimination: in terms of admission, enrolment, teaching methodologies and assessment. The challenge of inclusive practices is one which the tertiary sector will be required to meet. The need to develop inclusive practices for students who have a disability therefore puts some very real and important challenges to academic and administrative staff alike.

The challenge for us in the Disability Resource Centre at Deakin University, is to assist the university in taking on the challenge, and recognising the responsibility the whole university has for including students who have a disability.

We plan to approach this in a number of ways, revolving around the use of a training Package, Inclusive Practices, Optimum Outcomes: Disability Discrimination Law and Tertiary Education developed by Villamanta Publishing Service for the DEET Cooperative Projects for Higher Education Students with Disabilities 1995 Grants Programme.

The Package provides training notes to enable Human Resource staff, and Disability Liaison Officers, to present a workshop on the range of practical and legal issues which arise in providing inclusive tertiary education for students who have a disability. The Package also includes a ten-minute video where some of the access difficulties experienced by students who a disability are discussed and overcome.

The Workshop can be presented in one, two or three -hour formats and is designed to be presented to both academic and administrative staff, who are encouraged to develop practical ways of changing their practices so as to develop a more inclusive approach to the provision of tertiary education.

In this presentation we will introduce the package as we watch the video and participate in one of the group exercises.

Following this we will discuss some ideas from our own university and others who are using the package on how we have introduced the training to target those who need it most.

- The equity link project.

- staff training advertised through human resources area

- staff training targeted initially to senior management for endorsement for

 general attendance.

- staff training targeted to academic staff who we know will be teaching people who have a disability in class

- staff training linked to staff appraisal, and promotion

- staff training required in orientation

- staff training linked with other equity training

- staff training linked to other training on improving teaching methods

- other ideas from the group

Unfortunately one of the biggest hinderences to the sucessful implementation of the package is the limited resources and large demand for direct service experienced by Disability support staff. DLO's will need to make hard decisions about what has to go to make way for extra time for staff developemnt, or to seek other avenues of funding to enable them to spend time on these endeavours.

Alternative funding may be available through equity funding, staff development funding , special initiative money etc. It is undoubtably worth looking for. Our hope is that by the time of the next Pathways conference, all new and continuing staff of the university will have participated in training, or be about to, and that the training will be offered as part of a package linked to appraisal, and that it be offered by people trained in its delivery, but not necessarily DRC staff.

We can dream.

The video and training packages will be available for purchase at the conference. They are also available by contacting the Regional Disability Liaison Unit, Victoria.

Our thanks goes to the Villamanta Publishing Service for developing the package, and to the Disability Liaison staff at other universities for their assistance in the development of this paper.

Merrin McCracken and Kevin Murfitt.

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DON’T JUDGE TOO HARSHLY

I have been invited to address you about my experiences as a tertiary student because I have studied as an able- bodied and as a disabled student. To put things into perspective I think I should give you a thumb-nail sketch of my personal history so that you can see why my research for my PhD is structured as it is. I graduated from the old Coburg Teachers College in 1973 as one of the select few who attained a permanent position, as they were called in those days. I began studying off-campus part-time at Deakin University at Geelong, Victoria in 1979, by which time I had married, borne two children and returned to full-time teaching. I graduated with a B. Ed. In 1980 I was offered a place in the Honours program. I accepted the position and wrote my thesis on the Acquisitional Processes of Language, both spoken and written. I worked part-time for a year and graduated in 1982. I returned to full-time teaching working hard to establish a career in what was a male-dominated profession at the time. I attained positions both as a Principal and a Vice-Principal. I had a break from studying for three years before beginning my Masters by coursework and minor thesis still at Deakin University.

Unfortunately, I was the victim of a workplace accident in early 1986, just when I had committed myself to more study. At first, I almost gave up, but I decided that I wanted to continue. My husband maintains it was because I am like a squirrel, storing facts, like they store nuts. When the accident happened, initially, I thought I had just pulled some muscles in my back but the pain kept increasing until I could take no more so I acquiesced to the first of a series of back operations. When that failed I was left with completely different person. No longer was I a capable, independent mother, who spent her time juggling my commitments to my teaching career, my family, my studies and my aerobics instruction. I was now a dependant, guilt-ridden individual. I was also a medical curiosity constantly poked, prodded and pulled as they sought a reason for my exacerbated pain. I began to lose my individuality in all areas of my life. I really needed assistance if I was going to create even a semblance of the life that I had had before my accident. What my husband and I refer to as D-Day, our colloquialism for Disaster Day. One of the most heart-breaking realities was that my son who is now almost 18 has only the vaguest of memories of the person that I was. This fact woke me up to the downward spiral that I was in. It gave me impetus to drag myself out of the pit of self-pity I had been wallowing in. But that was not all my fault.

The medical fraternity have a lot to answer for. It is they who labelled me ‘disabled’ and treated me as such. There is a subtle shift in the interaction between doctor and patient. The doctor adopts the role of benefactor dispensing the largesse of pain relief. The patient relationship becomes an increasingly dependant one. As dosages are increased because tolerance builds additional drugs are added in an attempt to create a symbiotic relationship of drugs that will offer relief. No longer is there a search for cause. Treatment degenerates into a symptomatic one where one drug causes adverse reactions and, yet another, is added to teat the problem. Do not have the blind faith in the medical profession, mine almost cast me my life, my husband and my children. I ended up in a drug dependency unit for eight weeks and it was only the realisation that I was responsible for my own life that broke the shackles that medical sympathy and my dependence had created for me.

It is an easily created resolve but one which is very difficult to implement. The psychological scars left by the low self-esteem, created by the mess I made of my life, took many sessions with a psychiatrist experienced in dealing with chronic pain to improve my outlook. Looking back now, I can see he led me slowly along a path until I developed the willpower to implement my resolve. So, I had passed the first hurdle.

The second hurdle was actually the easiest to overcome. My relationship with my partner had taken some very heavy blows through the stages of my self-pity and drug addiction. But I must be one of the most fortunate of people. I am blessed with a man who could forgive me for my selfishness and self-destructive behaviour and we have now emerged through the fire with our love for one another intact, and in fact, growing.

Now we come to the social consequences of chronic pain. It really sorts the wheat from the chaff when it comes to those who are truly your friends. Again, I was lucky and a core group of close friends have supported my husband and I through the constant hospital trips and the consequent disruptions to the life of my family. My husband is a rotating shift worker so sometimes my children would spend up to a week in one of my friends homes where they were welcomed and cared for. Through all this my husband kept the household running so that when his working hours allowed he provided reassurance and support, not only the children, but for me as well. During these times the ‘good time’ friends quickly disappeared.

The hardest hurdle to overcome is the perception of society as a whole. It is, to me, a parallel with the ‘glass ceiling’. As I walk with a cane and have severe mobility difficulties people look at you and you can see the pity in their eyes. It’s not pity I want, it is just to be treated as a member of the community respected for what I have to offer as an intelligent individual. I don’t want to be patronised because my body is damaged. It seems that society’s perception of the ‘disabled’ needs to be re-defined. Physical disability does not equate with mental disability and that, in turn, does not mean that an individual is not a valuable individual within themselves but can also make a positive contribution to society.

This personal oddessy has left me very aware of the difficulties that other people encounter in their lives. There is always some-one worse off than you are yourself.

I did manage to successfully complete my Masters within this time of personal turmoil. My thesis examined gender bias in teaching materials and it revealed that all the typical stereotyping was reinforced.

My concern for others who carry hidden disabilities has given rise to my PhD thesis topic. I have spent my life involved in the teaching, recognition and integration of language. I cannot conceive of a greater handicap for an adult than being denied the ability to read in our society where the written word is so powerful and influential in our lives. So I have chosen to study the barriers that are created for those who are illiterate. The thesis itself, is an examination of the diverse quality of the students and teachers at the nexus of teaching events. Through grounded theory I hope to be able to categorise their reaction, within the causal conditions and context, in which they take place. I would also like to study intervening conditions at this point of action/interaction with a view to classifying the consequences. This theory of ‘constant comparison’, moves from the analysis of the simple to the complex and then onto the proposal of theoretical formulations.

Arising from my personal concerns and my study history it seemed obvious to combine them and use my knowledge as the principal focus of my thesis. The growth of competency-based assessment in adult education is something that I think warrants evaluation as I am not sure of it’s effects upon the diverse groups within our culture. The groups that I intend to focus upon are learners who are from ESL or NESB backgrounds, the aged, those of different genders or those who are ‘disabled’. I hope that the results of my research will begin to develop sensitivity by educators to the needs of different social groups who are participating in the current educational framework.

Finally, I must acknowledge the tremendous support that have I received from the Victorian University of Technology at Footscray. The Social Equity and Justice Department headed by Mr. Frank Golding is always willing to offer me any service that I need. Ms. Caroline Wood is responsible for the day-to-day management of all the ‘disabled’ students over five campus and has been unfailing in her support and encouragement. The Postgraduate Secretary at Footscray, Ms. Linda Scott, takes wonderful care of me when I am on-campus and makes sure that I am informed of any developments when I am hospitalised or unable to travel. It is to her that I owe my opportunity to address you.

My colleague, Chris, is now going to speak on individuals who have a learning disability which is largely hidden. She will tell you of their challenges, frustrations and triumphs.

Paper Presented at Pathways III, Adelaide, Australia, 1 - 4 December 1996

Students With Psychiatric Disabilities: Are We Recognising and Addressing Their Needs Within Tertiary Education.

Moira Watson and Donna-Rose McKay

This paper identifies some problems faced by students with psychiatric disabilities who undertake tertiary study and looks at a number of initiatives that have been undertaken at the University of Otago in an attempt to appropriately support these students. In particular two specific initiatives will be focused on, the pilot mentoring programme, and the psychiatric support group - Standing Tall.

Otago University is the southern most university in New Zealand, situated in Dunedin. There are approximately 15,000 students of whom 300 requested some level of disability support during 1996. Students with disabilities are resourced by one full time disability coordinator, and the Otago University Disability Action Group - O.U.DAG. which consists of staff and students interested in disability issues, many of whom have

disabilities. Of the students identifying to the disability coordinator, an increasing proportion have psychiatric disabilities.

Over the last 2-3 years O.U.DAG, the disability office, and students with disabilities have identified a number of areas of support which are required or are potentially useful to students with disabilities if they are to study successfully. In this paper we will focus on those which have particular relevance to students with psychiatric disabilities.

On Campus Supported Accommodation Off campus supported accommodation often provides the student with a less than optimum working environment. Students reported that with few fellow residents undertaking academic study it was extremely hard to get the peace and quiet and regular rest required to study successfully. Another difficulty lay in accessing transport to and from the university campus. Students (majority of which were on benefits) were faced with additional financial costs of either taxis or running a car. Accessing parking close to university was a serious concern for many, especially if they had problems with fatigue or needed to leave university quickly to access a safe quite environment. Living at a distance also precluded full participation in campus life, an important part in the university experience. Many Halls of Residences were reluctant to accept students who disclosed they had psychiatric disabilities. Reasons given included, past experience of difficulties with other students with the same or similar disabilities or the persons perceived inability to be a communal or team player within the Hall. As a result of the difficulties a proposal has been put to the university Accommodation Office, whereby one of the larger (4 to 5 bedroom) university flats be set aside for students with psychiatric disabilities and a support system be put in place (not run by the university but by appropriate support agencies funded by rerouted monies allocated to these clients/students). The students would in effect be flatting with others with psychiatric disabilities who are studying on campus with a low level of support available, as and when needed. The university's only role would be as a landlord the same as with all its other university flats. There appears to be a weariness on the part of the university to commit some of its housing specifically for those with psychiatric disabilities. It may be that the university believes media reports condemning those who live in the community with psychiatric problems, and is concerned about the apparent unpredictability of those with such difficulties, or that having a house specifically designated for people with psychiatric disorders may set up a community ghetto. Supported housing on campus will not be available in 1997, but talks will continue.

Time Out / Rest Area Students highlighted the need for a time out / quiet area / rest area on or very close to campus. This area needing to be inclusive and open to other individuals and not specifically reserved for students with psychiatric disabilities. There is considerable difficulty finding somewhere close and accessible which can be commandeered. Issues of what resources need to be included, safety and security, are yet to be fully discussed. O.U.D.A.G. and the O.U. Student Association are currently working on this initiative.

Perceived Environment To any student with a disability the University can seem very rigid and imposing. Often to students with psychiatric disabilities it can seem terrifying, if not an impossible arena to conquer. In the past it has been very hard to get students with psychiatric disabilities to disclose that they are studying at the University and ask for assistance. For those who have mastered their fear of disclosure, a number have indicated that they felt that the support offered by the University was only available to students with physical disabilities thus excluding them. O.U.D.A.G. and the Disabilities Office have found (and this has been further backed up with recent research McKay et al (1995)) that, as in any area, it is important to clearly publicise what support is available to students with disabilities and from whom. What is often overlooked is the fact that at times this information needs to be overstated and reiterated in a number of places in various forms. In the research carried out by McKay et al (1995) students with disabilities identified a number of reasons why they did not contact the institution to determine what support was available to them. One of the reasons given was that the student did not feel that their disability was significant enough to warrant requesting support. Other students indicated that they did not know what they were entitled to ask for or what they could reasonably expect to ask for.

As for any student there needs to be clear statements of what support is available, where it is available from and who is entitled to the support. In the case of students with psychiatric disabilities they need to know and have it clearly established that their disability and impairment is accepted, valued and their needs will be supported as is the case for other students with disabilities.

Contact and Communication

Students with psychiatric disabilities indicated that it was extremely important that the disabilities support office be friendly, have an open door policy, and its location be easy to find. Students identified the need for a disability co-ordinator who is not judgemental and who is interested and proactive without being pushy or invasive. For a number of students, simply knowing the office is there and "user friendly" often meant that they did not need to seek support as often as they may have, had not appropriate support been available.

Advocacy and Feedback

Advocacy was identified as an extremely important area by students with psychiatric disabilities. This is the case not only when a department proved difficult in accepting and supporting a student with psychiatric disabilities but also in the case where students are entering a new department for the first time. Other areas identified by students as being important were encouragement, motivation to keep studying, and the need for regular, detailed feedback. Given the wide range of teaching and assessment styles that are employed in various areas within the tertiary sector, students often found that they had little teacher contact and in some cases little indication of how they were doing within the course. For a number of students with psychiatric disabilities detailed feedback and encouragement was crucial to their success. Often the importance of this was not realised by the lecturers/tutors and in many cases it was difficult for them to meet these needs given class numbers of 300-400 students. For one student, a smile or a hello from a staff member or a fellow student went a long way in an isolating environment which the tertiary environment tended to be.

Part Time Study

Of concern to a number of students with psychiatric disabilities was the fact that to study successfully they were only able to undertake part-time study. Sometimes this meant only one or two papers a year.

In the current environment many of these students felt stigmatised and saw it as failure to be unable to compete with fellow students who often took as many as eight to ten papers a year. Also of concern is the issue that because these students are undertaking part-time study they are not entitled to the financial assistance that other full-time students receive. Many students with psychiatric disabilities are unable to obtain or undertake casual or part-time work and study successfully. Consequently many are reliant on sickness or invalids benefits and some are forced to take out student loans to complete their education which, because of its part-time nature, can be spread over a much extended period as compared with their non-disabled peers. This problem is not specific to students with psychiatric disabilities but as they are a group which is prone to stigmatisation and of whom many suffer from anxiety and stress conditions, such situations tend to further exacerbate their disability and unnecessarily complicate their academic studies.

Current Initiatives.

Two initiatives which were implemented during 1996 were Standing Tall - a support group, and a pilot monitoring programme.

Standing Tall.

At the University of Otago as part of pre-enrolment all students with impairments, disabilities, or medical problems are asked to identify directly to the Disability Coordinator using a separate form. This form allows students to request information and support in a confidential manner, and also lets the Disability Coordinator know the number and nature of disabilities which will require resourcing. Students indicating on the form that they had a psychiatric disorder were sent a letter introducing the idea of setting up a support group specifically for those with psychiatric disabilities. A mailing list of 45 students replied that they would be interested in such a group, and an initial meeting was set up. The first gathering attracted approximately 10-12 people. The formation of an ongoing group was decided. It was agreed the group would meet fortnightly for an hour, and have an informal structure. During the next two meetings it was decided to name the group Standing Tall, and to acquire some guest speakers. Only one guest speaker eventuated, a consumer who is very actively involved in the politics of the psychiatric sector, and patient advocacy. She spoke on her unhappy experience on campus, and discussed ways to avoid such problems. From the initial 10-12 people the group numbers dwindled to 1-3 people. Surveying the mailing list for what could be done better resulted in no replies.

Although the support group meetings did not succeed there were some positive spinoffs. The biggest benefit was that people developed the confidence to come to the disability office for support, a chat or whatever. Those on the initial mailing list often had contact with outside services, and networked with others who hadn't been picked up, who in turn also got the confidence to make contact with the disabilities office. Students on the mailing list received regular correspondence from Standing Tall and O.U.D.A.G. which appeared to generate the realisation that they were not alone. A further positive factor was that students were more aware of university time frames and deadlines which they had to meet.

Several factors have been identified as being important in the lack of success of Standing Tall. One such factor was that because the university doesn't have set lunchtimes, the meetings had to be alternated over a couple of days to try and provide a satisfactory time for everyone. This meant that the pool of people attending was divided.

Another problem was no goals were set, particularly at the outset. The group was founded by two students with psychiatric disabilities, and there was considerable pressure assumed by these students to keep the group going, and to keep contact with people. One student faded fairly early on and they struggled on, limply at times. The group had basically folded by mid year. In the absence of a suitable student who is able to carry the load in addition to study and illness, it may have to consider

having a person without a psychiatric disability to co-ordinate the group if the group is reformed next year. It will be necessary to reclarify the type of group people want - a coffee and chat, a learning support group, a counselling group, or some combination of these. Maybe more than one group has to run, as there may be more than one agenda. The lack of feedback when people were surveyed was very frustrating, and several attempts were made.

Mentoring Programme

The idea for a monitoring programme for students with disabilities at the University of Otago began at an Aotearoa Network of Psychiatric Survivors (ANOPS) conference in 1993. From there the idea was further germinated at Pathways II. Finally, in 1996 a steering committee was set up and funding was received from Otago University Students' Association and O.U.D.A.G. for a pilot scheme. The steering group was made up of a number of students with disabilities, the Disability Coordinator, a lecturer in disability studies from the College of Education, and the Equal Employment Officer at the University of Otago. This mentoring programme was based closely on a programme currently running at the University of Otago for women staff members. The staff womens programme was modified by the advisory committee to meet the needs of students with disabilities and a senior student with a disability was employed to implement the pilot programme. The pilot programme will run for a period of 12 months.

 Recruitment

 Mentors and mentees were recruited by way of staff and student newsletters, the O.U.D.A.G. newsletter, active recruiting by O.U.D.A.G. members and by word of mouth.

 Selection

 Prospective mentors and mentees were given a list of roles and responsibilities and asked to complete a Curriculum Vitae and Statement of Interest form giving details of their background, experience, personal characteristics, what they felt they could offer a mentee/mentor and what they themselves expected to gain from the mentor/mentee relationship. Knowledge of disability issues was not a pre-requisite for selection as a mentor. Eleven mentors and ten mentees were selected.

 Matching

 Advisory group members matched mentors and mentees using the responses given on the Curriculum Vitae and Statement of Interest forms, complemented by their own knowledge of the participants. The matching of the mentors to the mentees was considered very carefully based mainly on personality, needs and desired goals, not on the basis of University departments and academic courses. Ten mentors and ten mentees were matched.

 Training

 Separate group training sessions were held for mentors and mentees. Issues covered included appropriate boundary setting, goal setting, comfort zones, conflict resolution and for the mentors, disability awareness issues.

 The focus for Disability Awareness training was wide and general with the aim of providing the mentors with enough information and skills across a range of disabilities to enable them to be comfortable and appropriate when working with their mentee. Due to the wide ranging disabilities amongst the mentees it was impossible in the time available to provide in-depth disability awareness training in each specific disability. Nor was it appropriate to do so. It was stressed to the mentors that it was up to the mentee to divulge as much about their disability as they were comfortable with so in effect their level of disability awareness would be driven largely by what the mentee deemed as being appropriate. At the onset the mentors were concerned about their level of disability awareness. This was accentuated by the wide range of disabilities represented within the group of mentees. Also of concern was the issue of appropriate boundaries. There was a fear of being inappropriate and of blurring these boundaries. A large amount of time was spent discussing this issue allaying some of the mentors' fears but not removing them entirely. Prior to meeting their assigned mentees, mentors spoke of being guardedly hesitant.

 Meeting

 The first meeting between mentors and mentees occurred in the presence of the Advisory Group. The meeting was very informal, with both mentors and mentees retiring to their respective groups and, after discussion, presenting a summary of what they expected to get out of the mentoring programme. There was a high level of agreement between mentors and what they saw as being the goals and objectives of the mentoring programme whereas, in the case of the mentees, very little agreement was apparent with each person having different goals and objectives which they hoped to achieve. Once introduced to their respective partners and after a short period of introduction mentors and mentees were encouraged to set the first meeting date.

 First Mentor Review

 The first mentor review occurred three months into the programme. All mentors were positive about the experience to date and had a wide range of experiences. Some initially found it difficult to determine what the relationship was and what they should actually be doing or focusing on. A number reported that it took a while to build the relationship. One issue that complicated the situation was the factor of health and/or disability issues. These at times tended to break the rhythm of the relationship. Mentors admitted that though this at times tended to be frustrating it was a situation that had to be factored into the relationship and accepted as a consequence of the individual's personal situation. When talking about what goals and objectives had been set it was apparent that no two mentors were working towards the same goals and objectives. Each pair had very different agendas, all working on or towards different things. Individual diversity was reflected in the diversity of partnership. Some of the foci included getting through exams in one piece, planning future studies, determining if tertiary study was a viable option, mastering examination anxiety, and organisational and study skills.

 One mentor who had high disability awareness at the outset and worked in the area of community support acknowledged her lack of awareness in certain areas and feeling lost and not knowing how to assist her student when she fell through the cracks in the community support agencies. This mentor found working with her mentee extremely eye-opening and distressing as areas she'd long believed to be adequately resourced and user-friendly were in fact found to be severely lacking. Another experience related by a mentor was her surprise in finding fellow academics to be unsupportive and, at times, verging on hostile towards students with disabilities. The mentor, when approaching on the student's behalf, found at times doors she would have expected to be open were firmly shut. In general mentors expressed a growing understanding of the frustrations and the barriers students with disabilities faced both within the University environment and in their wider community life .

 Specifically in the case of students with psychiatric disabilities the mentoring programme appeared to be working both from the point of view of the mentors and mentees themselves.

 The pilot mentoring programme will be further evaluated at six months and one year mile-stones.

Support for students with psychiatric disabilities on campus is a relatively new area. As reported some initiatives have been tried and some have failed, with others still being trialed. A number of areas have yet to be addressed but at least some of the problem areas have been identified which is the first step.

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Academic Staffs Knowledge and Understanding

of Students with Disabilities

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The growing number of students with disability in tertiary education, the introduction of government legislation and policy, such as the Disability Discrimination Act, and the obligation placed on both administrative and academic staff to accommodate people with disabilities, has created a need for a better understanding of the issues related to this group. The present study was conceived from a survey conducted early in 1996 by Student Services at the University of Southern Queensland. The survey indicated a number of students with a disability were dissatisfied with the level of understanding and support they received from faculty staff. A questionnaire was sent via the universities internal mail service to 378 academic staff. The aim of the questionnaire was to investigate: academic's views on students with a disability in tertiary settings and the provision of support; academic's views of the appropriateness of various forms of special accommodations for students with disability; and measure academics general attitudes toward people with disabilities.. To date 87 have been returned. Preliminary findings are discussed.

 Historically certain groups within Australian society have not had equitable access to education. Tertiary education has been perhaps the most difficult sector for these groups to access and in which to achieve success through to graduation. Disadvantaged groups have been those with low income, women within non-traditional fields of study, people of Aboriginal and Islander decent, people from non-English speaking backgrounds, and people with disabilities. The latter group is the focus of this study.

 While an examination of government policy may appear to be straying a little way away from the concerns of orthodox psychology, it has been argued by Smail (1995) that to understand why people act as they do psychologists need to look beyond the "proximal" factors at the local, or individual end of a network of influences to what he argues are the far more potent "distal" factors by which the network is controlled. In the context of the present research, government policy can be seen a powerful distal influence on students in higher education institutions; this influence being mediated systematically by senior management positions and administrators and proximally via academics on students. While Sarason(1981) has argued that psychology typically operates within existing social systems rather than critically examining them, there are alternate views in literature. Fox (1993) argues that psychology as a discipline has the potential to challenge the status quo, while Smith (1990) calls for psychologists to "become politically active on the side of justice and human welfare" (p.536). Such views advocate that psychology can play an important role in the area of public policy, in terms of

 Although there has been a history on the part of state and federal governments of providing intervention intended to assist disadvantaged students into higher education and to provide equity of access across the social spectrum, these interventions have been relatively limited. It was not until the 1980's that particular disadvantaged groups were formally recognised as being disproportionately under-represented in higher education in relation to their proportions in the general population (Dept of Employment, Education and Training in Higher Education, 1988). Subsequently, federal government recommendations have focused on achieving rapid, substantial and sustained reductions in the level of the mismatch between the composition of Australian society and the social composition of tertiary sector as a whole down to the level of individual faculties within them.(Dept of Employment, Education and Training, 1993).

 The discussion paper, A fair chance for all (Dept of Employment, Education and Training, 1990) released by the Australian government in 1990 defined national equity objectives, set targets and presented a range of strategies for the six targeted groups. In relation to people with disabilities the objective was to increase the level of participation in higher education, with a target of doubled enrolments of people with disabilities by 1995, including an increment in professional and vocationally-oriented courses of a 30 per cent.

The range of strategies specified as means to meet these targets included: special equipment and facilities, advisers and contact people to help students with disability, promoting of distance education opportunities, modifying materials and curriculum, providing flexible timetabling and course requirements, and providing information to students with disabilities about support services available (Dept of Employment, Education and Training, 1990).

 Since the introduction of the Commonwealth Disability Discrimination Act in 1992, it has been unlawful for an educational authority to discriminate against a person on the grounds of their disability or a disability of any of the person's associates. This places a large obligation on tertiary institutions to meet the needs of people with disabilities through support and accommodations.

 Government action just outlined has assisted in making tertiary education more accessible to many people with disabilities, by not only putting in place mechanisms by which institutions have an obligation to provide an ongoing program that increases accessibility , but also by making it illegal to discriminate against a person on the grounds of their disability or the disability of an associate. However, despite formal action by State and Federal governments it has been suggested that a number of barriers still exist for students with disabilities. These can be identified at several stages of tertiary careers: in gaining entry to university, successfully completing courses of their choice and being assessed with methods that measure their understanding of course content rather than the handicap of their disability (Watson, & O'Connor, 1995; National Board of Employment, Education and Training, 1994). Although the latter two of these concerns are issues that need to be addressed by the entire university community, they relate more directly to academic staff; their understanding, knowledge and attitude in the area of disability, their methods of teaching course content, their methods of assessment and their attitude toward using strategies that offer alternate teaching methods and assessment to accommodate students with disability.

 There is a growing body of research that suggests academic staff have limited knowledge of the issues relating to students with disability (Aksamit, Leuenberger, & Morris, 1987; Parr, Levi, & Jacka, 1995). Research in the United States suggests academic staff have little knowledge of the characteristics and needs of students with disability, in particular those with learning disabilities (Aksamit, Leuenberger, & Morris, 1987) and that they lack experience teaching students with disability (Baggett, 1994). Baggett's (1994) study also suggested academics are unfamiliar with disability rights law and the university services available to students with disability (Baggett, 1994).

 Although Australian research relating to academics understanding and knowledge of students with disability is limited, in a general sense it appears to concur with findings from the United States. Parr, Levi and Jacka (1995) found academics understood the term "disability" to mean different things, suggesting an unfamiliarity with what constitutes a disability according to Commonwealth and State Laws and possibly a lack of familiarity with legislation such as the Disability Discrimination Act (1992). The above study also found academics had little knowledge of the number of students with disabilities they were teaching or the nature of their disability. It is not implied that this is a failing of academics, but may be related to an inadequate emanation of information relating to these issues, and that the "choice" to disclose a disability lies with the student.

 Preliminary findings from a survey conducted by Levi and Bruce (1995), of support service providers at 36 universities within Australia suggest a number of areas of concern to university staff regarding alternate arrangements for assessment (examinations). Some of the concerns reported in their study included: the strain on faculty resources (human, physical and monetary resources); a lack of validation of alternate assessment arrangements; disadvantage to other students; an uncertainty on how to implement alternate assessment arrangements; and a lowering of academic standards. Very few of the service providers surveyed by Levi and Bruce believed alternate assessment arrangements to be well understood in Australia and the majority believed faculty training to be the most effective means of increasing understanding. Other research has found academic staff to be more supportive of a students with a visual impairment than general staff or students except where there may be a reduction in academic standards (MacLean & Gannon, 1996). What begins to emerge is considerable confusion. What strategies are appropriate for whom? Are they valid alternatives for assessment purposes? Where will the resources come from to implement these strategies ? Although there have been several comprehensive materials published addressing these issues the information (Tertiary Initiatives for People with Disabilities, 1993; Griffith University, 1994; Postsecondary education disability network, 1994) it appears this information may not be filtering through to academia.

 The aim of alternate assessment is to minimise the impact of the student's disability upon assessment by accommodating the student's functional differences which exist because of their disability. This does not suggest that academic requirements and standards should not apply to all students whether or not they have a disability (Jordan & Rodgers, 199 ). A primary obligation of universities to their students is to rank students in terms of their academic achievement, any support provided for a student that is not available to another student may therefore be problematic in meeting this obligation In summarising relevant findings from the United States MacLean and Gannon (1996) state that whatever the measure of attitude, positive student attitudes toward people with disabilities are a predictor of more negative actual student behaviour, or projection of behaviour toward people with disabilities. This work is also supported by research from the psychiatric domain by Link & Cullen (1995) investigating "public" and "personal" attitudes toward people with mental illness.

 Research using the Interactions with Disabled Persons Scale (IDS) suggests that attitudes toward people with disabilities can be differentiated by two levels: attitudes reflecting people's comfort in personal interaction with people with disabilities, and attitudes relating to the treatment of people with disabilities in society (Gething, 1991). Leonard and Crawford (1989) found that individuals with substantial previous contact with people with disabilities had more positive attitudes toward people with disabilities on a personal level, however attitudes at a societal level tended to be independent of contact. While previous research by Gething (1982, 1986) has found that intervention aimed at societal views, such as Media coverage

during the Year of Disabled Persons, influenced societal attitudes but not attitudes related to personal interaction.

 Within a university setting individuals attitudes at a personal level would be expected to be related to previous personal contact either on-campus among peers and/or off-campus through social or familial situations. Individuals attitudes at a societal level would be expected to be influenced by the degree of public attention issues relating to people with disabilities are receiving at a particular time. Individuals attitudes at a societal level may be reflected in behaviour such as support and accommodations that academics offer to students with disability. Although as stated previously attitudes at a societal level are also reflected in projective behaviour, self-report questionnaires used to measure projective behaviour can be problematic. The effects of socially desirable responses make such questionnaires susceptible to biased findings in favour of a more positive attitude (MacLean & Gannon, 1996).

 The following study was originally conceived as a response to a needs survey conducted early in 1996 by Student Services at the University of Southern Queensland. The survey was responded to by 64 external and internal students with a variety of disabilities. . Responses of students with isabilities who were surveyed suggested some concerns as to the level of understanding they received from academic staff, this seemed to particularly salient for students with "invisible" disability, such as psychiatric illness. A number of areas relating directly to faculties and academic staff were identified by students as either in need of improvement or as producing negative experiences for students, included were faculty flexibility, services in lectures and Residential School Tutorials, and alternative examination arrangements (Student Services, USQ, 1996). While the student survey has provided important information from a student perspective, the implementation of any program which will address these issues will require the support of academic staff, who have the final say in the delivery and assessment of individual course units.

 Coincidentally, the timing of the current study runs concurrently with the formation of a working party on campus which has begun work on the University of Southern Queensland's Disability Action Plan. The gives fresh impetus to the relevance of this study in the prevailing university climate.

The aim of the present study is to

Investigate academic's knowledge of disability on campus.

Investigate academic's views on students with a disability

 in tertiary settings and the provision of support.

Investigate academic's views of the appropriateness of various forms of special accommodations for students with disability.

Measure academics general attitudes toward people with disabilities.

Method

Participants

 Three hundred and seventy-eight academic staff, excluding tutors were ask to complete questionnaires. Participants names and internal addresses were provided by the Personnel Department of the University of Southern Queensland. Official positions held ranged from associate lecturers to members of the chancellor's office.

 To date, 87 responses have been returned, of these respondents 50 were male, 30 were female, and 7 failed to state their sex (mean age = 43.27 years). Eight of the respondents reported they had a disability (5 with a visual disability, 1 with a health/medical disability, 1 with a psychiatric disability, and 1 with a combination of types of disability). The distribution of respondents across faculties by gender is presented in Table 1.

Table 1. Sample characteristics of respondents - sex by faculty

 Sex

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty | Female | Male | Total |
| Arts | 7 | 8 | 15 |
| Business | 4 | 6 | 10 |
| Commerce | 2 | 2 | 4 |
| Education | 4 | 3 | 7 |
| Engineering & Surveying | 1 | 11 | 12 |
| Science | 8 | 15 | 23 |
| OPACS | 3 | 2 | 5 |
| Kumbari |  | 1 | 1 |
| Distance Education Centre | 1 | 1 | 2 |
| Chancellery | 1 |  | 1 |
| Total |  | 30 | 50 |

Note. 7 respondents failed to give gender and faculty information.

OPACS is the preparatory study unit of the university, and Kumbari the Aboriginal and Torres Strait Islander unit. Materials

 The questionnaire was comprised of two major sections and a cover letter which explained the purpose of the study and ensured confidentiality. The first section was a (long!) four and half page questionnaire devised specifically for this study, and tilted Accommodating students with disability: A survey (Appendix A). The second section of the questionnaire contained Gething's (1991) Interaction with Disabled Persons Scale (IDPS).

 The survey consisted of four parts. Part A asked for biographical information of respondents (faculty, department, position, age, sex and the existence and type of any disability).

 The purpose of Part B was to assess academics knowledge of disability on campus. Part B consisted of 10 questions in all:

2 of these were concerned with the frequency and type of contact respondents have with people with disabilities; 6 questions related to knowledge of disability on campus (numbers and percentage requiring support or special examination considerations); and 2 questions which assessed familiarity of the Disability Discrimination Act and the USQ handbook for students with disability. All questions with one exception (an open-ended question) used a multiple-choice format.

 Part C consisted of 13 statements devised to ascertain academic's views on students with a disability in tertiary education settings. Eight of the statements were negatively worded. The response format used was a five point scale, ranging from `strongly agree' (1) to `strongly disagree' (5) and `neutral' (3).

 Academic's views on the appropriateness of various forms of special accommodations for students with a disability were assessed in Part D. Included were 24 statements on various accommodations that have been suggested for students with disabilities (Griffith University, 1994), of these ten were general statements of accommodations that can be used with students with disability and the remaining 14 related specifically to various types of disabilities. The response format used a five point scale, ranging from `completely unacceptable' (1) to `completely acceptable' (5) and `neutral' (3). At the end of Part D was an open-ended question giving respondents an opportunity to state any difficulties they have in making accommodations for students with disabilities.

 The IDPS is an Australian devised pencil-and-paper self report measure which asks respondents to rate how much a series of 20 statements fit their own reactions when meeting a person with a disability. It is stated to be a measure of generalised attitudes at a personal level towards people with a disability, in terms of discomfort reported by the respondent during interaction with people with disabilities. It is suggested that the IDPS provides a more sensitive measure of attitude change and actual behaviours in everyday situations than measures on a societal level (Gething, 1991).

 The scale uses a six-point rating scale, "agree very much" (6), "agree" (5), "agree slightly" (4), "disagree slightly" (2)"disagree" (3), "disagree very much" (1).

 Seventeen of the statements are phrased so that agreement indicates relative comfort during interaction and three of the statements are phrased so that agreement indicates relative discomfort in interaction (Gething, 1991). Gething (1991) reports test-retest reliability coefficients ranging between +.51 and +.82 and an internal consistency using Cronbach's Coefficient Alpha ranging from .74 to .86. Procedure Questionnaires were distributed via the internal mail service of the university to all part-time and full-time academics on the personnel departments database. Respondents were asked to return questionnaires within 10 days of the mailing date.

Responses to questions in Part B relating to knowledge of disability on campus were coded either correct or incorrect, other questions in Part B were coded by response choice. Items 10, 14 and 15 on the IDPS were reversed scored.

Results

 The following results are preliminary findings only, analysis of data will be continued as more questionnaires are returned.

Part B

 Part B of the questionnaire investigated academics previous contact with people with disabilities, knowledge of disability on campus, and familiarity with the Disability Discrimination Act and USQ student handbook for students with disabilities.

 Nine per cent of respondents reported previous contact with people with a disability was on a daily basis, 32% reported previous contact to be on a weekly basis, 8% reported they have contact on a monthly basis, 36% reported having contact with people with disabilities less than once a month, and 11% reported they had never had any previous contact with people with disabilities. The majority of academics (39%) stated their previous contact among people with a disability to be at both a professional and social level, followed by academics who responded that previous contact was on a purely professional level (30%), academics whose previous contact was on a social level (5%), and finally, academics who have had contact on a familial/personal level (6%).

Table 2. Academics knowledge of disability on campus.

Percentage Notcorrect/incorrect

Question content Correct

 unanswered

The number of students with 7% 86% 7%

disabilities studying at the

university.

The percentage of students with 6% 77% 17%

a disability across the whole

university needing support

and/or special examination

considerations

The number of students with a 10% 69% 21%

disability enrolled within your

faculty

The percentage of these 8% 75% 7%

students requiring extra

support

The percentage of these 20% 62% 18%

students requiring special

examination considerations

The majority of respondents had no knowledge of the numbers

of students with disabilities studying at the university or within their own faculties. Neither could the majority of respondents estimate the percentage of students who required support and special examination considerations, either across the whole campus or within their own faculties. The percentages of correct, incorrect and unanswered questions are reported in Table 2.

 The final two questions in Part B investigated familiarity with the Disability Discrimination Act and the USQ handbook for students with disabilities. Only 5% of respondents reported they were either very familiar or relatively familiar with the Disability Discrimination Act, 15% reported having briefly read the act, 62% reported they had never read the act, and 14% chose the statement option, "What act?". Academics responses to the question of familiarity with the USQ handbook for students with disabilities were as follows: 6% of respondents stated they were relatively familiar with the handbook, 38% of respondents stated they had briefly read the handbook, 33% of respondents had never read the handbook and 20% of respondents did not know there was a handbook.

Part C

In Part C respondents were asked to indicate their degree of agreement / disagreement with a number of statements, that either supported students with a disability in tertiary settings or did not support students. Over 50% of academics responded favourably to the supports for students with a disability, for the majority of the statements. Statements with a response of less than 50% in favour of support were the following:

 5. A university education offers the best type of training for students with a disability.

7. A lack of resources prevents staff from making the necessary accommodations for students with a disability.

10. A lack of validation of alternative assessment methods causes problems in implementing these strategies.

Part D

 When asked for their views on the appropriateness of various forms of special accommodations for students with disabilities, responses indicated many academics believed a number of the accommodations included in Part D to be "acceptable" or "completely acceptable". Over 50% of academics viewed special accommodations for students with disability, in general to be "completely acceptable" or "acceptable", with the exception of "more lenient pass/fail"(11% finding this acceptable). Over 60% of academics viewed special accommodations for students with medical, physical, visual, hearing, and speech disability, to be "completely acceptable" and "acceptable", with the exception of take home examinations for students with a medical condition which only 9% found "completely acceptable" and 18% found "acceptable"

 Responses to items specific to students with learning disabilities and psychiatric disabilities indicated academics found a number of these accommodations less acceptable than accommodations for other students with a disability. Findings also indicated accommodations for students with learning disabilities were found more acceptable than those for students with a psychiatric illness. The percentage of academics finding accommodations for students with disability "completely acceptable" and ""acceptable" are presented in Table 3.

Table 3. Percentage of academics viewing accommodations as acceptable.

Accommodations for students with disability

 completely acceptable acceptable

General

rest room 67% 17%

additional time & rest breaks in 43% 26%

examinations

flexible arrangements for examinations 48% 23%

use of personal computer or laptop 37% 23%

appropriate/adapted furniture 55% 27%

separate examination room(s) 35% 23%

variation & flexibility in formats of the 30% 28%

lectures & tutorials.

more lenient pass/fail. 6% 6%

extended deadlines for assessment. 16% 36%

Medical, visual, hearing, speech, or

physical disabilities.

take home exams for students with medical 9% 18%

disability.

exam scribes for students with visual 45% 29%

disability.

oral exams/or tape recorded responses 49% 29%

(visual impairment)

interpreters for students with hearing & 48% 25%

speech impairment.

specialised technological aids (hearing & 52% 25%

visual impairments).

personal assistants for students. 36% 29%

Accommodations for students with a learning

disability

oral exams/or tape recorded responses by 25% 40%

students.

exam reader for students. 26% 18%

audiotaped material to students. 29% 28%

lternate examination formats . 18% 33%

Accommodations for students with

psychiatric illness

exam scribes 15% 26%

take-home exams rather than on-campus 12% 13%

exams.

alternate exam format. 10% 31%

Interaction with Disabled Persons Scale

 Means, standard deviations and ranges for academics scores on the IDPS are reported in Table 3. Responses from academic staff produced a mean score of 66.79 (sd = 10.66).

 Responses by faculty indicated that the highest scores were found in the Faculty of Arts (M = 70.47), the Faculty of Engineering and Surveying (M = 70.30), OPACS (M =72.53, and the Chancellery (72.53), while the lowest scores were in the Faculty of Commerce (M = 57.33), the Faculty of Education (M = 58.63), and Kumbari (M = 54). Note that both Kumbari and the Chancellery have only one respondent.

Table 3. Means, standard deviations, and range of academic's scores on the IDPS by Faculty.

Faculty Mean SD Range n

Arts 70.47 8.92 33 15

Business 65.59 9.76 29 10

Commerce 57.33 7.51 13 4

Education 58.63 13.91 37 7

Engineering & Surveying 70.30 8.35 27 12

Science 66.56 11.00 42 23

OPACS 72.53 10.45 27 5

Kumbari 54.00 - 1

Distance Education 69.50 .71 1 2

Centre

Chancellery 72.79 - - 1

Total 66.79 10.66 53 80

Discussion

 Preliminary analysis of data is indicating a number of

emerging discussion points. These will be discussed at greater length when analysis is completed. The findings from the questionnaire are indicating:

· Academic staff have limited knowledge and understanding of disability on campus..

· There is a high level of confusion as to how a "disability" is defined.

Academic staff are in general unfamiliar with the Disability Discrimination Act, and the obligations it places on them to attempt to accommodate students with disability.

 There appears to be some confusion regarding alternative

assessment strategies: Which are most the appropriate for whom? How to implement these strategies?

· There are concerns about academic standards and equity for all students.

· Concerns of limited resources.

· Differential views by academics in relation to making

 accommodations for students with varying disabilities.

· Differences in attitudes between faculties as measured by

 the IDPS.

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Appendix A

Accommodating Students with Disabilities: A survey

The University of Southern Queensland is currently developing policy towards increasing the access of students with disabilities. Please help the Disability Group and the Disability Policy Working Party by responding to the following questions. All responses will remain anonymous and confidential.

Part A: About yourself:

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Female / Male

Do you have a disability? Please circle Yes No

If so, please circle the item which best describes the nature of the disability:

 1) mobility 4) psychiatric 3) health/medical

 2) visual 5) auditory 6) learning

 3) other/combination (please specify)

Part B: Your knowledge of disability on campus:

How regularly do you have close contact with a person/people with disabilities?

a) daily b) weekly c) monthly d) less than once a month e) never

· How would you describe this contact

a) purely professional b) social c) a mixture of both d) familial/personal

Approximately how many students with disabilities do you estimate are currently at the University of Southern Queensland?

a) 250 b) 400 c) 550 d) 850 e) 950

What percentage of students with a disability, across the whole University, have also indicated that they need additional support and/or special exam considerations?

a) 25% b) 33% c) 46% d) 67% e) 85%

Approximately how many students with disabilities are enrolled within your own faculty?

a) 10 b) 50 c) 100 d) 150 e) 200

What types of disabilities are represented among these students? Please specify below:

Approximately what percentage of these students do you think require extra support, for example, large print handouts or extended assignments arrangements?

a) 10% b) 30% c) 40% d) 50% e) 60%

Approximately what percentage of these students require special examination considerations?

a) 3% b) 10% c) 20% d) 30% e) 40%

Please rate you familiarity with the Commonwealth Disability Discrimination Act (1992).

a) what act? b) never read c) briefly read d) relatively familiar e) very familiar

Please rate your familiarity with the USQ Handbook on Students with Disability

a) what handbook? b) never read c) briefly read d) relatively familiar e) very familiar

Part C:

Your views on students with a disability in tertiary education settings and the most appropriate forms for the provision of support

Please rate the following statements in terms of how strongly you agree or disagree where 1= Strongly Disagree, 5 = Strongly Agree, and 3 = Neutral

1. The University should provide staff awareness and 1 2 3 4 5

training regarding the needs of students with disabilities.

2. Alternative examination arrangements - for 1 2 3 4 5

example split exams - offer disables students opportunities to cheat.

3. The University should not provide a full-time 1 2 3 4 5

 specialist support and liaison officer to assist

 students with a disability/

4. The current unemployment rate suggests there is 1 2 3 4 5

 little chance that students with disabilities

 will find employment after graduation.

5. a university education offers the best type of 1 2 3 4 5

 training for students with disability.

6. Accommodating students with disabilities may 1 2 3 4 5

 lower academic standards

7. A lack of resources prevents staff form making 1 2 3 4 5

 the necessary accommodation for students with

 disability.

8. Making accommodations for students with 1 2 3 4 5

 disability unfairly disadvantages able students.

9. Accommodating students with disability is too 1 2 3 4 5

 costly

10 a lack of validation of alternative assessment 1 2 3 4 5

. methods causes problems in implementing these

 strategies.

11 I feel I have a good understanding of the impact 1 2 3 4 5

. of a diversity of disabling conditions on

 students' ability to study,.

12 Making accommodation for disabled students is 1 2 3 4 5

. likely to benefit all students.

13 All campus buildings should be fully accessible 1 2 3 4 5

. to people with mobility impairment.

Part D: Your views of the appropriateness of various forms

of

 special accommodation for students with a disability Please indicate your view of how acceptable each of the following special provisions is, where 1 = Completely acceptable, 5 = Completely unacceptable, and 3 = Neutral.

1. A rest ro om. 1 2 3 4 5

2. Additional time and rest breaks during exams. 1 2 3 4 5

3. Flexible arrangements for exams, for example 1 2 3 4 5

 offering split sessions.

4. Take-home rather than on-campus exams for 1 2 3 4 5

 students with medical disability.

5. Exam scribes for students with physical, medical 1 2 3 4 5

 and visual disability.

6. Oral exams and/or tape recorded responses by 1 2 3 4 5

 students with visual disability, as an

 alternative to written exams.

7. Oral exams an/or tape recorded responses by 1 2 3 4 5

 students with a learning disability, as an

 alternative to written exams.

8. Use of a personal computer or laptop. 1 2 3 4 5

9. Exam scribes for student with psychiatric 1 2 3 4 5

 disability.

10 Appropriate/adapted furniture (ergonomic chair, 1 2 3 4 5

. suitable desk height)

11 Separate examination room(s). 1 2 3 4 5

.

12 Interpreters for students with hearing and speech 1 2 3 4 5

. impairment.

13 Take-home rather than on-campus exams for 1 2 3 4 5

. students with psychiatric disability.

14 Specialised technological aids for hearing and 1 2 3 4 5

. visual impairments.

15 Exam Reader for students with learning 1 2 3 4 5

. disabilities.

16 Audiotaped material to students with learning 1 2 3 4 5

. disabilities (exam questions, lectures)

17 Alternate examination formats for students with 1 2 3 4 5

. learning disabilities.

18 Personal assistants for students with visual 1 2 3 4 5

. impairment and those with severe physical

 impairment of medical conditions.

19 Alternate examination formats for students with 1 2 3 4 5

. visual impairment.

20 Large print and Braille material for students 1 2 3 4 5

. with visual impairment.

21 Variation and flexibility in the formats of 1 2 3 4 5

. lectures and tutorials

22 Excuse form compulsory lectures, tutorials and 1 2 3 4 5

. practicals without academic penalty. More

 lenient pass/fail standard.

23 More lenient pass/fail standard. 1 2 3 4 5

.

24 Extended deadlines for assessment. 1 2 3 4 5

.

What difficulties do you feel academics have in making accommodations for students with disabilities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for your help in completing this survey. Now please return to Dr. Mark Rapley, Department of Psychology, Faculty of Sciences as soon as possible. If you have any questions please feel free to `phone me on 1620.

EDUCATION TO EMPLOYMENT FOR GRADUATES AND STUDENTS WITH DISABILITIES

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*REGIONAL DISABILITY LIAISON OFFICERS - NEW SOUTH WALES*

Executive Summary

This paper concerns an Education to Employment initiative for graduates and students with disabilities. It reports the results of a survey presented to students and graduates with disabilities within certain universities and the subsequent actions undertaken by careers and disability advisers in supporting students with disabilities move from education to employment. The initiative was piloted across three universities representing metropolitan, rural and socio economically disadvantaged locations in New South Wales. The paper includes information from the needs analysis, existing literature and the reflections of staff working across the careers and disability support areas. The outcome of the initiative is to develop and produce a resource package that can be utilised across tertiary institutions to ensure students are aware of the services and resources available. In addition to the package, student support services in each institution will be able to adapt the strategies as a means of streamlining institutional procedures to address the specific needs of students with disabilities entering the workforce.

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1.0 Introduction

Participation in employment is highly valued in society. In addition to increased income, other factors such as self identify, development of social relationships, changing work practices that increase the range of skill development, enhanced quality of life and the experience of facing challenges and frustration’s in achieving goals are just as important (Annison, Jenkinson, Sparrow & Bethune 1996). People with disabilities not only contribute the social development of society but also the ongoing economic development which encompasses the area of occupation and career development. The introduction of the Disability Discrimination Act 1992 and various Commonwealth Government initiatives, such as the Disability Reform Package, as well as existing State Government Anti Discrimination Acts provide some incentive for improved occupational outcomes for people with disabilities. Annison et all (1996) suggests changes have resulted in employers having to take a more interventionist role, negotiating the range and types of adjustments required to enable a person with a disability to do the job.

In the higher education sector there has been limited research reporting the progression of students with disabilities into career choices. The responsibility for the final outcome, that is employment, for graduates with disabilities has often been overlooked by tertiary institutions and governments. Student support services often work in specialised areas such as careers and disability without the cross linking that empowers the graduate and student with a disability to gain valuable assistance in accessing the labour market. There is often an assumption that disability advisers provide all services to students with disabilities. This has hindered the development of collaborative procedures and policy to form a consulted approach to facilitate the successful employment of students with disabilities. The following comment by Dr Newsome (1995) highlights the need for greater cooperation across the tertiary sector in supporting students with disabilities in gaining employment, in the sector and the broader community.

“Tertiary institutions are not just training systems, but employers, not only academics, but of general staff. But where are the people with disabilities in the university context? Yes, there are some of us, but not many. As promoters of enlightenment and learning, tertiary institutions ought to be at the forefront of demonstrating to the community that people with disabilities are valued people.” (GCCA Careers Information 1995, pp2).

At the stage it is difficult to analyse figures on employment rates of graduates with disabilities. The figures collected as part of the national graduate destination surveys, rely on people choosing disclosure, an ongoing and sensitive debate in tertiary education. Finally the development of an Education to Employment Initiative was in part to investigate what students and graduates felt about their chances of gaining employment, their experiences in seeking employment, the barriers present, satisfaction with existing services and to identify changes within student support services that could improve their ability to compete in the labour market.

2.0 Methodology

The first stage of this initiative was to develop a survey to address the issues facing both graduates and students with disabilities. As this was a project initiated by the Regional Disability Liaison Officers (RDLO) across NSW, it was felt that students and graduates should come from varied demographic areas. It also meant approaching disability and career advisers at universities to engage their support and participation in the initiative. Those universities agreeing to participate were Charles Sturt University (Barbara Karrer, Jane Ross, Louise Kearins, Kim Hodgson, Beverley McVilly and Cindy James) a rural university and a major distance education provider. Sydney University (Elizabeth Egan and Nitsa Athanassopoulos) a historical, metropolitan university and the University of Western Sydney (Kerri Heavens, Phyllis Parr, Ann Penhallurick, Linda Farrugia, Ellen Brackenreg and Justine Isles) a urban university with a high proportion of students from low socio economic and disadvantaged backgrounds.

A working committee was set up in each institution comprising disability advisers and career advisers to develop the timeframe, surveys, distribution, evaluation of current services and the development of procedures across universities in the area of employment. Surveys were sent to both current students and recent graduates asking them to provide information on study undertaken, issues in gaining employment, assessment of student support services, barriers in employment, and relevant topics that could be covered in later forums. The surveys were collated and analysed with the information used to run forums. To date two forum have been held in Sydney with a further forum to be held in 1997 using on campus workshops and video conferencing across the Charles Student University Network.

The final component of this initiative is the development of a resource package for support staff and students at tertiary institutions. The package will be designed to allow the format to be easily adapted for use in the TAFE and school education system. The initiatives aim was to report information and issues identified by students and graduates with disabilities rather than taking a more statistical or quantitative approach.

3.0 Results

3.1 Overview

At the initial planning stage for this initiative, the Regional Disability Liaison Officers’ felt it was important to involve universities across NSW as well as the metropolitan institutions. Surveys were distributed to current students with disabilities and recent graduates with disabilities from Charles Sturt University, the University of Sydney and the University of Western Sydney. The aim of the initiative was to recover archival information about students and graduates, the types of careers that were accessed, and the issues and experiences of those students and graduates in the labour market. The following results are separated into the three main areas of demographic data, employment and support. This initiative seeks to represent the views of students and graduates with disabilities in light of their past, present and future employment options.

3.2 Response Rate

A total of 1,313 surveys were sent to students and graduates with disabilities at the three NSW universities. The response rates at each university varied with the overall response of 17% . There were a greater number of responses from female students and graduates.

3.3. Demographic Data

*3.3.1 Gender and Age*

Participating students comprised 121 (70%) females and 23 (30%) males. Similar figures were obtained in the graduate group with 57 (61%) females and 18 (39%) males. No conclusions can be drawn from these figures as the statistics on the distribution based on gender was not recorded. Table 1 presents the age distribution and gender of both students and graduates. The greatest number of participants were in the 18-25 group followed by 26-47 with a steady decline across the other age ranges.

Table 1: Student and Graduate Respondents; Gender and Age

|  |  |  |
| --- | --- | --- |
| Participant | Gender | Age |
|  | M | F | 18-25 | 26-35 | 36-45 | 46-55 | 56 + | N/R |
| Student | 30% | 70% | 33% | 22% | 27% | 11% | 4% | 3% |
| Graduate | 39% | 61% | 37% | 22% | 27% | 7% | 5% | 2% |
| Total | 32% | 67% | 33% | 22% | 27% | 11% | 4% | 3% |

*3.3.2 Disability*

The combined results indicate 24% of students and graduates with mobility impairments following by 13% of students and graduates with a learning disability. The remaining disabilities are fairly similar at around the 5% range. Graduates with an acquired brain injury or psychiatric disability were the only disabilities not represented among those participating. A surprising but positive feature of these results is the number of students and graduates (9%) who indicated a significant level of multiple disabilities. The overall Disability results are illustrated in Figure 1.

Figure 1: Student and Graduate Respondents; Disability



A significant proportion of the combined results indicated 28% of Students and Graduates as having ‘0ther Disabilities’. ‘Other disabilities’ included diabetes, RSI, Arthritis, back and neck injuries and medical conditions such as Asthma and HIV/Aids.

*3.3.3 Course Undertaken and Qualification Gained*

The results as indicated in Table 2 show students are undertaking courses across most facility areas. The greater number of students are completing studies in arts, business, humanities, science, teaching and health studies. A number of students were undertaking postgraduate studies (12%) in the above areas. The course areas postgraduate students are not identifying in are within information technology, engineering, law and music. Graduates with undergraduate qualifications have come from the above facility areas with 88% of all graduate responses indicating undergraduate qualifications. There were no graduates from the architecture and engineering areas. 12% of graduates have postgraduate qualifications in the areas of art, humanities, science and teaching.

Table 2: Student and Graduate Respondents; Study Undertaken

|  |  |  |  |
| --- | --- | --- | --- |
| Course | Student | Graduate | Total |
|  | Percentage% | Percentage% | Percentage% |
| Arts | 19% | 15% | 18.3% |
| Business | 14% | 17% | 14.6% |
| Health Sciences | 9% | 7.3% | 8.7% |
| Humanities | 12% | 12.2% | 12.3% |
| Information Technology | 4% | 2.5% | 4.1% |
| Science | 12% | 17% | 12.8% |
| Teaching | 10% | 12% | 10% |
| Architecture | 0.5% | 0% | 0.5% |
| Engineering | 1% | 0% | 0.9% |
| Law | 2% | 0% | 1.4% |
| Music | 0.5% | 2.5% | 0.9% |
| No response | 4% | 2.5% | 3.7% |
| Postgraduate | 12% | 12% | 11.8% |

3.4 Employment

*3.4.1 Employment Status*

Of the total number of 41 Graduate respondents, 63% indicated an ‘Employed’ status as indicated in Table 3.

Table 3: Graduate Employment Status

|  |  |  |
| --- | --- | --- |
| Participant | Employed | Unemployed |
|  | No of Responses | Percentage% | No of Responses | Percentage% |
| Graduate | 26 | 63% | 15 | 37% |

*Employed Graduates*

The Employed Graduates had successfully gained employment in a wide variety of professional positions. 69% of Employed Graduates had indicated these positions of employment as being their first since leaving University. A high proportion of the Employed Graduates had been employed in the identified positions whilst studying. Due to this factor, the time taken for Graduates to successfully gain employment and the length of time in the position of employment ranged significantly. The time taken to gain employment therefore ranged from the immediate, this being the majority of Graduates, to the extreme minority of two years. The average length of time in the identified positions of employment was 19 months. The results of the Graduate respondents therefore indicated a very positive situation; high employment rate, a minimum period of time in accessing employment and a favourable length of time in employment.

*Unemployed Graduates*

The total Graduate respondents indicated an unemployment rate of 37% . This figure is significant when compared with the current National unemployment figure of approximately 9%.

*3.4.2 Career Aspirations*

*Career Aspirations; Students*

The Student Respondents indicated a broad range of professional career paths to which they aspired while studying at University. The extensive range of career choices indicated that the Student Respondents were focused on achieving in a broad spectrum of employment opportunities.

*Career Aspirations; Graduates*

 A significant proportion of the total Graduate respondents had not been able however to achieve their career aspirations, as indicated in Figure 2.

Figure 2: Graduate Respondents; Ability to Follow career Aspirations



A substantial proportion of Unemployed Graduates (60%) had not been able to succeed in their career aspirations. This result could be expected due to their current employment status.

38% of Employed Graduates were also unable to aspire to their chosen career. Although these results highlight a high proportion of Graduate respondents in employment, almost half of this population were unable to succeed in following their chosen career. This figure questions the notion of success in accessing employment.

An interesting point extracted from the Graduate comments was a small proportion of Graduates who indicated that their career aspirations were blocked, not by employers but by the University system. This was in relation to Graduates who were unable to follow through with Postgraduate studies due to the current University entrance criteria and ongoing disability issues. Table 4 highlights a range of barriers identified by Graduate Respondents.

Table 4 : Graduate Responses; barriers associated with Career Aspirations

Unemployed Graduates

∑ ‘Prejudice’

∑ ‘ Ill health and no driving licence until 1995’

∑ ‘Lack of work experience, mainly due to the prolonging of my studies, due to my disability’

Employed Graduates

∑ ‘Diabetes Mellitus was contracted in April 1995 which prevented me from working in Land Command of the Army as I was deemed medically unfit to work outfield’

∑ ‘I want to become a Psychologist but need 4 years study. Each year I’ve tried to do Honours or Masters of Arts (Psychology) so I can gain my 4th year but I get knocked back because they do not take disabilities into consideration in Postgraduate studies like they do in Undergraduate studies’

∑ ‘Stereotypical views that are dated. Fear of effect of ability relative to those who are inadequate but ostensibly able’

∑ ‘Lack of work experience, lack of adequate hearing aid (having good aids will bolster self-confidence’

∑ ‘Not being able to do Masters in Social sciences due to continuing back problems’

*3.4.3 Difficulties, Concerns in Accessing Employment*

*Student and Graduate Respondents; Difficulties / Concerns in Accessing Employment*

Of the total Student and Graduate respondent population, 67% had indicated either concerns or had experienced difficulties in accessing employment. Within each population group, 70% of students had concerns in accessing employment whereas 54% of the total Graduate population had experienced some kind of difficulty.

*Graduates; Difficulties encountered in Accessing Employment*

The proportion of the Graduate respondent population who had experienced difficulties in accessing employment is disheartening, yet acts as an indicator for future direction (as seen in Figure 3).

 Figure 3: Total Graduate respondents; Difficulties Encountered in Accessing Employment



A significant proportion of the Unemployed Graduate population (87%) indicated substantial difficulties in accessing employment.

The Employed Graduate respondents, 35% experienced difficulties in accessing employment. This figure demonstrates that only a small proportion of the identified graduates had difficulties, however, this figure is significant in terms of the issues identified.

*Students: Concerns in Accessing Employment*

70% of the total Student Respondents had expressed concerns in accessing employment on completion of study, as indicated in Figure 4. Student concerns in accessing employment are viable in light of the actual difficulties encountered by the Graduate respondents.

Figure 4: Total Student respondents; Concerns in Accessing Employment



*Student and Graduate Respondents;* *Concerns / Difficulties in Accessing employment*

The identified areas of difficulty in accessing employment for the Student and Graduate respondents included personal issues, labour market conditions and disability issues.

‘Disability issues’ were the concerns most frequently expressed by the total Graduate and Student respondent population. The second most common issue was ‘Age’ related concerns. Figure 5 illustrates the student / graduate identified concerns and difficulties.

Figure 5: Student / Graduate Concerns in Accessing Employment



*Graduate Difficulties in Accessing Employment*

The Graduate respondents indicated that ‘Disability Issues’ were the major difficulties experienced in accessing employment. The enormity of this issue is illustrated by the results; 78% of Employed Graduates and 61.5% of the Unemployed Graduate respondent population who initially indicated difficulties.

Employed Graduates highlighted ‘Lack of work Experience’(11%) and ‘Confidence’ issues (11%) as being other contributory factors toward the difficulties they faced when accessing employment. Unemployed Graduates identified ‘Age’(15%) as a factor in inhibiting employment access followed by ‘Labour Market’(7.7%) and ‘Geographic Isolation’ (7.7%).

*Student Respondents; Concerns in Accessing Employment*

The major concern for Student respondents was within the area of ‘Disability Issues’, that is 73% of those who indicated concerns in accessing employment. Other issues, although minor in comparison, were in the areas of ‘Age’ (8%),‘Labour Market’ (6.4%) and ‘Age and Disability’ (4.8%).

*Graduate and Student Respondents; Breakdown of ‘Disability Issues’*

A breakdown of ‘Disability Issues’ was developed based on student and Graduate comments. A summary of the most common concerns is outlined in Table 5.

Table 5: Student and Graduate Response; Common Areas of Concern related to Disability Issues

 Unemployed Graduates

∑ Job requirements vs disability

∑ Disability discrimination

∑ Inherent application requirements vs disability.

∑ Lack of work experience due to disability issues

∑ Disclosure of disability

Employed Graduates

∑ Disclosure of disability

∑ Job requirements vs disability

∑ Disability discrimination

∑ Inherent application requirements vs disability

 Students

∑ Disability (and Age) discrimination

∑ Disclosure of disability in applying for positions of employment

∑ Negotiating workplace modifications, flexible work conditions

∑ Physical examinations to gain employment

∑ Unstable work history

∑ Reoccurance &/or increase of symptoms of disability due to stress and pressure of work

∑ Physical access

∑ Inherent application discrimination ie lack of TTY’s

*Student and Graduate Comments; Disability Issues*

Students and Graduates who responded to this survey expressed pertinent issues or reflected on significant past experiences. An overview of these direct comments are seen in Table 6.

Table 6: Student and Graduate Comments; Concerns / Difficulties in Accessing Employment Related to ‘Disability Issues’

 Unemployed Graduate Comments

∑ ‘My disability is not visible but I feel I need to disclose my disability to prospective employers’

∑ ‘Lack of understanding in respect to nature and extent of disability’.

‘Discrimination on the basis of disability, sexuality, age, socio-economic background’

∑ ‘Slight memory problems, mobility deficits, writing deficits, vision deficits and other people’s inaccurate beliefs about disability’.

∑ ‘The fact that I do not possess a driver’s license is a major impediment to me gaining employment in the Rehabilitation field’

 Graduate Comments

∑ ‘I know that I was knocked back for a job because I could not hear on the telephone’

∑ ‘I was concerned about whether to broach the subject of disability with my employer in the interview’

∑ ‘Baby talk at interviews, behaviour that indicates I can’t be real’

∑ ‘I was not sure if I had to disclose my mental state or not’

∑ ‘Being severely hearing impaired and unable to use the phone with ease means I do have barriers to certain career paths’

∑ Student Comments;

∑ ‘For many jobs, it is necessary to have a drivers licence. With my disability, it is impossible’.

∑ ‘I did work experience during the break but was asked to leave after 2 days when they realised I had RSI. The Employer felt it would be negligent to let me work with an injury despite being covered by Student Union insurance’

∑ ‘Do I provide the aids I need (ie computer) or does the Employer ?’

∑ ‘Employers looking at what we can’t do instead of what we can do and what it will cost them’

∑ ‘My medical history will make me unemployable, it already cost me one career’.

∑ ‘At a Registered Nurse level, answering telephones is my biggest handicap if no TTY link is provided’.

∑ ‘ I had to give up my job as a Science Teacher because of severe shaking problems. My concerns are prejudice because of my age and medical problem and also lack of experience in my new chosen field’..

∑ ‘I have not worked for four years therefore my work history has been unstable. I can produce no character references due to this’.

∑ ‘I am worried about the ability to take time off should an obsessive compulsive episode occur. Employers often are unaware of, and less sympathetic, to the problems facing the mentally ill as compared to those with more obvious physical disabilities’.

∑ ‘Employers are reluctant to employ people with a history of workers compensation. I have a genuine case but do not often get past the application stage’.

∑ ‘The irony of a dyslexic language teacher applying for a job may be lost on prospective employers’.

∑ ‘My wheelchair use often denies me access to building and although my academic qualifications and experience will give me the background to apply, I fear that my disability will prohibit employers from viewing me favourably. Disabled persons are not treated equally’.

Students and Graduates also identified other significant issues, other than ‘Disability Issues’. An overview of these comments are documented in Table 7;

Table 7: Student and Graduate Comments; Concerns / Difficulties in Accessing Employment Related to ‘Other Issues’

 Unemployed Graduates

∑ ‘Too old and unsuitable’

∑ ‘I have no consistent career path due to obsolete qualifications’

∑ ‘The barriers of people believing that people of my age cannot be useful in the workforce’

Employed Graduates

∑ ‘Out of touch with current marketing procedures, loss of confidence and feelings of inadequacy even though I’m better qualified’

∑ ‘Not many positions available. Finding a position in a Social Work agency that would take a new Graduate’

∑ ‘Ageism’

Students

∑ ‘I don’t feel confident that I’ll be able to get a job, although I’m doing what I can to gain experience through volunteer work etc’.

∑ ‘With the current political environment (with its emphasis on funding cuts) I feel pessimistic about accessing future employment’.

∑ ‘Are there enough positions to go around’.

∑ ‘I will be 49/50 when I graduate and if my back is still a problem, I will be concerned that I will not be able to access full time employment’.

3.5 Support

*Graduate Response; Support Received*

The results from the Graduate population indicated only 15% received some type of assistance in accessing employment. Figure 7 illustrates the total Graduate responses.

Figure 7: Graduate Respondents; Support Received in Accessing Employment



85% of the Employed Graduate population independently accessed employment with the remaining 15% accessing careers counselling from within universities. 13% of the Unemployed Graduate population accessed support within university careers services and specialised employment and disability forums. A significant proportion of this population had made no comment (40%).

*Student and Graduate Response; Type of Supports Required*

The total Student and Graduate population commented on the type of supports required within universities. These comments have been categorised into 3 headings; ‘Information’, ‘Assistance’ and ‘Other’ with a summary provided in Table 8 And Table 9.

Table 8: Graduate Comments; Type of Supports Required

 Information

∑ Job listings available for students with disabilities including jobs available in the disability community eg. Graphic designer at the Deaf Society

 Assistance

∑ Specific help on disability and employment

∑ Guidance and suggestions regarding relevant freelance work available as an alternative option.

∑ Strong individual support to students with disabilities to help them gain a job.

∑ Practical advice about acceptable minimum wage packages.

∑ Discuss career and labour opportunities whilst studying.

 Other

∑ A service that will make it possible for students with disabilities to gain employment without facing the difficulty of discrimination.

∑ Education programs about the type of work suitable and available to the individual

∑ Access to employers known to take students / Graduates with special needs.

 Improved transition plans, supported by universities’.

Table 9: Student Comments; Type of Supports Required

 Information;

∑ Reasonable expectations of employers in the provision of workplace modifications

∑ Anecdotal evidence of Graduates with disabilities accessing employment (positive & negative)

∑ Specific information available on Graduate Placement positions relative to the needs of students with disabilities eg appropriate access to the workplace, TTY numbers.

∑ Information on the pro’s and con’s of disclosure of disability and the implications of these.

∑ Information sent to Graduate Placement Programs / Companies about Graduates with disabilities as a means of education and awareness training’.

Assistance;

∑ Act as an intermediary between employer and graduate with a disability.

∑ Assist in accessing work experience.

∑ Advice on how to approach employers

∑ Techniques to convince employers to focus on the ability, not the disability.

∑ Referral system to non-discriminatory employers

Other;

∑ Employment Forums and discussions with prospective employers.

∑ Support from the University to identify that the student has a disability and are employable

∑ Creation of a Disability Employment Officer or educate Careers Officers of the issues pertaining to students with disabilities

∑ Educating employers who attend University Careers Fairs of the abilities of students with disabilities

4.0 Discussion

The survey results clearly indicate the enormity of the issue of transition from education to employment for Students and Graduates with a disability. ‘Disability Issues’ as a common thread throughout the study and therefore becomes a significant and predominant element.

The total Graduate respondent population indicated a successful employment rate of 63%, a minimum period of time in accessing employment and a satisfactory employment period. These outcomes may assume a positive indicator for Graduates with disabilities.

The Employed Graduates however indicated other factors that would challenge the notion of ‘Success’ in accessing employment. Almost half of this population (38%) felt that they had, to date, been unsuccessful in their ability to follow their career aspirations. Difficulties are often experience by new Graduates entering the workforce and therefore it could be expected that 35% of the employed Graduate respondents experienced some form of difficulty in accessing employment. However, 78% of this group identified ‘Disability Issues’ as the greatest area of difficulty. Employed Graduates highlighted four main ‘Disability Issues’ experienced, this being; disclosure of disability, job requirements vs disability, disability discrimination in the workplace and inherent application requirements vs disability. The common areas of difficulties associated with the general Graduate population were also experienced by this population such as ‘Lack of Work Experience’ (11%) and ‘’Confidence’(11%). These factors however, were minor in comparison.

The Employed Graduate respondent results therefore have produced positive quantity employment figures but highlight the issue of attainable quality employment for Graduates with disabilities. The results also indicate that significant disability issues are currently being experienced by Graduates who have been able to access and maintain employment.

The survey results paint a similar but more extreme picture for Graduate respondents who were unsuccessful in accessing employment. 37% of the Graduate respondents were not employed at the time of completion of surveys. This figure is alarming when compared to the current National unemployment figure of approximately 9% which indicate this respondent population is 4 times as likely to be unemployed when compared to the general population. A significant proportion of this population (87%) had experienced difficulties in accessing employment and these difficulties were associated with ‘Disability Issues’. Unemployed Graduates also defined ‘Disability Issues’ as disability discrimination, disclosure of disability and inherent application requirements vs disability. Unemployed Graduates also experienced other more common issues such as ‘Age’(15.4%) and ‘Labour Market’ factors (7.7%) but as indicated by employed Graduates, these are relevent, although minor, difficulties when compared to ‘Disability Issues’.

Overall,the total Graduate respondents have indicated that although employment is attainable, the issues associated convey a more complex and difficult process. The major barriers experienced by Graduates are disability focussed, a barrier not experienced by the general Graduate population. This major barrier in effect creates difficulties in attaining employment that is relative to career goals and aspirations.

It can be presumed from these results that disability barriers being presented to Graduates are made by prospective employers. Graduates have indicated this to be true but have also implicated universities within this. The Graduate respondents felt that the procedural and disability barriers associated with postgraduate study has inhibited their ability to follow with their career aspirations.

The surveys provided an opportunity for students with disabilities to divulge their concerns in accessing employment on completion of study. 70% of the Student respondents expressed concerns in accessing employment, 51% of those indicating ‘Disability Issues’ as their predominant concern. Other concerns identified were ‘Age’( 8%) and ‘Labour market’ factors (6.4%). The identified concerns, related to ‘Disability Issues’, alligned in characteristics to the difficulties experienced by the Graduate respondents.

Of the total Graduate respondent population, only 15% had received some form of assistance in accessing employment. This significant figure further compacts the situation as employment services are currently available within and outside of universities but tend not to provide the specific service provisions that this population require. It can be questioned that if service provisions were streamlined to support the needs of students with disabilities, would successful, quality transition occur from education to employment

The Student surveys has produced significant results as the concerns expressed by students mirror the actual difficulties currently experienced by the Graduate respondent population. This is of major concern as the results tend to indicate an established pattern within the transitional processes from education to employment. Although more extensive studies are required to ascertain this cyclic process, it does however appear that a link between Student concerns to Graduate difficulties is evident.

No matter how the raw data is interpreted, the prevailing issue that continues to arise is the transition from education to the point of entry to the labour market for Graduates and any other student with a disability.

5.0 Recommendations

Preamble

Despite the complexities of analysing and interpreting raw data in an unbiased fashion. It is clear that all the gathered information from Graduates with disabilities, centres on the point of entry to the labour market and the inherent problems therein. The Education to Employment Package is designed to cut through the often elaborate and unnecessarily complicated mish-mash of government funded systems which are sometimes impossible to be understood by both service users and service providers.

Thus, the RDLO’s in NSW have made the following recommendations in light of the Education to Employment Initiative. These recommendations are made as a result of substantial consultation across the State of the issues surrounding graduates with disability and the mechanisms of accessing employment. They are based on a critical inquiry of the past and the present situation for graduates with a disability and, if set in place, will be instrumental in the development of improved employment opportunities.

They are:

1.There is an urgent need for strategies which give graduates with disabilities opportunities for employment in our community, rather than lay waste their potential.

2. Employment opportunities must be referenced to the diverse preferences of graduates with disabilities and their families.

3. Education to Employment packages for graduates with disabilities must be integrated into universities planning and development procedures.

4. Education to Employment packages must be developed in the TAFE sector and in the Department of School Education.

5. The development of an integrated planning approach for all graduating students with disability from all institutions to access employment.

6. The advancement of collaborative networks of educators, rehabilitation personnel, employers, advocacy groups, and families to implement cohesive transition services.

7. The distribution of the Education to Employment package in a variety of formats including the internet

6.0

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REASONABLE ACCOMMODATIONS?

Christopher Newell, Ph.D.

INTRODUCTION

Recently I had the opportunity to do what I might call some action research. It involved the opportunity to explore and reflect critically upon the notion of “reasonable accommodations” . This was in the context of being involved with various players with regard to their perceptions of reality regarding the notion.

In particular, I draw upon my experience in being involved with an Australian university where a document entitled “Reasonable Accommodations: Teaching and Learning Strategies for University Students with Disabilities” was produced. Here the inherent power relations with regard to the construction of reality, control of discourse and power of the University hierarchy over the concept taught me, and various other students with disabilities, about “reasonable accommodations”.

In particular, I shall suggest that the language of “reasonable accommodations” is a language of power over people with disabilities which is at marked variance with mainstream discourse in Australian higher education, which uses the language of “quality” as opposed to “special” solutions in dealing with the general student population.

Some years ago Newell and Walker (1992) looked critically at the developing Australian higher sector and argued that those powerful structures and approaches which gave rise to the “special education” discourse in the primary and secondary education fields would certainly become markedly entrenched in a post secondary environment. Unfortunately this prediction rings true when we look at the language of “reasonable accommodations”. Yet, it is language to which the Australian Disability Discrimination Commissioner appears to have given her blessing, if not indeed extended benediction, so what could be problematic about the discourse? After all, isn’t it really about being reasonable? Some students and I at the Australian university, which we shall leave unnamed, became aware of some of the meanings of the discourse “reasonable” and the power relations in reading and challenging the document I have already referred to, which was released earlier this year.

A CASE STUDY

As a person who had some contact with the University, I received a copy of a glossy publication recently released by that university. It has initially been sent to heads of departments and was supposedly about “teaching and learning strategies for university students with disabilities”. On a positive note, as I read through it I noticed that it was nicely typed and had a wonderfully glossy cover. It was obviously a re-write of a previous publication of a similar name released in New South Wales several years ago. Further, there is no doubt that it was a well intentioned attempt to do something with regard to “the problems of students with disabilities”. Most importantly, I was struck by the fact that obviously no-one with disability had actually been involved in writing it.

Subsequently, I shared the contents with various colleagues of mine in the wider disability movement in the state concerned, and with students with a variety of disabilities. Here, a well intentioned document actually did harm as several were deeply disturbed by the dominant understanding and construction of their situation.

For example, the student who identifies as having epilepsy, who was deeply disturbed at the inclusion of advice as to how to deal with someone with an epileptic seizure in a document which is supposedly about teaching and learning strategies for university students with disabilities. Another person who looked at the disease specific references to “other disabilities and medical conditions” found within half of the booklet saw that his situation was not represented. The booklet listed acquired brain injury, AIDS, asthma, cancer, cerebral palsy, chronic fatigue syndrome, diabetes, epilepsy and other related disorders, multiple sclerosis, muscular dystrophy and occupational overuse syndrome. Yet, many of us don’t fit within such disease labels and indeed have been fighting against the medicalisation of disability. In this booklet it was reinforced.

Then finally a student who happens to identify as having psychiatric disability who said on initially reading it “It is as if they think we are visitors from Mars”. S/he then looked angrily at various sections, and pointed out that they were gross misrepresentations of reality from the perspective of someone with psychiatric disability and would do more harm than good.

This student then decided to pursue a complaint anonymously via the university’s university’s ombudsman’s scheme, asking that the publication be withdrawn and people with disability be involved in writing a revised version. It is important here to recognise the significance of a student in a dependent relationship who has a stigmatising disability deciding to take on “the establishment” and contesting the reality/knowledge used in the publication, which was in terms of “reasonable accommodations”. In the end, the ombudsman, who was supportive, received a letter from a senior manager in the university who refuted any substantial problems and suggested that the student see one of the counselling staff who dealt with disability.

Meanwhile however, various students and staff, as well as at least one outside disability organisation were exposed to the text of the publication, concluding that it was hardly “reasonable’ or accurate. It is important to stress that were are some excellent aspects to this publication, but many parts of it occasioned deep concern and even angst on the part of various members of the disability community. Our reaction to “reasonable accomodations” from the perspective of living with disability was at marked variance with dominant ableist notions.

After significant protest this document was withdrawn from circulation within the university. Much that is positive has subsequently emerged, as the institution has developed a committee to look into the issue with participation from a disability self-help advocacy organisation drawn from outside of the university. Further, it has also decided to tackle this in the context of a co-operative approach to developing an Action Plan under the *Disability Discrimination Act 1992*.

LESSONS AND ISSUES

Yet from the situation identified many important lessons and issues.

1. Most modern managers are aware that an organisation’s processes is just as important as any outcome. Part of an important process in writing a document about people with disabilities and deciding what is “reasonable” is actually consulting them and affirming them life experience and expertise. This document was a missed opportunity. It could have been the focus of consultation of people with disabilities and a focus of building bridges but this was not done. Hence whilst seen as reasonable by the university hierarchy it was not seen as reasonable by a cross-section of people with a variety of disability.

2. The writers of the document and the broader conceivers of "reasonable accommodations" are either unaware of, or ignore, critical work in the educational and disability studies literature which criticises dominant approaches to both disability and the education of people with disability. In particular, this is reflected in the notion of “reasonable accommodations”. The emphasis in such an approach is the provision of special solutions, as opposed to the inherent design of pedagogy and curriculum to include students with disability. Hence, the document could have been named “High Quality Teaching and Curriculum for Students with Disabilities”. Within such a context, the focus then becomes markedly different, and in accordance with the discourse of “quality” used within the University sector when not discussing students with disabilities.

3. Within the Australian University sector the notion of “quality” has been stressed in terms of the provision of high quality service for clients. Yet, this publication did not use the message of quality, stressing the provision of high quality as including the needs of students with disabilities from strategic planning onwards. Rather, it has the notion of special “accommodations”. This is hardly the language of inclusion.

There is no doubt, however, that at times a student may actually have needs that might at first glance by an academic seem out of their experience. Yet, for me as an educator the challenge is to provide a course and assessment methodology which incorporates a variety of approaches to assessment, recognising that we all have differing abilities. Hence, there could have been a commitment by the University to curriculum and assessment methods which suit students, incorporating this as an integral part of curriculum development, as opposed to special solutions being negotiated. This approach would appear to go against the notion of high quality education.

4. Another missed opportunity in the notion of "reasonable accommodations" is that it can fail to incorporate the flexibility of learning approaches which might be included. Yet, this is certainly the way of the present and future, if any of the relevant literature and world’s best practice examples are to be taken account of.

5. We can also see the dynamics of power are manifested in terms of an initial rejection of a questioning of the dominant discourse and knowledge. In the end we have to ask "who defines reasonable accommodations" and from what power base and life experience?"

6. The experience of many of us with disabilities in dealing with the University sector is that there is still a dominant attitude about what constitutes “proper academic standards” and what is reasonable for “these people”. Many people in senior positions in Australian society have grown up with little experience of disability in their midst, and/or what experience they have had is predominantly in terms of negative stereotypes and what people with disabilities can’t do. Documents on "reasonable accommodations", although a tangible "outcome" for a bureaucracy, will do little by themselves to change that dominant knowledge. Staff development, which includes people with disability as integral and valued parts of such endeavours, is needed to facilitate members of University communities examining their knowledge, and moving beyond the dominant private troubles approach to the systemic issues involved. This includes the challenge for them to move to a "high quality and inclusive curriculum" as opposed to "reasonable accommodations" which are special and potentially stigmatising.

CONCLUSION

The publication I have used as a case study raises very important issues which go to the heart of a critical understanding of an approach to disability within the University sector in Australia. In the end we need to face the fundamental question as to whether we wish to offer “quality” for all students, or merely "reasonable accommodations" for students with disability whose conceptions may be at marked variance with non-disabled hierarchic players.

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ALL DRESSED UP. WHERE TO NOW?

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Keynote Address to “Pathways III” National Conference, Hyatt Regency, Adelaide, December 1-4, 1996.

The title of my address today comes from my experience of seeing too many people with disability all dressed up on the day of their graduation, receiving their certificates and/ or passing out of their course, yet having nowhere to go. They have struggled, overcome barriers and done what perhaps only a short time ago had seemed like a dream to them. I remember particularly several instances of young people with disabilities who got dressed up in their academic robes, graduated to the attendant fuss made about them, and then woke up to a brave new world the following day, with a pathway and future which was very unclear.

Today I wish to look at that pathway, highlighting some factors which are important for planning our future, and to project a vision of life beyond post secondary training and education which is rich in possibilities. In attempting to do this, I hope that you will bear with me as I look at where I have come from, and where I am going, as someone who has been and still is a student with disability who has sought to make his way in the so-called “real world”.

A STEP IN SELF ESTEEM: MY FIRST JOB

I remember well my graduation with a BA. A proud family and many staff members who had sought to ease my passage through my education. I was all dressed up and whilst I didn’t know where I was going, I was already well on the path towards a Master’s degree and interesting employment. Towards the end of a good generalist BA, I had realised that I wished to learn more, and did think about post-graduate study. At that stage I wasn’t setting out to become an academic or a consultant. Indeed the idea of doing a Ph.D. and my becoming a senior lecturer would have been laughed away by me as a pipe dream.

Yet, I had also already been offered my first part-time job teaching and supporting external studies for the institution from which I had just graduated. Looking back on it, I can see that I wasn’t offered the job just because I was the best academically qualified. Instead, during my under graduate years I had impressed people as someone who had perseverance, in the face of my disability, and who cared and communicated well. Indeed, I was enthusiastic.

Hence, I learnt that it is not just the paper qualifications which are most important, but how we present - or to use the modern jargon “market” - ourselves. The opportunities which open up for us are in part a product of how well we present ourselves and how well we understand ourselves in relating to others.

I also remember that the biggest barrier which I had to overcome in accepting a job offer was my own attitudes and uncertainties. I was thrilled that I had been offered the job, but uncertain as to whether I would be able to do it in terms of both my disability and my knowledge base. I was also concerned about the impact it would have upon my pension, which provided me with my economic security. I hated having anything to do with Social Security, especially given that restrictions upon income which could be earned were much stricter than they are now.

Well I started that first job, and I had to deal with stereotypes, attitudes and barriers. It didn’t earn me very much money but it did an awful lot for my self esteem. Further, I am sure that I learnt just as much from my students and from my colleagues as my students learnt from me. I found that people respected me as a person and whilst there was always exceptions, were reasonable about some of the limitations I faced in life.

Through my engagement with the world I also started to learn a whole heap of things. I learnt about teaching, communication, and relating to people with different ideas. Indeed as various opportunities to teach and engage in various subject areas have come up, I have learnt to foster posture myself in various ways. In short, the biggest thing that I had going for me was my interest and my ability to motivate myself. For all of us, one of the most important things is that whatever we choose to do in life we need to enjoy it and we need to believe that it is worthwhile.

REHABILITATION

About that time I also learnt a lot about the importance of selling oneself and one’s aspirations in order to get the resources to do it. Prior to my enrolling for a BA, I had presented to the Commonwealth Rehabilitation Service (CRS) seeking assistance with study, which they did in those days. I didn’t sell myself well. Besides, they assessed my medical condition as such that I was not seen as being a good rehabilitation prospect.

Some years later I went back to the CRS at the suggestion- indeed nagging- of a friend who worked in the system. I had just started my PhD research, and had already been engaging with the world and doing voluntary work as a disability advocate for a while. I had said to my friend that I desperately needed a computer to get me through my PhD studies, and had some other disability needs in order to foster my mobility. Yet when I went to the CRS this time I found that I had moved from being regarded as ineducatable to being too highly qualified- indeed I was better academically qualified than the staff I was dealing with. Obviously they would not fund me for a PhD. Yet, my friend challenged me to think of the future and to have a vision of myself being a home based consultant- we both knew I needed to be able to work from home if I was to make it in the economic world.

Hence, I did my Business Plan, and showed how I would trade upon my reputation and existing links and networks. As I did this it moved from something which was unthinkable to something which I could do, and have done in real life. I dared to envisage an unthinkable future- to stretch myself in the face of negative attitudes- and it worked far better than I ever dreamed, as I ended up *living*  the dream. These days I combine my home based consultancy with academic life - again based at home.

MAPPING OUR FUTURES

Well, I have come a long way since such beginnings. In so doing, I have learnt certain things which may assist us in seeking to map our futures after we graduate.

The first is that we really need to see graduation as being the beginning as opposed to the end. For me it was the beginning in terms of having received a generalist education. It gave me the tools with which to think in life and helped to introduce me to the concept of “lifelong learning”. Hence, if we are to have a successful transition from education or training to future life options we need to recognise that we are only part way down a life long track of learning. This may be found in our needing to gain further skills via short courses, but it may also be found in recognising the everyday learning we receive in life situations. For example, I always maintain that the years I have spent as a resident in health care institutions have been much more of an education than getting a Ph.D. I can certainly also truthfully claim that having a 20 month old baby has also proved to be much more of an education!

We also need to build upon the skills and interests and contacts which we develop during our courses, as we look at post-education and training employment options. Amongst other things the nature of social change is now such that increasingly people have a variety of jobs throughout their life times and many of the jobs that we will go into may never have existed ten years ago. Certainly, much of the work that I do as an academic and consultant was not available to me as a formal training course when I was an under-graduate. Hence most of what I do I have never received a piece of paper to say that I can do!

FLEXIBILITY AND MARKETING SKILLS

We also need to think about the way in which we posture ourselves, and to focus on the abilities- the special attributes and skills- each one of us has. Amongst other things, I have actually learnt to regard and display my disabilities as being abilities and opportunities. For example, when I applied for my current job with the University of Tasmania, teaching medical students in a medical school, I had to decide whether or not to mention my disability. Eventually my job application included the fact that as a person with disabilities with much experience of barriers, the medical profession and many years practical experience of institutions, I could provide a very rich and legitimate life experience to the learning situations of students. Hence, I turned what could have been regarded as being very negative to a positive attribute.

I have also learnt that in areas where we may not be gifted or weak we often tend to compensate in other areas. For example, if God had intended me to be a marathon runner, I think I may have left my run too late! However, in the face of certain physical limitations I have tended to expand and draw upon my brain and to develop communication skills. I am an intellectual and a people person. Many of us do this, as we encounter and foster our abilities.

Further, I have learnt to shape my CV and background to suit the purposes and jobs for which I am applying. As some of you are aware, I publish, consult and have taught in a variety of disciplines. I have learnt to posture myself in different ways, especially in looking for employment.

PLANNING

Of course, all of this requires planning and an openness to opportunities in the face of plans. We need to learn to prioritise and to plan well before we think about graduating. Of course those plans need to be flexible and realistic. Indeed, often it helps if we can share our dreams and our plans - no matter how unrealistic they might seem or how embarrassing they might be - with others. Things don’t just happen- we need to share and dream of the opportunities. This includes whether we wish to become home-based consultants, full-time employees or part-time workers. We need to look at our strengths and our attributes and what is realistic and unrealistic, and to work out our priorities.

Hence, we also need to acknowledge that some of the most valuable contributions we can make in society, and the most enriching, might well be via voluntary work. Much of what I do falls within such volunteerism, as I do unpaid work for many parts of the community but especially for the disability rights movement and the Anglican Church. Whatever you do, please remember that the disability rights movement and the community sector in general desperately needs your skills- as a consumer advocate, office worker or peer counsellor, to name a few possibilities. My experience is that volunteerism helped me to gain the confidence and skills for paid employment, and is also still the most personally enriching of all my work activities. Further, I have learnt a lot about myself and acquired a lot of skills and knowledge along the way.

One of the most important issues we face is working out how much we can actually do. This needs to be in the context of tackling such vital questions as income support. For example, do I need the certainty of the Disability Support Pension in total, or to work part-time and to get a partial Disability Support Pension, or do I wish to move away from the welfare system with the attendant risks and the wonderful opportunities? What does that actually mean for me in terms of not being able to receive the fringe benefits and how can I change my mind? These are all questions which are vital. We need to be able to sit down and work out what we need to survive in life, including the technological supports and what is important to us personally and professionally.

The importance of determining whether or not one wishes to be on a pension was brought home to me recently by moves in Tasmania to charge for personal care, which is funded under HACC (Home and Community Care). Pensioners will have reduced fees but it struck me as being quite ridiculous for someone who has dependency needs to be forking out the level of money required for personal care in order to get up, get dressed and go to work. Hence, we need to work out very carefully whether or not it is actually worth our while to kill ourselves in the process of holding down a full-time job.

Fortunately, in the area of income support the Department of Social Security is much more client focused and helpful than previously, and seeks to assist people who are looking for part time work. It is a better system and one where we can gain assistance in naming and tackling such questions.

HOME LIFE AND RECREATION

For me a very important part of that is getting right the balance between work and employment. I used to be quite a workaholic and still am to a certain extent. However, I was also desperately unhappy as a single person and the richness provided by my wife and family makes me a better and happier person. Yet that takes time. One of my friends who has been very active in the disability movement for many years, has been a “super crip” and done the impossible in holding down a professional job reflected with me recently on the cost that this held for her with regard to her personal life. She couldn’t be a person with disability and hold down a full-time job and do the things which she has done, and have a marriage as well. We need to work out what is important- a priority- and why. Sometimes our personal choices will run contrary to the stereotypes of success in the world. However, the more important question is whether as a person I will have achieved and developed in ways which I value?

DIVERSITY

For me one of the most important steps I made was setting myself up as a consultant. I found that there were social security and taxation benefits which were in accordance with my very real physical limitations, including energy as I embarked upon home-based work. I have learnt a lot over the years about making the system work for me and the importance of adequate research and posturing one’s self in the right way. Consultancy is not the answer for everyone, but should be seen as an option. For me it has also proved useful to consult in a variety of areas, and to combine it with salaried work.

However, the changing nature of work means that we must be prepared, and to positively embrace, the diversity of jobs and skills required in all work. Whilst home based work has many advantages, I have also found disadvantages. For example, work is always at home with you - sitting on the desk nagging!

CONCLUSION

As we plan our transition from post-secondary education and training to life and employment options there are some fundamental questions which we need to consider. These include the following:

1. Will I posture myself in ways which market my inherent skills and attributes, adapting my claimed skills base accordingly?

2. Will I posture myself so that my life experience and disability are turned into unique abilities?

3. Will I recognise the changing nature of work and employment?

4. Will I recognise that personal fulfilment and realistic options include not just paid employment, but work with the community sector in a voluntary or part-time basis?

5. Will I explore my income support needs in deciding upon full-time, part-time, casual and/or voluntary employment?

6. Will I commit myself to life long learning in formal and informal senses?

7. Will I set goals for myself as a person, including the recognition of space for work and personal life?

8. Do I wish to be a professional crip or a professional who happens to have a disability?

9. Will I work out my current and projected personal care, communication, disability support and technological needs in deciding upon my future options?

10. Will I dare to dream and to aim for that which is unthinkable?

There are many options available for us, although the road will not be easy and there are still many barriers. The challenge is to use the research skills that you develop during your training to decide upon options which are best for you as you seek to turn

“All dressed up. Where to now?”

to

“All dressed up: Fifty-six options to pursue.”

ACCOMMODATION IS THE KEY:

sharing the Canadian experience on creating inclusive practices

a presentation by Eva Nichols, West Hill, Ontario, Canada

The provision of special education programming to students with special needs has been available to students with certain disabilities for many years in most developed countries. Schooling for students who are blind or deaf or who have orthopaedic difficulties and therefore use crutches and/or wheelchairs, has been available, usually in a separate location, often in purpose built buildings or facilities or even a hospital setting. The use of braille or sign language for educational purposes was available, but was not a part of any kind of mainstream services.

Services to students with developmental disabilities (mental retardation, as it is still called in some places) were usually not provided through the general public school system until much later and in fact in many places the legislation governing education allowed for the formal exclusion of such pupils.

Students with learning disabilities, who are today the single largest group of students with special needs at all levels of education, including colleges and universities, students with emotional and behavioural problems were generally not recognized at all as having special educational needs or were likely to be excluded.

The concept that such students and their non-disabled peers might both benefit from exposure to one another was simply not recognized.

In the last forty years, following on the heels of the American desegregation of the schools for racial minorities, integration or inclusion, to use the most current term, has been the most controversial issue in the field of education. The debate has focused on the relative merits of meeting the individual needs of students, the philosophy of what is the right thing to do and the costs of providing access to all students to the most enabling special education programming and services in the least restrictive environment.

Much of this debate continues. There is no clear cut research evidence which states that special programming is the right thing for all students with special needs at all times. There is also no clear cut evidence that proves that integration or inclusion is the best way of teaching all students with special needs in the school system. Therefore, philosophy and emotion are the driving forces as much as pedagogical principles and research findings.

When it comes to post-secondary education, the concept of providing services and programming to allow disabled students to attend and participate successfully in a programme leading towards a degree or diploma, the debate and process are still in their infancy. While it is recognized and accepted that all children have the right to attend school, there is no such right governing post secondary education in most countries. Certainly, in Canada there is no equivalent legislation to

the Provincial Education Acts which mandate the provision of services to all students between the ages of six and graduation or twenty-one, which ever comes first, no matter how complex or diverse the needs of that child are.

While there is legislation mandating the existence and funding of post-secondary educational institutions, there is no law relating to what is taught, by whom or how. Those decisions are made by each institution.

Therefore, those of us who wished to improve the options available to people with disabilities in terms of their future life, needed to look to some other legislation.

In Canada, the Charter of Rights and Freedoms guarantees certain equality rights to all persons. Key among these rights is the freedom discrimination on a number of grounds including disability (handicap).

Section 15(1) ofthe Charter states that:

Every individual is equal before and under the law and has the right to equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national and ethnic origin, colour, religion, sex, age or mental or physical disability.

Section 15(2) goes on to state:

Subsection (1) does not preclude any law, program or activity that has as its object the amelioration of conditions of disadvantaged individuals or groups including those that are disadvantaged because of race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Sexual orientation has recently been added to the above list of prohibited grounds.

For many years the disability discrimination component of the Charter was used from time to time by students with disabilities to enter post-secondary education, provided they clearly fulfilled the entry requirements and were able to participate in most or all parts of the programme. They were able to reguest and were granted certain supports on a case by case basis. As a result, some very bright and assertive students qualified in certain professions. They also established some excellent precedents, thereby paving the way for those who came later.

Given the significant autonomy of universities and colleges in setting policy, there was not much more expected in terms of programming for students with disabilities.

A number of changes occurred in the early 1980s in the Province of Ontario.

In the U.S.A. following the implementation of the Americans with Disabilities Act, many, though not all universities and colleges began to establish special needs offices. Inevitably, any such changes in the U.S.A. result in some review and often in specific changes in some parts of Canada, especially Ontario.

The special education components of the Ontario educational system was strengthened by legislation and by guaranteeing significantly greater rights to students with special needs and their families.

In 1981, the Ontario Human Rights Code was enacted, based on the Charter, but going significantly further in its expectations.

The Ontario Human Rights Code, 1981, prohibits discrimination on the grounds of a handicap. What that means is that services, a term which includes education, goods and facilities, cannot be denied to someone because they have a disability. In the Interpretation and Application section of the Code, handicap is defined as:

"for the reason that the person has or has had or is believed to have or have had,

*(I) any degree of physical disability, inf rmity, malformation or disf gurement that is caused*

 *by bodily injury, birth defect or illness and, without limiting the generality of the*

 *foregoing, including diabetes mellitus, epilepsy, any degree of paralysis, amputation,*

 *lack of physical co-ordination, blindness or visual impediment, muteness or speech*

 *impediment or physical reliance on a guide dog or on a wheelchair or other remedial*

 *appliance or device,*

*(2) a condition of mental retardation or impairment,*

*(3) a learning disability or a dysfunction in one or more of the processes involved in*

 *understanding or using symbols or spoken language, or*

*(4) a mental disorder".*

Colleges and universities were expected, through court rulings and the work of the Human Rights Commission to consider the Code as applying to them in terms of admitting and programming for students with disabilities. The intended effect was to balance the rights of persons with disabilities with the rights of universities and colleges to mange their operations effectively and to maintain their standards of education. In the mid 1 980s this expectation was formalized through the establishment of a specialized funding envelope for the creation and administration of a special needs office in each institution. It is also expected that each institution has a written special needs policy governing the access and programming of the institution for students with special needs. The institution, its faculty and its student body are expected to abide and function in accordance with this policy.

The focus of such policies tends to be the way in which the institution can meet the individual and differentiated needs of students with disabilities so that they can achieve within the programmes of the institution in the same way and as well as their non-disabled peers.

What does this mean in practice?

In addition to the above relating to discrimination or exclusion, the Human Rights Code mandates the establishment and implementation of special programs or services, designed to relieve hardship or economic disadvantage, especially where such programs or services are likely to contribute to the elimination of actual or potential discriminatory practices.

The establishment of special programmes has been a controversial issue within the post secondary sector, even if it has been clearly shown that the students can only be successful in such programmes. For example, programming delivered through ASL to deaf students can be highly beneficial to such students and can enable them to graduate from college or university. Many faculty members in the post-secondary sector pride themselves on not being qualified teachers and on not providing remedial help to students who cannot learn as the faculty teach. In fact, most institutions limit the availability of such special programmes or the availability of remedial or academic upgrading programming.

However, most students with disabilities do not require such special or targeted programmes in order to be successful.

In 1989, the Ontario Human Rights Code was further amended by the introduction of a set of Guidelines for Assessing the Accommodation Requirements for Persons with Disabilities.

The thrust of these Guidelines is the duty to provide accommodations such, that persons with disabilities are enabled to carry out the essential duties of a job and that they have choices about pursuing their individual goals and purposes in life, including the situations in which they work, study, live, travel, eat, shop, play and are entertained.

The standards established for accommodation are as follows:

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The needs of persons with disabilities must be accommodated in a way that most respects their dignity, if to do so does not create *"undue hardship ".*

The phrase *"respects their dignity"* means to act in a way that recognizes the privacy, confidentiality, comfort, autonomy and self-esteem of persons with disabilities, which maximizes their integration and which promotes their full participation in society.

Inevitably, the question arises as to what is undue hardship.

Undue hardship is defined in the Code and the Guidelines in terrns of costs and/or health and safety risks for the individual, organization or institution which is being asked to provide the accommodation.

*"Costs will amount to undue hardship if they are:*

*1. Quantifiable;*

*2. Shown to be related to the accommodation of the individual,*

*3. (A) so substantial that they would alter the essential nature of the enterprise, or*

 *(B) so substantial that they would substantial affect the viability of the enterprise. "*

Certain physical changes may prove to be so expensive as to amount to undue hardship. However, most concerns that are heard in this regard do not relate to physical changes to plant or buildings. For educational and training programs and institutions the concern is more often whether the accommodation calls for or allows an interference with the integrity of the program or the institution. In other words, are they being asked to lower the standards?

It is important to note that the onus for establishing the potential or actual undue hardship claim is on the institution. The individual who is seeking the accommodation is not required to prove that his or her request does not represent undue hardship.

The special needs policies of all post-secondary institutions in Ontario have been expanded to cover the issue of accommodation. Most institutions will offer the following:

the adaptation of the institution's stated requirements, so that the individual with the disability can be successful at meeting the requirements, such as modified programming, reduced workload requirements or different admission policies or procedures;

• the availability of accommodations so that the student with disabilities can meet the

 essential requirements, by doing things differently or through some alternative methods.

The types of accommodation for enabling persons with disabilities to be successful in a university, college or training program setting may include:

Physical alterations of the facility to ensure that the student can actually enter and participate in the class, lab or presentation;

Access to assistive devices, such as computers, calculators, tape recorders, etc.

Access to extra time to carry out time related tasks such as the writing of examinations, etc.

Access to an alternative format for assignments and examinations, such as oral testing, question clarification, elimination of multiple choice formats, etc. based on the individual student's strengths and needs.

Access to support systems such as a scribe, a reader, a note taker, the ability to hand in assignments for a preview, an alternative or reduced reading list, sign language interpreter, etc.

Access to tutoring, remedial programming, if needed, special courses, diagnostic assessments, counselling, advocacy support and a reduced course load.

As stated earlier, the concern that these accommodations will lead to lowered standards or some other compromising situation for the institution or the individual who allows or provides it is frequently heard. This is a false concern, since none of the above examples or other potential accommodation practices should alter the academic standards or requirements. In other words, fewer credits, lowered pass marks or the elimination of essential program components are not a forrn of accommodation, nor should people with disabilities need or ask for them.

The most important ongoing requirement is the establishment and maintenance of mutual respect between the learner with the disability and the educational or training institution and its staff. Learners should be enabled to maintain their personal dignity and should not be exposed to ridicule, harassment or other inappropriate treatment because they need to have certain accommodations to be successful in reaching their goals. They should not be obligated to keep offering proof that they still have disabilities or that they still need to be accommodated, although clearly the onus of disclosure and self-advocacy is on them.

Frequently, the accommodation is readily provided when the faculty members can see the disability that the student has.

However, other disabling conditions such as psychiatric disabilities or learning disabilities are much less readily accepted and/or accommodated. The old myths relating to the intellectual capabilities of such students still often get in the way. At the same time, there is a reluctance on the part of institutions to order professors or lecturers to offer the requisite accommodations, even though there is no question that the accommodations are needed by the student and do not represent an undue hardship for the institution or the faculty member in question.

Institutions sometimes deny access to certain programmes to students with disabilities or deny requested accommodations on the grounds that the individual is unlikely to be able to find employment in the field, given their disabilities, or are unlikely to be able to meet any future professional licensing requirements. These are not valid grounds for the refusal of accommodations.

When it comes to the issue of professional licensing examinations administered by the various bodies, such as the College of Nurses, etc., each body has its own process. However, that process cannot exempt them from abiding by the legislation of the Province in which they are located. Therefore. in Ontario, for example, the Human Rights Code clearly applies.

Sometimes, the undue hardship issue that arises relates to public safety.

For example, should a nurse be licensed who cannot accurately dispense medication due to her tendency to reverse digits in a number? Should a firefighter be approved to work on a pumper when he or she cannot reliably assemble a hose and its couplings?

It is not easy to offer an absolute and all-encompassing answer, since each case has to be considered and judged on its own merits. The efforts of the training institution and the individual should go toward enhancing the training, offering extra time, alternative formats for training materials, etc. However, if the candidate cannot, with reasonable and significant accommodation, fulfill the essential job duties, then they should be helped to work in a different capacity, but preferably still using their skills.

It is important that all students, faculty members as well as the administration of the university or college recognize and accept their legal obligations arising from the Human Rights Code to accommodate students with disabilities. In this regard, accommodations are identified as the strategies necessary to equalize the opportunity of a person with a disability in meeting the essential requirements of applying for and achieving the learning outcomes of a course or program. Accommodations extend significantly beyond the standard level of service provided to the general population, but do not result in lowered standards or reduced achievements.

There is movement afoot in Ontario to introduce an Ontarians with Disabilities Act, which would mandate, among other things, compliance with the relevant statutes by post-secondary educational institutions. While there is no guarantee that such legislation would dramatically alter services to students with disabilities, it would still represent yet another positive step in this regard.

There are legal precedents for the provision of accommodations to enable students with disabilities to succeed in their post-secondary education. Denying such much needed accommodations to students with disabilities is the most unacceptable form of discrimination within our colleges and universities.

 THE LEARNING ASSESSMENT PROFILE FOR ADULTS (LAP-A):

a process for improving the employment prospects of persons with specific

 learning disabilities

 a workshop presentation by Eva Nichols, West Hill, Ontario, Canada

Specific learning disabilities effect the lives of approximately 10% of the general population. This statistic cuts across national, ethnic and racial boundaries as well as socio-economic conditions. In spite of this significant incidence figure, there is limited understanding and acceptance of learning disabilities as a disabling condition.

The reasons for this include a number of factors, such as:

 that learning disabilities are still not fully understood as the neurological condition that

 they are;

 that they are invisible;

 that there is no single, universally accepted definition and the definitions that are used,

 such as the ones included in DSM iv or the World Health Organization's listing of

 disabling conditions, are primarily based on the exclusion model, i.e. what it is not;

 that learning disabilities are diverse in their severity as many other disabilities, as well as

 their functional manifestations, which is unusual and complex to deal with;

 that it is easier to blame the person who has learning disabilities for the difficulties (you

 are lazy, unmotivated or stupid) than to accept that the rest of society has an obligation to

 alter the circumstances in which people find themselves, in order to assist the person with

 learning disabilities to be successful.

Many people with learning disabilities are quite successful and require little or no outside assistance. They have figured out a way for themselves where they can utilize their strengths and use coping strategies to meet those requirements which fall into the area of their learning disabilities. Such people can and usually do well in school and go on to becoming productively employed. Frequently, they are the only ones who are aware of the learning disabilities that they have.

This is not the case for the majority of people with learning disabilities.

The majority, even with the learning disabilities having been identified, struggle with schooling and are significantly disadvantaged in the world of employment. Many are on a merry-go-round of under- and unemployment. They often feel victimized by society. For those whose difficulties have never formally been ascribed to a learning disability, the situation is even more complex. They are likely to blame themselves and turn their anger and disappointment inward.

Numerous studies have shown that people with learning disabilities face significant discrimination, even in places and settings where there is legislation against such discrimination against those who have disabilities. Often such legislation is applied to helping those who have

visible and/or clearly understood disabilities. The legislation is frequently silent on the subject of learning disabilities or even actually excludes them.

It is important to proceed with the requisite systemic advocacy in dealing with this situation. But in the meantime it is important to recognize that people who have learning disabilities and who are employment disadvantaged today do not have the time to await such future changes as such advocacy might produce.

The Learning Assessment Profile for Adults is one of many projects geared to assisting people to become more competitive in entering the job market.

It has been developed for the use of adults with learning disabilities in Ontario and it has been endorsed by several ministries within the Ontario government. Funding was provided through the Ministry of Citizenship. The group that assisted me in an advisory capacity included representation from the ministries of Education and Training, Citizenship, Community and Social Services, Labour, several consumers, representatives of universities and community colleges and the Learning Disabilities Association of Ontario. It has been piloted with several groups of consumers. The goal is to train enough facilitators throughout Ontario to ensure that any consumer wishing to use the process can receive the requisite assistance.

People with learning disabilities are almost always employable, i.e. with the requisite training, support and accommodation they can work and support themselves.

So why are so many of them unemployed in that case? This is usually due to the fact that they are often not job ready, in spite of the fact that they have average abilities and many have a reasonable educational level, with university and/or college certification.

Being job ready calls for the following:

a viable occupational or career goal; education, training, skills and experience needed to achieve that goal; job application and job search skills; the ability to demonstrate that he or she can meet the requirements of the job; the ability to keep the job, by working hard and satisfying the ongoing requirements.

Because so many people with learning disabilities have a limited understanding of their own learning disabilities and their impact on employment, they frequently cannot and do not present themselves as competent individuals who can meet the demands of the job under discussion. They focus on the things that they have difficulties with or that they cannot do at all, instead of demonstrating that with coping and compensatory strategies and accommodation, if needed, they can be successful in carrying out the essential duties of the job.

Research indicates that employers are interested in hiring people who view themselves as competent and who can do the job well and as the employer wants. They want employees who are productive, who are committed to meeting the requirements of the job, who are flexible and

fit in well. They may feel very sorry for the person who stresses their difficulties arising from having a learning disability, but they are unlikely to hire such a person in preference to the potential employee who focuses on his or her competencies.

The LAP-A process enables people with learning disabilities to make a switch from focusing on their problems and difficulties to viewing themselves in terms of their strengths and competencies. The LAP-A binder consists of five main sections. These are as follows:

Introduction, which includes some general information on the process and how to use the materials contained within the binder; Assessments Employment readiness Personal and background information Appendices, which is a series of general information articles relating to learning disabilities and reference materials, that some people using LAP-A may find useful.

In addition to the written components, LAP-A is available as an audiotape and will be available in the near future on a computer disk. This will make it more user friendly for consumers who have difficulties with printed materials.

The three working sections are the ones focusing on Assessments, Employment readiness and Personal and background information.

The Assessments section assists in interpreting past assessments in terms of strengths, difficulties, vocational implications and accommodation requirements. It helps the consumer to make the necessary links between their learning styles and learning disabilities and offers lists of strategies that work in compensating for different kinds of learning disabilities. It also assists in analysing the cognitive or academic difficulties that the consumer has, in some detail. In other words, rather than just focusing on difficulties with reading, the consumer will be helped to figure out what aspects of reading are difficult and what helps him or her to compensate for this.

At the end of this section the consumer will be able to pull together a new profile summary of himself or herself in terms of what it is that they can offer to a future employer.

In the Employment readiness section, the consumer is assisted in analysing his or her past employment experiences, interests, skills, education and training in order to develop a goal statement relating to their ideal future job. There is also significant discussion relating to the topic of disclosure and how to decide when and how to disclose the fact that he or she has a learning disability.

At the end of the section, consumers will be able to pull together a summary of what kind of a job they want to have and how job ready are they.

The Personal Information section assists with the development of a suitable resume and discusses the topics of references and other things relating to finding a job. It has no pretensions

of serving as a full employment search manual, for once the consumer has worked his or her way through LAP-A, he or she will be able to use the services of mainstream employment supports, just like other job seekers who do not have learning disabilities.

The summary for this section will consist of a resume and references.

After these three working sections, the consumer will have a small document consisting of the three summaries outlined above, entitled Employability Summary. This will then be useful as a backup document as they go about finding a job that they can get and keep.

Statistics and feed back will be gathered as the binder is provided to consumers. On the basis of the feedback changes will be made to the LAP-A process.

Having worked on this project for the past couple of years, it is my expectation that it will be beneficial to people with learning disabilities, who are currently employment disadvantaged, but who certainly have the potential to be productively and competitively employed.

TEACHING STUDENTS WITH DISABILITIES AT THE UNIVERSITY OF ADELAIDE: WHAT DO ACADEMIC STAFF NEED TO KNOW?

BACKGROUND

This paper reports on a project still very much 'in progress', and located in a very specific context - a conservative 'sandstone' university with long-established and fiercely held traditions and beliefs, without a strong equity tradition embedded in its culture, where academics were largely unready for the equity challenges of the 80s and 90s, and where they are still, in many ways, uncertain about / unfamiliar with developments. Thus, this project was needed for a number of reasons:

∑ In the unit responsible for staff development at the University of Adelaide, the Advisory Centre for University Education (ACUE), we were aware of an increasing number of requests from teaching staff regarding 'guidelines' for assisting students with disabilities. The question of possible accommodations was being raised with increasing frequency.

∑ There were growing numbers of students with a disability in the University - especially students with a 'hidden' disability - and we knew that some (too many) were likely to drop out before completion, or take longer than other students to complete their course.

∑ We had considered feedback from a survey of the three SA universities conducted in 1994 in which students commented on their perceptions of the 'attitudes' of teaching staff to students with disabilities - with there being obvious room for improvement.

∑ The University needed to move to comply with the requirements of the Disability Discrimination Act (1992).

∑ It appeared desirable that some attempt be made to develop a strategic approach across the University to recurring issues arising from requests for teaching and assessment accommodations.

There were DEET guidelines and AV-CC guidelines on which we felt we could build in order to improve practice. The project was envisaged as a staff development project for a number of reasons. Staff development should be an essential, not a peripheral, component of any strategy to improve student access and retention. One way of improving the learning experience of students who have a disability is to improve the teaching and assessment processes they encounter. Students have commented (Houck, Asselin, Troutman and Arrington, 1992; Earwaker, 1992; Barnard, 1994; Noble and Hejka, 1994) on the importance of a supportive campus environment, and particularly of contact with staff who understand the degree to which disability is 'interaction-specific' or 'functional', rather than 'personal' (Porter, 1994). Improving access can have some point only if equity after access is a reality. A number of questions were raised in the early stages of the project: Was there a particular model of staff development which we could use to raise awareness and improve practices? Could we focus on one 'good practice' model for teaching students with disabilities, a model which would transcend discipline differences? Did staff appreciate how changing their teaching and assessment practices as a result of self-scrutiny and appraisal might make for a better educational experience for all students, not only those requesting accommodations? To what degree would we need to consider the fundamental questions of attitude and procedures? (Abbott-Chapman, Hughes and Wyld, 1992)

THE PROJECT

The project at the University of Adelaide was envisaged in 3 stages. In Stage 1, both national and 'local' information was sought: 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 was completed. Stages 2 and 3 of the project, still underway, focus on the development and dissemination of information throughout departments in the University.

It is on Stage 1 of the project that I would like to focus, namely, the interviews conducted with members of academic staff. Over 40 teaching staff from a variety of disciplines were interviewed to determine the exisiting 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; assessment procedures and accommodations. The interviews were designed to enhance our understanding of current practice so that we could move thence to an analysis of what still needs to be known, and consider how best to address these 'unknowns'. We hoped to locate efficient and effective practices which would be transferrable between disciplines.

The process of 'selection' of staff for interview was not random. We were able to target staff whom we knew had, in the past year or so, been involved in teaching, supervising, or assessing students who had a disability. Staff in 17 departments (covering all 6 Divisions) of the University were interviewed. These staff had experience teaching students with a range of disabilities: mobility disabilities; CFS; ME; MS; RSI; Parkinson's disease; diabetes; epilepsy; anorexia; vision impairment; hearing impairment; dyslexia; and psychological and psychiatric disabilities.

What did it mean for the academics interviewed to be teaching these students? Had they, or how had they, changed existing teaching practices to accommodate diverse needs? How had they responded to new issues and challenges? What difficulties had arisen? Had they been able to identify potentially discriminatory practices in their selection of students (particularly in later years), or in the way in which courses were taught? The interview questions were designed to encourage a general reflection on experience - something which can often lead to a change in practice - as well as open discussion about specific experiences and concerns.

The interviews were structured around a possible 16 questions. The questions ranged from the simple: 'What disabilities have you encountered?' and the practical: 'Are you aware of the University's legal obligations in this area?' to the more challenging: 'Have you ever been uncertain about implementing an accommodation? and 'Did you ever feel you were disadvantaging other students by varying usual practice?'

Staff were also asked whether (and from whom) they had sought advice about accommodations; what printed material they were aware of and had used when making decisions; whether issues about alternative assessment, curriculum changes etc. were discussed at departmental level; whether in fact departmental policy / guidelines existed. They were asked to indicate how / whether their awareness had changed over the past few years, and what recommendations they had for future practice, both for their own departments, and for the University as a whole.

Some interviewees responded to all questions. Others gave detailed information on selected questions which specifically interested them. Some answered only some of the questions - and there were numerous : 'not relevants'; 'don't knows' and / or 'haven't had any experience in that regard'.

While the interviews uncovered a good deal of good will and apparent commitment to 'equity' in the learning process, they did not, on the whole, uncover the well-considered, extendable, transferrable practices which we had hoped to find. Why? A close look at some of the interview responses will serve to elaborate the dilemma we are facing in this 'staff development' exercise, and suggest why we have veered somewhat from the project 'outcomes' as originally envisaged.

Comments from Interviews:

Many of the comments made in interviews indicated an 'ordinariness' and a certain 'safety' in the issues which academics acknowledge when asked about their experiences teaching or assessing students with disabilities, and the action they have taken when called upon to deal with out-of-the-ordinary issues.

On playing it safe (the constraints of time and 'culture'):

 'The adjustments I've made have been fairly minor - nothing unusual called for.'

 'None of these students has presented with circumstances which required discussion at departmental level.'

 'I've let students record lectures, helped fix up timetable clashes, that sort of thing.'

 'I don't think anyone has ever asked for anything unreasonable, not in this department anyway.'

Staff were not unwilling to recognise and meet challenges: 'We limit options for students if we stick to show and tell and talk and chalk', and were keen to discuss viable and creative alternatives to current practice. But their focus and practices were clearly constrained, and there were reasons for 'playing it safe':

 'In this climate most staff would wish their teaching to be routine and ordered.'

 'Where do you draw the line for what is reasonable?'

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.

Throughout the interviews came a strong message of uncertainty. Academics were frequently unclear about what had happened, or was happening in their department, uncertain about the accommodations their colleagues might have agreed to. Departmental 'politics' or 'culture' was usually behind the lack of communication. However, an unquestioning unity seemed to lie behind the inevitable general assumptions that any decision made by a colleague was likely to be 'fair', even if 'uninformed'.

But if there is no discussion at departmental level, how is it possible to establish practices which are credible, and which are widely accepted and understood? If we cannot define 'reasonable', how can we move beyond the frequent perception that any request for something alternative is unreasonable? Where does the information base begin, if not in departments themselves?

One lecturer acknowledged that some of the examination 'structures' and formats used in her department were not the best options for assessment - they were not the best way to gauge a student's ability - but she suspected that these methods were adhered to because they were 'time efficient', and staff were just too busy to implement alternatives.

In some cases staff did indicate an awareness of the desirability of discussing and reaching decisions on a departmental level, indicating that they would feel 'safer' about decisions so reached. Behind these comments was evident the fear of making decisions alone - when there are no precedents, and/or no guidelines - and the worry that perhaps, in allowing students to be taught differently, or assessed differently, staff would be accused of compromising course standards or disadvantaging other students.

Several academics mentioned concerns about 'fairness'. Clearly, staff need to feel confident in making whatever accommodations are called for, and in calling for advice and support, and need a frame of reference against which decisions can be measured or judged. Uncertainties about what might be 'fair' were common. There were pleas for 'correct procedure' guidelines. The range of both concerns and uncertainties is clear in the following comments:

On the need to be 'fair' and 'correct':

 'It's important that everyone knows what the correct procedure is.'

 'I guess I would be reluctant to say no to requests - but would like to

 know that there was some backup for decisions.'

 'I would like clarification on what constitutes a disability.'

 'Sometimes a student's behaviour is different from day to day, which makes it

 difficult to know whether their claim for different treatment is fair and genuine.'

 'Probably about 10% of 1st year students in this department say they have a

 learning disability. This [the existence of learning disability] is a sensitive and difficult issue - but I know that sometimes there is a bit of cynicism.'

 'Some people were unhappy with the accommodation made for this student - in particular the exemption from seminar participation, but after discussion at a

 departmental meeting there were still no guidelines for future practice

 established. It's like you have to think again for each student.'

 'Sometimes the problem of likely disadvantage to other students occurs to me.'

 'I've had some requests from students. I feel I can't always take their requests

 at face value. I ask them for evidence of their disability. There's less possibility

 of exploitation this way. But I know members of staff who don't ask for

 anything in the way of documentation.'

 'I often feel unsure - but I endeavour to meet the student's needs as best I can.'

 'As long as I'm in a situation where I'm not sure of the genuineness of claims,

 particularly in hard to diagnose cases like RSI, then I feel I need to start asking

 for medical evidence of the disability.'

 'One student was given different tasks in the laboratory which were less

 dangerous than those being undertaken by other students. These tasks still met

 the requirements of the course - but were we disadvantaging other students

 somehow?'

 'We had a student whose behaviour was sometimes disruptive, aggressive. The

 young demonstrators got quite uptight. We did not know how to handle the

 situation. It was a while before we knew what her [the student's] illness was (schizophrenia). The student failed, so in the end we didn't have to do

 anything.'

 'We had a case where a student with a vision impairment had her boyfriend

 assisting her in [Chemistry] practicals. I know staff were worried about equity

 issues here - and I wonder now how other students felt about it.'

 'Some students ask to tape lectures. This is a difficult issue, because lecturers

 are concerned about copyright, and material being taken out of context .'

Only in one Faculty was there a 'centralised' system in place for dealing with students' requests for 'changes'. In other areas, meeting different needs was a fairly random process, and depended very much on the energy and goodwill of individuals:

 'I've sometimes sought advice from more experienced lecturers, and consulted

 with other people teaching the student involved. But I generally get a sort of 'if

 you want to take on that responsibility, that's fine' response. And quite clearly

 they would not have done the same things.'

There was certainly no 'common' awareness or consistency of approach throughout the University. One comment focused on difficulties a department had had with a particular student when they questioned the adequacy / standard of his work. He had passed a subject in another department where similar standards had not been adhered to. The resulting situation was obviously frustrating - necessitating time-consuming consultations and explanations - for both the student and the staff member teaching him, and we know that this is not an isolated case.

In making accommodations staff need to be familiar with the goals of their courses, so that they can think about purpose, validity, reliability, practicality and equity when implementing alternative assessment or varying teaching methodologies. However, lecturers' comments indicate that establishing and agreeing on goals is far from easy:

 'The University requires us to specify course 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 . . . ? It's

 difficult to get people to discuss these issues. We proceed on a re-active rather

 than a pro-active basis. There is great difficulty in collectively anticipating

 matters which might arise and adopting a pro-active stance. The implication of

 all this is that the department would not be in a position to defend itself if a

 complaint arose.'

And here is the fear again: What am I supposed to know? What am I supposed to do? Who will tell me, and who will assure me that all is well? In practice, many academics feel that they simply do not have the requisite skills to know that they are handling requested 'alternatives' competently:

 'Some students have been offered the alternative of oral assessments in this

 department. Some have not taken the offer up - and I'm glad, because I don't

 think we've really caught on to how to assess in this way.'

While generally staff were aware of the University's legal obligations regarding access, and the provision of services to eliminate disadvantage arising from disability, the greater concern for academics was what these obligations meant in practical terms.

On the legislation:

 'What is the difference between 'fair' and 'unfair' treatment - and 'lawful' or

 'unlawful' practices? It's a minefield. Tell me in practical terms what I need to

 be doing.'

 'I'm aware that there is legislation - but I don't feel I need to know the details. I

 need to know what is acceptable practice.'

 'Yes I know that we are under legal obligation. But I'm here to deal with the

 practicalities, not the legal aspects.'

 'I'd like to know more clearly about legal responsibilities, about correct

 procedure - for example about supervision for students with disabilities on field trips.'

 'These issues are growing - and I'm not very comfortable with my level of understanding. There've been a few tricky situations.'

 'I've heard about this concept of having to make accommodations unless

 'unjustifiable hardship' for the institution can be proved - but really, I'm more

 concerned about 'unjustifiable hardship' on the students.'

One lecturer commented that in one instance he felt that rules had been 'bent a little' in order to avoid a difficult situation, and that this had happened because there had been no practical guidelines on how to deal with a student with a particular disability. 'Bending the rules' disadvantages everyone in the system.

The study revealed a concern with matters of 'responsibility' in so far as appropriate behaviour is concerned. This is an area not definable or explainable by legislation. Is it up to academic staff to make enquiries of students regarding their needs - or should staff leave it to students to ask for what they need? Whose responsibility is it to do what - and when? There were a number of comments dealing with difficulties which arose as a result of students not speaking to anyone about their disability until a 'crisis' was reached - and failure was imminent.

 '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.'

Academics who had long understood the need for 'appropriate language' were nevertheless still uncertain about 'appropriate behaviour', and this had clearly constrained a number of them on a number of occasions.

On getting the behaviour 'right':

 'I was not sure whether to ask the student with a mobility impairment if he

 needed help. I spoke to another member of staff who said that surely the student would ask for help if he needed it.'

 'Most students with disabilities I have encountered have not wanted to talk

 about it.'

 'I've often offered help and been met with rather defensive replies.'

 '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.'

 '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.'

 'It's difficult to know how to assist students who are not physically strong -

 and who let you know that they are unable to meet assessment commitments -

 after the deadline!'

The interview questions led one academic to focus discussion on what he believed about his role as a university teacher: 'Really, I think we're here to teach them, not to treat them'. However, other staff felt strongly that it was their responsibility (and indeed obligation as teachers) to initiate discussion with students with questions such as: 'How do you want your situation managed? Do you want other members of staff advised or do you want this information kept confidential?' Some staff commented on the importance of asking students for their own view of appropriate teaching and/or assessment alternatives:

 'When a student approaches me and says they cannot undertake or complete a

 certain activity or task, I turn the situation around and ask them what they can

 do.'

This was not a universally-held view, however:

 'I think it's a big assumption that the students will know what their needs will

 be, especially in the first year of a subject.'

On defining and understanding areas of responsibility:

Along with the questions about appropriate individual behaviour and responsibilities came comments focusing on responsibility in the wider system. A number of staff noted 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.'

 'Once it was the case that a letter was sent from the student counsellor

 informing the academic about a student's disability. That system appears to

 have stopped. The whole system is now quite sluggish : sometimes you know; sometimes you don't.'

One senior member of staff articulated the wide range of issues relating to accommodating students with disabilities, and lamented the lack of any systematic approach to the many issues which might be raised:

 I'm quite surprised by the wide spectrum of opinion about disability issues

 among my colleagues. Lowering of academic standards is one. Responsibility

 on field trips will be a problem without extra support. Who will pay for this?

 We need to have a modus operandi which says that when we take someone on

 [into the department] who has a disability we must look at the options [accommodations] available to us.'

The problem of care and responsibilty for students on field trips was frequently mentioned, as was the responsibility for bearing the expense associated with additional supervision or support on these trips. At least one member of staff had given considerable thought to viable alternatives to field trips for students who were unable to undertake them:

 'I have questioned what my teaching objectives are, and come to question the

 validity and usefulness of fieldwork. In some situations you have to ask

 yourself whether it is necessary and appropriate to expose students to some

 experiences which may not enhance their learning of the course material.'

This member of staff linked the continuation of field trips with a 'fieldwork culture' in her department which, she said, had proved very hard to alter. It is largely the 'culture' of the University as a whole which we must target in this staff development project.

Academic staff are asking questions about the 'location' of the responsibility for decisions resulting in any changes, whether they be to teaching or assessment practices, to methods of conducting laboratory practicals, or managing fieldtrips or training placements. Many comments reflected the concern of academics that as experts in their subject area, they be the ones to have ultimate responsibility for any decisions regarding the need or appropriateness of learning or assessment accommodations:

 'Staff felt that their ability to make academic decisions was being usurped

 [when decisions regarding exam procedure were made outside the department].

 There has been something of an attack on academic freedom - Decisions made

 'outside' run against the traditional decision-making process in the direction of a

 form of managerialism and rationalisation and codification of everything.'

However, other staff indicated a sense of relief that someone else would make decisions:

 'I was pleased that the Health and Counselling Service made decisions about

 the student's capabilities . If I am not the person who has to determine a

 student's capacity to complete course requirements then I am less open to manipulation.'

Input from different 'specialists' was welcomed by some - :

 'I would like to recommend that there be a letter from the DLO to the relevant

 academic staff member to notify them of a student's disability, and to make a

 few suggestions as to how the student could be accommodated'.

 'It would be invaluable for the head of department to receive confidential

 information about students' disabilities so accommodations can be made early'.

 - but questioned by others:

 'How can someone with no experience in teaching - or in a particular subject -

 recommend how it should be assessed?'

Needing consideration in any staff development activity are not only the many issues around responsibility and appropriate behaviour, but the minefield issues of disclosure and confidentiality. These comments lead to issues of communication - amongst academics, between academics and service providers - and the sharing of knowledge and understanding.

Academics want - and need - to know what others are doing, to know what is happening in other departments, what practices others have tried and adopted, or tried and discarded:

 'My approach to making accommodations for students with disabilities is pretty

 ad hoc. I'd like to know what staff in other areas are doing.'

Highlighted in this and similar comments is the importance of collaboration between students, DLOs, and academics in discussing teaching / learning situations, and in determining accommodations. Unsatisfactory outcomes and strained relations are likely to eventuate in situations where information is not shared:

 'We had a student who was often verbally aggressive. There were a couple of

 incidents in which the lecturer became concerned for her safety. After one

 incident we discovered that the student was receiving counselling in the service

 here, but he had chosen not to tell his lecturers. Someone telling us something would certainly have helped.'

Another lecturer, responsible for large 1st and 2nd year classes, commented that he was often surprised when he received 'information slips' concerning special examination arrangements because it was frequently the first time he had any knowledge of students' disabilities. He found this extremely frustrating. Others expressed indignation about the manner in which 'information' was received:

 'I've received requests for recording of lectures and student counsellors have

 contacted me about arranging notetakers. But I've rarely been told what the

 disability was, or why these things were necessary.'

 ' I sometimes get a directive from Student Services or from the DLO to make an allowance for a student's spelling or writing skills without knowing any other

 details about the nature of the student's disability. And how do you 'make

 allowances' in a situation where you have an examination with multiple sections which might be marked by up to eight people?'

For many the issue is simply what 'making an allowance' actually means.

DISCUSSION

These concerns about appropriateness and responsiblity are not specific to one department, one institution, one kind of institution, or one country. A question like the following might well be asked by an academic at any level, in any discipline, in any university, anywhere:

 'How does the science instructor who has not had special training in the area of disability know what accommodations are possible, how to adjust teaching

 strategies, or what resources can be tapped for help?'

 (Weisberger, 1994, p 55)

 Academics, particularly in an old, conservative University, do not take kindly to being informed of decisions made elsewhere - if they have not been involved in any consultation. But they clearly do want to be involved in effecting change to meet a diversity of needs, and to be aware of useful and useable resources.

Levi and Bruce (1995) have comprehensively dealt with the area of validation of alternative assessment for students with disabilities, and made recommendations about 'future' needs and practices. While many of the recommendations merit support, it needs to be noted how very difficult are some to implement. Examples include 'inservice of academics in relation to relevant disability discrimination legislation . . .'; 'academics would be well-advised to consider students with disabilities in the planning stages in relation to course requirements and assessments . . .' etc. In a 'traditional' university lacking a strong equity or social justice background, where students with a disability may still feel very uncertain about the outcomes of 'disclosing', it will be difficult, if not impossible, for academics to be appropriately pro-active and 'accommodating'.

In similar vein, the recommendations made by Parr, Levi and Jacka (1995) - to 'facilitate promotion of awareness', 'conduct inservice training on student assessment', and 'educate academics . . .' - can have no positive outcome unless behind all these activities is a clear understanding of what academics are already aware of, and what they are already doing, and an acknowledgement that any 'staff development' must be based on a collaborative approach (Norlander et al. 1990; Houck, et al., 1992; Scott, 1994), and on an understanding of the current climate in the institution.

The difficulties are compounded when we think of how the definitions and perceptions of disability have changed - (How can we respond to the academic who wanted clarification of what constitutes disability?) - and continue to change! (Porter, 1994)

From the interview process we gained a thorough understanding of the issues which frequently frustrate or confuse teaching staff when they are confronted with the need to make adjustments or change approaches or procedures. And we found out a good deal about the complexities and challenges facing academic staff - leading us to question our initial premise that we could develop a number of case studies, let academics have access to these, and presume that all would be well!

The interviews left us with greater uncertainty than we had begun with. The existence of varying levels of awareness, a variety of practices, assumptions, and needs meant that any successful staff development 'program' or materials would have to be flexible, and focus on, and respond directly to, a complexity of concerns.

On one issue at least we felt there had been some concensus. When asked how information on matters relevant to teaching students with disabilities should be delivered all staff expressed a need for readily accessible and practical examples (but not a series of 'instructions') which would guide them in their day-to-day teaching and consultations. Accessibility and practicality seemed particularly important, given the fear of academic staff that dealing with the needs of 'different' students would be time-consuming. They expressed concerns about increased workload, the perceived need to acquire 'specialist' skills, the difficulties inherent in effecting collaboration (or dividing responsibilities), and apprehension about 'right' approaches, 'right' behaviours.

Would academics read case studies? Given the constraints of time, probably not. Would they attend workshops? Once again, given the constraints of time and the likelihood that the material presented might not be immediately relevant, probably not. Did they refer to the information in the publications already available? On the whole, no. So what information would academics use, and how should that information be 'delivered'? This remains the final challenge of the project - and will be taken up at the Pathways III conference.

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The University of Adelaide

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Paper Title:

New Initiatives and Insights into Access and Equity for the Tertiary Sector - a Facilities Management’s Barrier - Free Approach

Theme:

Physical access, building standards.

Abstract

Deakin University has made a commitment to promote equity of access and opportunity for all persons, including those from diverse cultural, socioeconomic and disadvantaged backgrounds within the Deakin Equity Plan to include students and staff with a disability in accordance to the Disability Discrimination Act (DDA) 1992.

To investigate and attain the objectives of the Equity Plan the provision of barrier-free campus buildings and facilities is a high priority.

As a forerunner to the challenges posed by the DDA and the conflict with the Building Code of Australia (BCA) Deakin University’s, Buildings and Grounds Division tackled these issues by launching the Facilities Management Action Plan - ACCESS Manual a tool to allow a concise and methodical means of identifying, evaluating and implementing review procedures for improving access provisions to campus facilities for all.

The ACCESS manual will help facility designers, builders and operators to prioritise the upgrading of existing facilities and to plan and design new buildings. Further understanding of how, why and when access to buildings is sought by people with disabilities is required. People with disabilities have a different body centred response to the built environment than the ‘norm’ in the way they perceive and are motivated to use buildings and surrounds. Greater insights are required to broaden the notion of what access and equity issues really mean in management strategies to include people with disabilities; otherwise, the status quo will remain.

Paper

EQUITY & EQUALITY OF ACCESS - AN INTRODUCTION

Tertiary institutions throughout Australia are currently trying to come to terms with the legislative changes introduced by the Human Rights and Equal Opportunities Commission (HREOC), Disability Discrimination Act (DDA) 1992. The DDA was passed in Parliament in March 1993, as a complaints based law to stop people with disabilities being treated less fairly than people without disabilities. The DDA makes it against the law to make both existing and new public places to be inaccessible to people with disabilities. Central to these core policies is the requirement for tertiary institutions as service providers to plan, design and construct barrier-free campuses, which is the focus of this paper.

To complicate matters further, recent Federal Government cuts in funding tertiary institutions has placed added pressure on what, where and how or even or if, levels of services can be maintained to meet student demand at the level of service tertiary institutions wish to provide. Let alone improved too meet equity in access to education, employment, social, cultural and intellectual discourse within tertiary education.

Deakin University has made a commitment to promote equity of access and opportunity for all students and staff including those from diverse cultural, socioeconomic and disadvantaged backgrounds. And like all tertiary institutions is an equal opportunity employer.

There are five key objectives contained within the Deakin Equity Plan for students and staff with a disability to:

1. maintain and further develop tertiary education for people with disabilities;

2. maintain an integrated and comprehensive support service to all students with disabilities on all campuses;

3. improve levels of participation and support for students choosing to study off-campus and at post graduate level;

4. investigate the attrition rates of students to reduce these rates by implementing appropriate strategies;

5. develop and introduce a Management Plan to address the imbalance between student demand and available resources.

Choice is the key issue. Students and staff should be able to self determine where, when and how they wish to study or work within the tertiary sector without compromising individual rights and objectives contained within the university management plan, in accordance to DDA guidelines. Fundamental to the success of these objectives is the requirement for equal and equitable access to all campus services and facilities by means of accessible buildings and surrounds.

Without accessible buildings the choices available to potential students and staff are limited, leaving a flood gate open for potential litigation on the grounds of discrimination.

DEAKIN UNIVERSITY’S ACCESS MANUAL

Challenges are posed by the anti-discrimination act being in conflict with the requirements of the Building Code of Australia (BCA), the principal document controlling the design and construction of buildings and the Australian Standards. To meet these challenges, Deakin University convened a working party of experienced professionals including Disability Liaison Officers, Architects and Building Surveyors together with staff from Buildings and Grounds Division to write the Facilities Management Action Plan - ACCESS Manual. This ACCESS manual was launched in December 1995.

The ACCESS manual is a tool for preparing and conducting access audits and surveys of campus facilities. This allows a concise and methodical means of identifying, evaluating and implementing review procedures for improving access provisions to campus facilities. The manual will help facility managers, academics,

disability liaison officers, building designers, builders and operators, etc. to plan and prioritise the upgrading of existing facilities and to plan and design new buildings. These plans can be incorporated as part of an overall Action Plan for the management of facilities and services for people with disabilities and to identify other barriers in attitudes, communications and confidentiality leading to discrimination .

Without such an ACCESS manual, many tertiary institutions will find it difficult to recognise and define the types of physical barriers campuses impose on freedom of movement. The physical barriers once identified (although not alway obvious), can then be prioritised to rectify the hazards over a clearly defined protocol period for existing buildings. Institutions are encouraged to incorporate into their Action Plan clearly defined strategies within a 3 - 5 year period to achieve compliance with BCA access provisions and the DDA by the latest 2020, unless “unjustifiable hardship” is proven.

BUILDING CODE OF AUSTRALIAN: Discriminative Practices

To gauge the full impact of the imminent changes to the BCA as a ‘Disability Standard’; under the DDA, one needs to consider the systemic spread of ignorance that has lead to so much discrimination regularly experienced by many people.

Buildings of the past, present, and future are the manifestation of our cultural and sociological values, aspirations and beliefs. Encompassed and engrained within these views we have of a multiplistic society are the stereotypical attitudes and beliefs held of people with “disabilities”, within an “able-bodied” world.

No matter what legislative changes are implemented, there will inevitably be a time lag between changes in attitudes and awareness towards people with various types of disabilities and what building users seek and demand to improve daily living. Conversely, those oppressed for so long will require sometime to overcome the psychological and behavioural responses of learnt helplessness to the built environment before the full benefits of universal access can be costed socially and economically.

Those responsible for designing and maintaining campus facilities are confused with the mandatory compliance to the current BCA without realising that under DDA legislation, the BCA minimum standard may not be an accepted defence against an action brought under the DDA . Nor are designers fully informed as to what constitutes discrimination within the built environment.

Deakin University, like many if not most institutions throughout Australia, has existing campuses planned, designed & constructed according to the provisions under past and current building codes and regulations and various amendments subject to State and Local government requirements. The interpretation and implementation of previous building codes has lead to a multitude of instances of discrimination where the rights and dignity of people with disabilities have been compromised in order to gain, or deny, access to and egress from buildings..

LIMITATIONS OF THE CURRENT BCA

Tertiary campuses often have multiple classifications according to their intended use. The current BCA (now under review) requires access for people by means of a continuous path of travel to all buildings classed as:

(1) residential buildings, like student residences ( but not including private residences & separate sole-occupancy units);

(2) offices for professional and commercial purposes;

(3) retail and the supply of services direct to the public, eg. cafe, restaurant, milk bar, etc;

(4) public carparks & wholesale buildings

(5) laboratories, buildings for the process and production of goods and handicrafts, etc.

(6) public buildings for,

∑ health-care including laboratory areas;

∑ public assembly, including workshops, laboratories, etc. in educational institutions;

(7) and non-habitable buildings and structures containing such facilities as a shower or water closet for people with disabilities.

However, access is not required to and within entrance floors of buildings in:

∑ commercial and retail buildings, if the floor area is less than 500m2.

∑ public carparks & wholesale buildings with a floor area less than 3000m2.

∑ laboratories & processing factory buildings with a floor area less than 1000m2.

And to buildings listed above from (2) up to & including (5), if the floor level is 190 mm or less . That one step is an effective barrier to freedom of independent access for a wheelchair user or hazard to a visually impaired person.

The current BCA is restrictive. It makes no provision for considering the rights of people with disabilities regarding choice in employment, ie. access is not required to cleaners’ stores, commercial kitchens, plant rooms and the like. The revised BCA will ensure operational areas within a building requiring access by specialist personnel should be accessible to any person capable of performing the inherent requirements of the job regardless of her or his disability .

Concessions for not providing access to and within a building are limiting and restrictive to freedom of independent access, requiring;

∑ Restaurants, cafe, bar, or function rooms, etc. not to provide access to more than 30% of the floor area to public spaces. This is generally complied with by providing an area remote from the main social interactions, toilet facilities or limiting choice of seating, etc.

∑ Shops or assembly buildings in schools need not provide access to mezzanine or spaces not defined as a storey.

∑ and public car parks containing less than 100 parks need not provide disabled parking.

Even though access provisions are required within the BCA (convoluted and subject to exemptions as they are) there are many examples of buildings falling short of the regulative requirements. Through oversight and lack of awareness these limitations impose undue hardship to potential building occupants with a disability.

THE REVISED BCA

The intent of the DDA is clear, people with disabilities have the right to use every area open to the public. The implications to the BCA are even less clear. The proposed revision of the BCA (now undergoing a final review process to bring the code into line with the requirements of the DDA) will remove the reference to minimum area requirements stipulating a minimum expectation that all people will be able to access all areas offering goods, services and facilities to and within a building at entrance floors and on floors where vertical access is provided .

In principle, the proposed new building regulations will change from a minimum mandatory requirement for access to a performance based code requiring compliance with three key objectives:

1. to provide, as far as reasonable, people with safe, equitable and dignified access to —

∑ a building; and

∑ the services and facilities within a building; and

2. safeguard occupants from illness or injury while evacuating in an emergency; and

3. facilitate search and rescue in emergency situation.

The functional requirement of the code is to allow buildings as far as reasonable, to provide safe, equitable and dignified access for all people to the services and facilities within.

Buildings will be required to provide a means of evacuation to allow people time to evacuate to a safe place without being overcome by the effects of an emergency, with time allowed for emergency personnel to undertake search and rescue in an emergency situation . The present code makes no provision for evacuation procedures, nor does it consider the trauma to those reliant on the assistance of others in an emergency situation.

How these requirements are met within the legislative structure of the code will be determined by the constraints for each project from siting, client requirements, budget limitations, etc. Building professionals will be required to go beyond patronising goodwill, to educate themselves about the vulnerabilities of the human condition to stereotype all people (not just those with disabilities) and then attempt to alleviate discriminative practices within the building process. The main concern will be to ensure careful control in the definition and interpretation of the phrase “as far as reasonable”; what is “reasonable” to one person, may not be to another. All to often the excuse of economic expediency is presented as just reason for not providing reasonable access. Unjustifiable hardship becomes the defence for not rectifying the problem. Any vagaries in not complying to the law must be minimised to reduce, if not, eliminate discrimination imposed by the design of the built environment.

IMPLEMENTATION OF ACTION PLANS

Prior to the review of the current BCA by the Australian Building Code Review Board to bring the code into line with the DDA, Deakin University’s initiative was to launch the Facility Management Action Plan ACCESS manual. This manual adopts a ‘preferred standard’ to exceed the requirements under the current BCA and Australian

Standards AS 1428. Since the endorsement by the University Council , equality of access for people with disabilities has been included in all tender briefs to ensure all new buildings and facilities are accessible.

To consolidate this commitment, the appointment of myself (an architect with a disability) as “Access Adviser” within Buildings and Ground Division has ensured the objectives, goals and targets for compliance are meaningfully implemented.

The strategic implementation of this process includes all management and design staff of Buildings and Grounds Division Capital Projects Group receiving specialised on-the-job training and reciprocal consultancies to ensure all buildings and facilities are designed to meet the requirements with disability access. Specific procedures are now in place for all new buildings and alterations to existing buildings to have plans checked, as early as possible during the design development stages to assure compliance with the ACCESS manual.

To maximise the use of the ACCESS manual, as well as to embrace the full intent of the DDA and the new BCA ‘Disability Standard’, all those involved in the planning, construction and operation of campus facilities from facilities managers, capital project planners, architects, engineers, clients and building users (including people with disabilities), must have a voice to ensure accessible buildings for all.

CONCLUSION

In conclusion, the responsibility for providing barrier-free campus buildings and facilities does not lay with the sole responsibility of one particular professional body, management group or individual. The process of equity and equality of access is one of joint conciliation, mediation and agreement with all stakeholders to guarantee the best outcome for everyone. Greater efforts need to be made by everyone involved in the planning, construction and operation of campus buildings and facilities to gain an understanding of how, when, where and why access to campuses are sought by people

with disabilities. The onset of disability and the associated handicaps impose on each person, a different body centred response to the built environment than the ‘norm’ in the way they perceive and are motivated to use buildings and surrounds within the social context. All too often abled-bodied people take their mobility for granted. It is not until the temporary or permanent lose of a bodily function that one truly understands, or is confronted by the extent to which the built environment inhibits one’s freedom of independent mobility.

Further research and understanding must be made by the tertiary sector and the building and construction industry generally to incorporate the life experiences and insights acquired by people with disabilities. This will broaden the accepted notions as to what access and equity issues really mean to the lives of those directly affected and to appreciate that access to buildings is not just providing disabled toilets and specialist facilities separate or “additional to” the general requirements. For true integration to occur, people with disabilities must be empowered to participate equally and independently by providing integral ‘standard’ facilities for all. This is the challenge for effective management strategies, to attain these outcomes both within the education sector and the wider community by including people with disabilities into all aspects of community living; otherwise, the status quo will remain. Deakin University has made a positive stance to alleviate, and systematically reduce, the physical barriers at all six university campuses. The Facilities Management Action Plan - ACCESS manual is a base reference for all stakeholders to follow, learn, improve and be personally enriched to prevent discriminative practices.

1 Human Rights and Equal Opportunities Commission, n.d., Disability Discrimination Act Action Plans: A Guide for the Tertiary Education Sector, pp. 13-15.

2 Australian Uniform Building Regulations Co-ordinating Council, 1990, Building Code of Australia, Section D, Access and Egress, p. 30.

 3 Australian Building Code Review Board, Building Code of Australia Access Provisions Review, Discussion Paper, July 1996, p.17.

4 Australian Uniform Building Regulations Co-ordinating Council, op. cit., p.31.

5 Australian Building Code Review Board, op. cit., pp. 14 - 15.

 6 ibid., p.57.

7 Deakin University, Action Plan for the Management of Services to People with a Disability 1994 - 1996, October 1994, p.4

PATHWAYS 111 NATIONAL CONFERENCE

CONFERENCE PAPER

*Mixing it with the Best: Recipes for Success*

JILLIAN READ

&

STUDENTS

 Jonathan Bennett Michael Kroon

 Shane Bogna Sarah Marshall

 Melissa Borg Phillip Richards

 Nelson Gray Lisa Romeo

 Karen Guerriero Samertha Sibbald

 Lisa Gilbert Cory Smith

 Kylie Heritage Melissa Smith

of

ADELAIDE INSTITUTE OF TAFE

DEPARTMENT OF HOSPITALITY STUDIES

*Accredited Training*

KITCHEN ATTENDING & FOOD AND BEVERAGE COURSE

FOR STUDENTS WITH SPECIAL NEEDS

Adelaide Institute of TAFE has responded to recommendations made in a number of government papers in the early 90’s relating to the inclusion of students with disabilities into tertiary education institutions in a most creative way. Recognising that students who have learning difficulties are missing out on education and training to provide skills necessary in seeking employment, Adelaide TAFE has in the words of Barrie O’Connor in an article in the Australian Disability Review “made vigorous proactive responses to the winds of change”(p34).

The Department of Hospitality Studies has put in place a range of options for students who are at risk of not accessing or not succeeding in accredited vocational training for employment in the hospitality industry. These include

 \* Conducting a 20 week vocational training course in hospitality utilising accredited modules from the Commercial Cookery and Food & Beverage streams, specially modified to meet individual student needs.

 \* The provision in 1996 of a training venue specifically for the needs of these

 students so that they have an industry based training. The Cafe ‘*Sit*’

 (students in training) operates as a training/trading combination.

 \* Graduates of this course who wish to continue training are given the

 opportunity of entering mainstream courses and are provided with appropriate study support to ensure success. Lecturers in the department of hospitality have undergone training in ‘ResponseAbility’ training workshops provided by the Education Manager responsible for supporting disabled students in mainstream courses.

In addition the Adelaide Institute Council has provided funding for current research into

outcomes for students of the hospitality course conducted over four years, modified to address the needs of students with mild disabilities.

The first course for students training in the combined training/trading environment is almost completed and it is appropriate that these young people speak for themselves in providing information about the course and what it has meant for them personally. Information regarding matters outside the experience of these students will be provided at the conclusion of their remarks.

Nelson & Jonathan

The course is a 20 week, full time course. So far 63 students have graduated out of 64 who started the course which is a number we should be proud of.

Previously the course had been held at Norwood Adult Learning Centre, but early this year we moved to Adelaide TAFE to ‘*Sit*’ (Students in Training) a Cafe at the front entrance of Adelaide Institute in the Central Business District.

Cory & Shane

We have four lecturers. Jill is the course coordinator and has worked in special education for a long time. Walter and Jeremy are Chefs and Anita is a Food and Beverage lecturer.

We have trading staff as well who include a manager. Wayne is responsible to make a profit. We also have 2 chefs and 2 bar persons. As well we have a trainee who did the course a couple of years ago. She is employed for one year and is at work 4 days a week and in training for 1 day a week.

There are 14 students in this course and for practical classes we divide into two groups of 7. Half of the group works in the kitchen and half in front of house. We swap over so that we all do the same modules, except for the last three weeks when we choose which

area to work in. In the afternoon we are all together for subjects like Occupational Safety and Security and Occupational Hygiene as well as Basic Calculations and Work Preparation.

Lisa & Michael

We learn from modules of the Commercial Cookery certificate. We do introductory modules, and mise en place and salads and sandwiches modules. Some practical classes are held in the training kitchens for mainstream students but some we have in the training kitchen at ‘*Sit’.* We bake food for the Cafe including cakes, muffins, scones, biscuits and soups. We also do mise en place for the chefs, which is to prepare vegetables and keep the kitchen clean as well as washing dishes. We often prepare food for functions, such as sandwiches, sausage rolls and other savouries.

As our kitchen is very small we have to work very tidily and be careful not to cause accidents.

Sam & Kylie

In our front of house training we take food to tables and clear tables. We learnt how to pick up 3 plates at a time. We have to collect glasses on a tray and not drop them.

We also use the dishwasher to wash the dishes. We also have to polish cutlery and fold serviettes and put paper doyleys on plates. We also learnt how to set tables and make capuccino’s.

We must always wash our hands and make sure our uniforms are very clean.

When we greet customers we have to speak clearly and smile and be happy. We learn how to talk to customers to make them feel welcome.

Phil & Sarah

Our type of business is a modern cafe/bistro style. This course gives us a chance to experience first hand what it is like to work in the workplace.

As an operating business we have the opportunity to be involved in functions. It gives us each a chance to experience how much organisation goes into it. We also have a small conference room .

When each customer comes in we try and make them feel as comfortable as possible. Our cafe is a relaxed atmosphere where friends can meet one another. As I am one of the students in this course I have had an opportunity to try some of the dishes . We enjoy cooking the food because it gives us great satisfaction and builds our self esteem and we know we are definitely contributing to the operation of the business and helping *‘Sit’* to continue running for further students.

Earlier this year we demonstrated our skills to our parents. As a result we found that they were very impressed with all the hard work we had put in. It showed the parents how much we had learned and how much we had grown and developed in those few weeks and how much potential we have.

We know that the cafe has to take $8,000 a week to keep going as a business. It is extremely satisfying when I come to TAFE and find that ‘*Sit*’ is having a really busy day and I know that I am helping to build the business just that little bit.

I am glad to be involved in this course.

Lisa & Karen

On successful completion of this course we will receive a certificate which will list all of the modules we have achieved competency in.

This course is a pathway which we can follow into further study or into work.

Since both of us have left school this year, coming in to this course has given us a chance to build our confidence, and self esteem and has given us a chance to prove ourselves to ourselves and others around us. Both of us will use this course as a stepping stone to further study in order to become successful fully qualified chefs.

Before starting the course we felt very unsure as to where our future was going to lead us.

We were very worried as to how we were going to fit in with other people and we felt very low in self confidence and self esteem. This course has given us the confidence to believe that we are worthwhile individuals and we are capable of working in a 'normal' working environment. We also have the self confidence to apply for jobs and/or other courses which we didn't have the confidence to do before.

In order to be able to enter this course we needed to be able to admit to having a learning difficulty or other disability.

Melissa & Melissa

During our course as well as working on the job at ‘*Sit*’, we also go out into industry for 140 hours into a workplace which suits us. If we are not going well, it is possible to change to another place. Students work in different kinds of businesses from 5 star hotels to family restaurants, canteens and cafeterias and also Qantas catering.

Melissa has worked at a Hotel for the whole time. It is near her home and is busy because they have pokies. I worked at a Hotel at first, but it was very busy and there were already a number of apprentices there. I am now at Woolworths cafeteria in the city. One of the other employees there did this course a couple of years ago and then did a Traineeship.

We always hope that there might be a job from work experience if we work well and fit in well.

We have spent time preparing to look for jobs and have a resume and portfolio each. We

are now planning for our future once the course finishes next week.

This program has enabled young people with learning difficulties or mild intellectual and/or physical disabilities to access tertiary education. The education is based on a number of principles which align with the principles proposed in a significant transition program operating in California for some time. Shepherd Siegel, et al in a manual designed to assist workers in planning pathways for challenged youth propose these six principles.

 \* learning programs are necessarily individualised

 \* employment skills be taught

 \* family be involved and supportive of the process

 \* ongoing availability of services once training is completed

 \* membership in a legitimate peer group

 \* each individual has a benefactor who believes in them and whom they trust

Due to the low student, lecturer ratio and the additional time allowed to complete modules, individualisation is possible. Clearly in this program, employment skills are taught. It has been evident that strong family support enhances the success for the students both during the course and in seeking and maintaining employment.

Agency support, in particular Commonwealth Rehabilitation Services support, and that of specific disability agencies has been significant for the students, particularly in their job seeking and job maintenance. For students who continue further training opportunities continued study support is necessary.

Adolescents with mild disabilities may have difficulty maintaining appropriate peer relationships, although this is by no means general. Evaluation by students and parents indicate that it is common for strong friendship bonds to develop while the course is underway. Often these friendships are maintained, although geographic factors make this difficult.. If participation in the course provides a friendship group as well as enhancing self esteem, it is likely that social life will be more satisfying.

If a student has a significant support worker or a family member or friend who acknowledges individual worth and is there for them in the long term, then benefits gained through the individualised training can be better maintained and enhanced.

Looking to the future in the light of past experience

It is appropriate that the TAFE National Disability Advisers group (TDNA) recognises that Adelaide Institute of TAFE is acting in accordance with the recommendations of the projects, FlexAbility and ResponseAbility in respect of the program just outlined.

Although ongoing funding for this course has not been provided, it has been possible to access funding from various sources outside of TAFE for seven of the eight courses which have run. A great amount of time has been required to access this funding and concern is expressed at the cost per credit hour. The Andrews report of 1993 ‘Additional Costs of Participation in Post-Compulsory Education and Training’ is still not fully understood.

In an access and equity conference Paul Barker in his paper titled ‘Confronting Challenges in Service Provision for Students with Disabilities in Tertiary Education’, referred to Access, Participation and Outcomes as equity issues.

While access and participation are being addressed and outcomes in relation to accreditation in place, the outcomes in relation to employment are not yet satisfactory.

Because employment is the means by which individuals develop a legitimate identity and gain economic power it is vitally important that young people with special needs be given the same choices for employment that are available to mainstream students

Employment outcomes for graduates of this course (an important aspect of research), shows that students who are not fast workers have limited opportunities and that there is strong competition in the areas where they have developed skills. Success stories are most often linked to agencies offering follow-on support to graduates. The family, friend network is also significant.

The current research being undertaken aims to analyse the four year long course in respect of both employment outcomes and quality of life outcomes. It is anticipated that all 63 past graduates of the course will be interviewed with a comprehensive survey covering employment related pathways and supports provided to find and maintain employment. Reasons for job success or lack of success will be investigated.

Ongoing evaluation has been obtained through the lifetime of the course. Parent evaluations obtained at the end of each course have provided information at that point which is very positive in highlighting self esteem and self motivation gains. To determine if these gains are maintained is important.

Without attending this course it is doubtful whether many of the graduates would have accessed accredited training, designed specifically for their needs, and taught in a non threatening environment. Further opportunities are required for many more students, often those not disclosing disability, or those who have been unemployed because they have not been able to benefit from courses where the pace and nature of learning leaves them behind.

The model provided by this course at Adelaide Institute of TAFE adds a valuable training opportunity for students whose options are few.

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On Campus

A Canadian case study: people with an intellectual disability on campus

Presented by Joan Ross

Pathways III Conference

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CASE STUDY OF THE On Campus PROGRAM

The On Campus program at the University of Alberta in Edmonton, Canada provides adults with an intellectual disability with the opportunity to be part of the university with the focus of the program on social integration and inclusion. This case study was undertaken as part of the project supported by the Dr Peter Wilenski Fellowship in Edmonton, Canada On Campus provides an example of an innovative program for people with a disability without an equivalent in Australia.

In summary, the On Campus program is a community access program with educational objectives which gives some adults with an intellectual disability an opportunity to undertake post-secondary education in an integrated setting. It has been established since 1987 and has a proven track record of assisting adults with an intellectual disability to gain educational and social skills which lead to employment or other meaningful activity.

This case study is based on material, published and unpublished and a series of interviews with key stakeholders. The case study looks at what the program does, how it runs and the people involved-students (past and present), support staff, teaching staff and parents.

The On Campus model has been the basis for two other programs in Alberta and provides Australian post-secondary institutions with an innovative option for meeting their community service obligations, forging links with the disability community and enriching the educational experience of their enrolled students.

The message from On Campus is clearly one of innovation and inclusion. There is a role for a small boutique program. The current range of post school options for people with an intellectual disability available in Australia is limited. There is a potential to develop projects to provide a post-secondary educational experience for these clients. The On Campus program has been the basis for other programs which have been different arrangements.

While those programs which have a strong direct vocational component and provide certification such as TAFE courses are clearly important, On Campus shows that alternatives can be also be successful. As well as the direct benefits to the participants and their families, such a program brings academic staff and their students into contact with adults with an intellectual disability and in the long term this must have an influence on community attitudes.

Description of On Campus

On Campus has a Program Director, three Instructor Facilitators and two Personal Support Workers. Presently two people share the Program Director position and one of the Instructor Facilitator positions with both working full time. A major role of the program staff is to facilitate the inclusion of students into the University setting. This involves assisting with the choice of courses, negotiating with academic staff, facilitating interaction with other students and working individually with students on projects. The program is deliberately small with a maximum of 11 or 12 students depending on the level of support required.

Staff operate on a key worker model. Each student knows which staff member is responsible for them. Each student checks in with their one staff member at the beginning of the day, at key times during the day and at the end of each day. This contact can vary but, once a routine is established, is brief. Staff contact is appropriately minimised to allow more time for association with other students.

Students are offered a four year program auditing at least one class per semester with most doing three or four. Courses are selected by the students, parents and program staff based on interests, abilities and future goals. Students pay a fee of $40 per month to the program. Courses taken by On Campus students since 1987 include those offered in the Faculties of Arts, Education, Home Economics, Physical Education and Recreation and Science. On Campus students also attend campus recreation/leisure classes and are encouraged to join campus clubs and fraternities. Students participate in and learn from their courses.

A key element of the education element of the program is the recruitment of volunteers. This is normally done in the first class session in each class. Staff have not reported any shortage of volunteers. Volunteers are a friendly face in the class and are sometimes approached by On Campus to check on work set and other arrangements. Volunteers do social things with the students or work on specific skill development in conjunction with the expectations of some of the classes.

An equally important part of the program is work experience. During the period May to August (the summer holiday), students work either full time or part time. Students and their families are involved actively in the job search for these jobs and On Campus program staff support the student in the job. In some cases work is voluntary and recreational, cultural and creative experiences are also included in the student's summer program.

All students have a general individual service plan (ISP) that addresses their lifestyle and services as this is a requirement of all services funded by Services to Persons with Disabilities which is the name of the agency within the Alberta province which is responsible for disability services.

Students receive a transcript from the On Campus program setting out the courses audited, the recreational courses and work experience placements undertaken over the four year period. For those who 'officially' audited courses a transcript from the University of Alberta is also available.

Methodology

The case study approach was chosen as it allowed for the On Campus program to be investigated as a contemporary phenomenon with in its real life context. This is appropriate as it is difficult to set boundaries between what is part of the On Campus program and what is part of its context.

The small size of On Campus and the extensive number of the variables which are of interest make a more quantitative approach difficult. This case study is based on multiple sources; interviews with a range of stakeholders, reviews and promotional material. Attachment A lists the sources.

The context

The context from both a disability perspective and an educational perspective is very different from in Australia. Alberta adopted an integration policy in the late 1970s. The federal government has no direct or funding role in disability services or education.

School management is devolved to boards which often have several schools. There is a great deal of flexibility in the public school offerings. Some schools have specialist programs such as drama, sports and ballet and others offer different configurations such as a combined elementary and junior high, a combined junior and senior high or single gender schools. There is an increasing trend to make public schools competitive with the range of offerings previously the realm of private schools. Groups with a shared interest can seek a charter for a publicly funded school.

People with a disability are integrated into early childhood services and through school. There are very few segregated settings at the primary and secondary level with a fair proportion of these charter

schools formed by groups of parents of children with a disability, mainly learning disabilities, who want a separate setting for their children. Support services for students with disabilities are funded by the department of education at the school level and by Advanced Education and Career Development, a provincial department, for the post secondary level.

The public transport system is accessible with 'kneeling buses' on most routes with some of the minor routes having older buses at some times. This is augmented by the Disabled Adults Transport System.

Public administration has been influenced by the consistent policy of integration for people with a disability. There is an acceptance that responsibility rests primarily with the line agencies which have adopted an approach of matching assistance to assessed individual needs. The process gives the consumer an opportunity to be involved in negotiating the assistance provided and there in an appeal process.

The opportunities for people with an intellectual disability to participate in post-secondary education are very limited. For those who qualify for the payment of Assured Income for the Severely Handicapped (this is similar to the Australian Disability Support Pension), there is a possibility of having a Transitional Vocational Program approved which would include post-secondary study but this, in practice is very unlikely. This is the only access other that On Campus and similar programs.

Funding

The On Campus program is funded by the Services for Persons with Disabilities within the Department of Family and Social Services. Originally On Campus was funded from the Social Isolation Program and now, as a result of restructure to their programs, it is funded from the Community Access Program. As it is an older program it is still funded as an organisational contract for two years at a time. The department has moved to individual funding and is currently looking at a mixed model of core funding and individual funding. A move to straight individual funding would be difficult in the unusual circumstance that a student drop out as new students would be difficult to start once semester has begun.

Staff of the Alberta Services for Persons with Disabilities indicated that in the longer term they would like to see funding of programs such as On Campus managed through the department of Advanced Education and Career Advancement ie for funding to be main-streamed.

In addition to this funding, students pay a $40 per month fee to On Campus. The University of Alberta does not provide funds but through local arrangements with the Department of Educational Psychology and the Developmental Disability Centre, in the Education Faculty, provides office facilities and services.

The On Campus students do not have to apply for student loans or other assistance, as they are in receipt of government income support from the Assured Income for Severely Handicapped.

History of On Campus

The On Campus program was developed in response to concerns that people with an intellectual disability did not have opportunities for post secondary education as a pathway to adulthood in the same way as others. Its philosophy is of full integration. Parents seeking post-secondary education as an option for their sons and daughters with an intellectual disability were very active. A link was made with the Gateway Association for Community Living and with Bruce Uditsky, a consultant in the disability field. On Campus is structured as an independent society with its own Board and contract with the Services for Persons with Disabilities. There has been on ongoing close association with the Faculty of Education. There is also an informal mentoring arrangement with the Alberta Association for Community Living where Bruce Uditsky is now the Executive Director.

The students

Currently all students have come from experience in segregated education settings. I met and talked to three current students briefly and had the opportunity to observe them indirectly in the common room in the Education building. The students have severe developmental disabilities often with other disabilities, generally with visible characteristics. The program is available to those who do not have the option of "for credit" enrolment. All On Campus students must be 20 years plus ie have reached the age for leaving school. This will be reviewed if the age for leaving school is reduced from 20 years to 19 years as a result of current discussions.

The selection of students for the program is done in an independent way. There is a waiting list and the On Campus program is included in the information available on Alberta services through AACL. The waiting list is about 40. When there is a vacancy, all files are reviewed and group interviews or information sessions are held. Then there are individual interviews. If the vacancy does not have a personal support worker attached then some applicants are screened out at this stage. Also screened out are those who have interests which do not match the kinds of courses offered at the university eg automechanical or carpentry skills. It is expected that students will have plans beyond the four year On Campus program.

Each applicant's file is written up by the program staff setting out their interests, motivation and their aspirations and goals. Parents goals and motivation is also considered as for most students the parent(s) has an official guardian role. Some have been clients of the Public Guardian. These summaries are then put to an independent panel of three including two academic members of staff and an AACL member. The panel does not have names because a high value is put on the introducing some independent views to the selection process.

Because of the small numbers of students involved, about 20 in total since 1987, it is hard to draw any conclusions about the socioeconomic status or family backgrounds. Students seem to come from a range of situations and represent the diversity in the local community.

Parental support and involvement is very important to the program. However, two participants were in old style large accommodation settings when accepted by On Campus. Both now live in more independent settings in part as an outcome of participating in the program.

Some participants had siblings who attended university and others had siblings who had gone from school to work or attended trade school. Some have parents with university educations but many parents did not. A number came from single parent families and/or were only children. At the commencement of the academic year in August 1996, they accepted the first applicant from a rural setting outside of Alberta and are dealing with the new arrangements for boarding a student away from home. They are using a private arrangement with a family but may try a university accommodation in the future

The relationship with other services

On Campus students use public transport mostly through the Disabled Adult Transport System (DATS) run by the local government authority. These are special vehicles ordered for pick up within a half hour window. The On Campus staff, students and parents all had complaints about incorrect set downs, long delays and the difficulty of waiting at the campus in winter because of the cold and the limited lighting in some areas.

The On Campus staff have good relations with the University's security services. They have dealings from time to time with security staff but these are not major problems. The campus has been a secure environment for participants with occasional contact with security about getting lost early in a semester or in the even less frequent case of eager students turning up too early for class and being taken as loiterers.

The University of Alberta has an Office for Students with Disabilities which provides support services for enrolled students with a disability. They provide notetakers, tapes, equipment and any other assistance required by students. There is no ongoing contact between this office and the On Campus program, although odd instances could be remembered. There were clearly no established links or collaborative approaches.

On Campus staff were surprised by a suggestion that they might have contact with the Canadian or Alberta human rights agencies. They have not had call to make complaints with or on behalf of their students. Discrimination and harassment have not been problems.

As students are supported with new arrangements at the end of their four year program, it is the On Campus philosophy to encourage "graduates" and their families to be independent of disability agencies. Programs include employment, voluntary work and other meaningful activity. Although On Campus staff are available to assist with problems in the period after the fourth year individuals and their families are encouraged to purchase assistance required by converting Assured Income for the Severely Handicapped or seeking individual funding through the Alberta Services to Persons with Disabilities. On Campus continues to be a resource but has a strong policy of not continuing support indefinitely.

The staff

All sources agreed that the success of On Campus was due, in a large part, to the quality and continuity of staff. Two of the six staff have been with On Campus since it began in 1987. Generally staff, current and past, have had formal training and experience in rehabilitation ie disability services. Staff have student case loads ie they work with particular students. On Campus has had a policy of staff development and has had a series of staff retreats with AACL and Board members to maintain and focus the philosophy and energy of the program and to evaluate performance and service.

The facilities

Two small basement offices in the Education building are the only physical presence of On Campus. These are shared by the four Facilitators and are a contact point for the two personal care workers who are essentially with their student all the time they are at the University. The rooms are cramped and are not suitable for even one-to-one discussions. All work with students is done in other University facilities such as common rooms, computer labs and canteens/coffee shops.

Expansion of space was not seen as a priority. In fact several people mentioned that it would be counter productive. It would raise the visibility of the program and its students which could change to focus from the individuals to the program. It would also encourage On Campus students and staff to spend more time in the office instead of out in the university community.

The Board

The Board and its Chair play an important role in the organisation. The original Board included parents who had been involved with the development of the On Campus program and were very aware of the philosophical and practical approach which characterises the program. Similar to other organisations there are only a subset of parents who are active in the administration. By including new parents continuously it has been possible to keep a high level of commitment and understanding of the On Campus values.

The Board is contracted by Services for Persons with Disabilities to run the program and has an oversighting role for the budget and the employment of the Convenor(s). The Board chair is elected at an annual general meeting of On Campus held in November of each year. This is timed to ensure overlap as 'graduating' students finish in May with some job/activity support following and new students start in August. The current Board chair's daughter finished earlier this year and she is deciding whether to continue for another year as Chair.

The role of the University of Alberta

On Campus costs the University nothing directly. The costs for the program are met by the government through Services to Persons with Disabilities. The cost of facilities is absorbed by the Faculty of Education and is marginal. There may be some other small transfers such as assistance from time to time from the security office and the time of the teaching staff but these are absorbed.

The project when it started had the support of the then President of the University. Like all large organisations the University has been reviewed and restructured in the last ten years and it appears that the On Campus program has not had the need, or been reluctant to pursue, closer links with the University. However, earlier this year arrangements were made to include finishing On Campus students in the regular graduation ceremony of the University. This ceremony is fairly traditional with all graduates walking across the stage to receive their degrees. The inclusion of the On Campus students took the form of the President making a brief speech about the program and asking each On

Campus student by name to rise and be recognised.

Stakeholders interviewed had mixed views about how the relationship with the University should be managed. Some had a fear that closer links might at a future date put the program in jeopardy. One person cited the heated debate about whether to continue with the School of Dentistry because of costs as an example of how no area of the University however small could be immune to review and possible demise.

In general the view was that On Campus would not be improved by adding layers of administration and reporting through the University to the existing arrangements. Some felt that it worked better the more invisible it had become. However, there is a community service obligation on the University and this plus the history of success was seen as a basis for at least closer links on a policy level and to try to have minor issues such as identity cards and the repeat of the graduation arrangements continue.

The teachers

Teachers who agree to have an On Campus student in their class make accommodations for the student but expect to have work completed and that there will be no disruption to the working of the class. The On Campus program is small and therefore its impact has been confined to those teaching staff who have been approached by program staff. Information about the views of teachers was available from some evaluation work and by speaking with academic staff who had included On Campus students.

An evaluation undertaken by two postgraduate students in the Department of Educational Psychology surveyed all (78) academic staff who had included On Campus students in their courses and 151 staff in the Faculty of Education who had not included On Campus students in their courses. The major concerns in the decision to include an On Campus student were identified as

\* the potential effects on other students, and

\* whether the On Campus student would be able to participate

 meaningfully in class discussions and activities.

Only 5% of those who had had an On Campus student in their class indicated that they would not do so in the future. This group was larger (15%) for those who had not had direct experience of the program. Benefits of On Campus were reported by 95% of those academic staff who had included On Campus students. In contrast 23% of the other group of academic staff stated they were unsure of the benefits. Interestingly, the benefits listed by those with direct experience of the program included learning while the listed benefits form the other group was more focused on social outcomes.

Professor de Vos has had a number of On Campus students in her courses and speaks highly of what she regards as a worthwhile part of campus life. Two or three On Campus students per year had done her courses with never more than one per term per course. Professor de Vos is on the academic staff of the School of Library and Information Studies. She recognises that the success of the On Campus students in her courses may be unique as they are specialist options which have a focus on the oral tradition. However, both are subjects in the graduate program offered by the school and are popular choices by students in other courses as they are recognised by several faculties as electives. One course is on storytelling and the other on children's literature.

Professor de Vos was very supportive of the On Campus program and saw it as making a positive contribution to the class. To date all On Campus students have completed the oral story requirements in each course. She reported that volunteers came forward and their had been no trouble with them fulfilling their role. Her observation was that the volunteers were often older students or people who had had experience as a care giver eg as a parent or through summer jobs. Not all had previous relationships with people with a disability although some had seen On Campus students in other classes or have family members with a disability.

In her classes and from discussion with other academic staff Professor de Vos had not encountered any problems with co-students or had any disruptive behaviour. She valued the demonstratively positive feedback from the On Campus students. She recognised that the On Campus staff were careful to match students with courses and teachers. she regarded the professionalism of the On Campus staff as essential.

Professor de Vos set different learning expectations for On Campus students but clearly saw their experience in her class as educational not social. On Campus students learn to concentrate for the 80 minute class, communication skills and about deadlines. In her view the other students in her course benefit from the involvement of the On Campus students as they learn to share experiences with different people and have shown tolerance and acceptance of the On Campus students.

The 'graduates'

The inclusion of work experience and placement as an integral part of the program for each student has meant that students leaving the program are placed in work, paid or voluntary, as their time with On Campus finishes. In general the job placements for the On Campus graduates are very similar to those done by specialist employment agencies in Australia. An opportunity is identified by networking or cold canvassing, the job is designed or redesigned withe the person in mind, support is provided to the employer initially and withdrawn as the need for on-the job training and support is reduced.

A typical graduate is Tammy who works as a charting clerk in the professional office of a dermatologist. Originally Tammy had expressed an interest in child care and her high school work experience placements were in this area. When she joined On Campus her subject choices and work experience built on this. Tammy did early childhood education classes. However, her interests changed and this office placement was found for her. Initial on site training and orientation was done by On Campus who also had a series of meetings with coworkers. Natural supports at work and family support at home have ensured a success at work for Tammy.

Another graduate is Cathy who has high support needs and now works for Grey Beverages (Pepsi) in Edmonton. After leaving a segregated school setting at 17 she entered a segregated adult program until she sought a place in On Campus. Cathy works five days a week and is paid above minimum wages.

"TRANSITION : A LOGICAL STEP OR A GIANT LEAP?"

by Marilyn Rothery

Preamble

This paper is not intended as an academic exercise.

It's purpose is to introduce the reader to the Transition Support Project as it operated in south east metropolitan region of Victoria, and then to give a snapshot of some of the insights gleaned by the transition officer which have assisted in obtaining positive outcomes for the students involved and their families.

The writer wishes to acknowledge the work of Robert Stodden from Hawaii and Vivienne Riches, Mac Quarrie University, NSW, whose theoretical and practical work in this area have assisted her in the actions that were implemented. I remember well a conversation with Robert at the Transition Conference, Melbourne, 1996, when he said we need to plan, think of the needs of young people and their families, organise placements and then when all is in place document. We must be careful of being too bureaucratic. Likewise Loretta Giorcelli and her thoughts related to cultural change at the workshop convened by the Regional Disability Liaison Unit, June, 1996, should be considered by all who work in this area.

Introduction .

The Transition Support Project(TSP) commenced in August, 1994, an intersectoral Commonwealth Special Education Program funded by the Department of Employment, Education, Training and Youth Affairs.

The Project employed six school transition officers, three in the Melbourne Metropolitan area and three in country Victoria. The objectives of the project were to :

∑ facilitate the transition planning process of students with disabilities and impairments from mainstream schooling into post school options of further education, vocational training, work and adult life.

∑ network agencies and service providers for interagency cooperation and community involvement, to ensure that effective liaison takes place between students, parents/caregivers, schools and service providers and agencies

∑ develop resources and professional inservice activities for teachers, school executives, parents/caregivers and community members so these key individuals will be better equipped to support students with disabilities and impairments in the transition process

∑ increase student participation in post secondary education and vocational training by improving liaison and linkages between schools and the full range of post school education and training providers

These objectives were to lead to clearly defined outcomes:

∑ development of a transition planning process within schools

∑ coordination: within schools, between agencies and between agencies and schools

∑ development of inservice activities and resource materials

∑ accurate monitoring and evaluation procedures

This paper will look specifically at the TSP as it operated in the South East Metropolitan area.

South East Metropolitan Region - Cluster A

The Project worked through three distinct clusters of schools, one centred around the semi industrial area of Dandenong, another on the Mornington Peninsula and a third around suburban Sandringham/South Oakleigh. Initially the project operated in close liaison with schools to determine their specific needs - what did they know already about transition planning, were there good practises already in place which could be built upon, their specific knowledge of post school options and service providers and the degree of networking that took place between schools and agencies. It also involved the project officer learning about the various options, who linked with whom, what are the specialist services, where are they placed, who is a good contract, what networks are in operation and the like.

From the initial team meetings at the school level (membership from the Principal or their nominee, special needs teacher, careers teacher, student welfare coordinator, curriculum or VCE coordinator), a plan was drawn up which represented the needs of the school and their students.

The project officer presented this to the school with associated agreed upon timelines for implementation. The schools were able to amend - delete/add if the need be. The project officer supplied the schools with information kits containing contact lists of relevant post school providers, courses and the like.

The project officer established a District Transition Planning Committee which consisted of membership from :

Department of Employment, Education, Training and Youth Affairs

Department of Health and Family Services

TAFE

Department of Education

Catholic Education Office

Independent Schools of Victoria

Local Government

Department of Business and Employment

Department of Human Services

Parents

Teacher

The transition officer acted as executive officer.

The purpose of the committee was to facilitate the objectives of the project and thus various networking sessions, "with wine and cheese" and a guest speaker were arranged to introduce school staff to post school agency staff and to facilitate positive two way networking opportunities. These were hosted by a local TAFE college, again allowing for schools to mix with a physical setting, get to know it and how it operated. The TAFE became the hub of all future professional development and was a great contact point in the local community. Other TAFE's vied to "host" activities, and all were willing to come.

The committee also oversaw the operation of many parent information sessions. These were held in school settings, involving a cluster of nearby schools. Agency and post school provider staff presented at the sessions in an informal manner, followed by supper and a chat. School staff also attended. These were most valuable, especially enabling the breaking down of barriers between the more seemingly "impersonal" government departments, allowing parents to meet with staff on "their home turf" so to speak. Soon these agencies were making contacts with schools, interviewing parents at schools, using school reports to assist in establishing eligibility for funding of particular programs. Post school provider networks(of which the transition officer was a member) conducted careers expos in geographical locations and employee breakfasts to try to increase their employer base.

Through open discussion of issues which arose around the table at the district transition planning committee meetings, members were able to coordinate their activities and overcome some communication issues which previously would have involved many phone calls.

Information brochures for parents were devised through interagency committee work, as was the establishment of procedural operations to help smooth the transition process for students.

As the project moved to the second year, the transition officer moved from working with the cluster arrangement to more of a consultancy role to all schools. The project continued however to concentrate on mainstream secondary schools as was the original funding arrangements. Specialist settings were included on the mailing list for all resources and arranged activities.

Some insights.

1. A “team” approach.

 The transition project in south east region worked from the establishment at the school level of “teams” of people working together to assist the successful transition of students to selected post school options. This meant that students were not segregated in an integrated setting. They were included in careers decision making practises, information sessions as were all students. Work experience was arranged through the work experience/careers coordinator, in conjunction with the special needs teacher(s).

2. Parents and school working in partnership.

Transition cannot happen in isolation. Where all stakeholders involved work together, it is likely that improved outcomes for students with disabilities will result. On the macro level, this partnership was fostered through the actions of the district transition planning committee. At the individual student level, this was assisted through the program planning process. Agencies became known to schools and some employment based agencies appointed schools liaison officers, or designated this role to an existing staff member. The provision of directories and careers expos, TAFE visits/open days all facilitated this process. Several services expanded their business and data bases were developed both at the school and community level. In one instance, the local council became involved and included information dissemination regarding recreational and leisure pursuits for people with disabilities in the “job description” of the youth resource officer. All have benefited by these collaborative efforts, particularly through improved communication channels, improved information/knowledge, streamlining of referral procedures, improved services and more direct liaison within and between teams.

3. Case management

There is indeed a need for clear management procedures to be put in place at the school based level so that communication channels are clear for all. The process of case management involves a school clearly designating who is the coordinator of action plans related to each individual student. At the school level, students come in touch with many teachers; each have different roles to play, e.g. the class teacher(s), level coordinators, careers educators, maybe VCE coordinators, integration aides, special needs teacher(s), associate principals, office staff and many more. If the team, collaborative approach is to operate in such a way that parents know what is happening, and also so that the linkages that are developed at the community level work, it is paramount that schools streamline the communication channels. Often, in the past, I have walked up to the school office and met a parent of a student I was with as student welfare coordinator. The parent was there because of a request from a level coordinator or above. Apart from being a bit embarrassing, maybe I had something to add to the process being considered.

4. Professional development

I believe that this is paramount if program planning is to be relevant. School staff must keep up to date with the changes in programs offered in the community, just as agencies must keep up to date with school procedures. If staff attend a session, then this information should be shared with the rest of the school community in some manner.

5.Networking, networking, networking!!

Such an important skill, and one that needs to be learnt. Schools should support their special needs staff in their endeavours to learn about what is out there in the community, courses, training options, employment and the like. This information is paramount if we are to achieve positive outcomes for students in our care.

Schools need to develop processes whereby information is gathered from the outgoing setting, be it the primary school or a specialist setting, from personal visits and transition forms. Many do this very well.

Issues for future consideration.

1. Sustainability of the transition initiative.

The transition support project has been a national program as part of the National Equity Program for Schools. Each state or territory has initiated the project according to local guidelines. The project in Victoria commenced with a two year process as has been explained elsewhere in this paper, then moved to the current third year which is staffed by two transition officers, each liaising with half of the state. The issue for the transition officers is to put in place processes and supports such that the initiatives that have been commenced will continue after the project ceases. The officers are positive but this relies upon post school providers and schools continuing to value the initiative, parents continuing to be informed and knowing the choices available. There has been a close relationship developed between the Regional Disability Liaison Unit and the Transition Support Project which will assist the transition between schools and further education. Likewise, the various post school providers have made some systems changes such that the initiatives will continue. (It would be good to look forward ten years and to be able to know where in particular the needs lie.)

2. Communication between State and Commonwealth Governments.

It has become evident that there is a need for communication channels between the two forms of government to remain open. Quite clearly, from the Victorian perspective, the two systems compliment each other. Parents have been confused in the past and the provision of easy to follow brochures explaining the assistance/programs offered by both sectors has assisted in smoothing pathways. It is indeed evident that when the two sectors work together, then outcomes for parents and students are heightened.

3. Eligibility for service/support provision.

Each service provider from the various governmental bodies seems to have a different criteria for eligibility. This has been evident through the transition project whereby students with disabilities and impairments have been deemed eligible for resourcing via the application of a student resource index. (Stae schools) Many students however who are not eligible via this process for assistance at school, are eligible for support under Commonwealth guidelines for the various programs on offer. This has been a difficult message to get across to the cohort of students which are “in-between”.

4. Transport.

This raises it head so often, especially when students wish to access TAFE/further education and training options. Likewise transport to supported employment, day placement centres and the like. Travel training is a curricula issue which is taken up at the program support group level and together parents/caregivers and schools work through a program to facilitate the student becoming more independent. However, for those with high support needs, this remains a large issue for parents/caregivers.

5. Attendant care.

One of the big reminders that the project officers have made to schools is to encourage students to put their name down on the attendant care register early, even if they are unsure of whether they will need it or not. Again, TAFE and further education institutions do not normally provide this service so often families are in the dark.

Conclusion.

This paper has aimed to present an overview of the transition project in south east metropolitan region and to project to the future regarding areas that need to be considered if sustainability and a smooth transition for students with disabilities and impairments is to take place.

The project officer believes that there have been many positive outcomes from the project to date. Anecdotal reports and notes from parents/caregivers, agency staff and schools support this premise.

I hope that the transition is becoming a logical step and not such a giant leap.

TITLE OF PAPER:

“Living with Post Polio Syndrome”.

Author/Presenter:

Ms Jenny Seymour

Currently Master of Education by Research Student

Victoria University

A copy of a paper to be presented at the Pathways III Conference in Adelaide December 1996.

Supervisor: Associate Professor Jim Sillitoe

 Department of Education

 Victoria University

Abstract: “Living with Post Polio Syndrome”

The speaker Ms Jenny Seymour will discuss matters relating

to post-polio syndrome. Issues addressed will include:

 Warning signs

 different strains of the syndrome

 importance of immunisation and

 the place of physiotherapy in treatment

 Local and overseas findings regarding transition

 to higher education will be reviewed by the speaker

 who will offer her particular insights in living with the

 syndrome.

Introduction: 1.

 In order to understand the post polio syndrome and its ramifications in Australia.

 A study of relevant articles by various authors

 including those from overseas countries. Both Canada

 and the United States of America had commenced

 research more than twenty years ago and established

 support groups.

 In Australia recognition has in general only currently

 gained recognition by the media, although the medical

 profession is only slowly seeking knowledge many

 persons have been misdiagnosed as a result.

 LaTrobe University introduced the post polio syndrome to final year students in the Bachelor of

 Applied Science degree three years ago. Those

 graduate Orthotists are now providing greatly

 improved appliances for post polio victims.

 Less than a decade ago in Melbourne, Victoria,

 a Post Polio Network in conjunction with the

 Paraplegic and Quadriplegic Association was formed

 which has excellent funding.

2.

 The Victorian Government gave the Post Polio

 Network $900.00 per annum which has now been axed.

 The Post-Polio Network was given very little publicity.

 The organisation in the past five years has commenced

 support groups in Victoria of which there are now

 fourteen in number and hopefully the numbers will

 increase.

 The support groups are run on a voluntary basis and attendance has recently increased considerably.

 These support groups are valuable in that they

 provide the members with up to date news of

 research. Also members can exchange their

 experiences and new difficulties they were

 experiencing such as extreme fatigue, mentally

 and physically, new muscle weakness and

 breathing problems. These groups normally meet

 on a monthly basis and usually invite a speaker

 who can provide relevant information.

 Members of the above support groups in June 1996

 were agreeably surprised to receive a letter from

 3.

 The Victorian Department of Human Services

 inviting participation in the review and

 redevelopment of the Department of Human Services

 Polio Unit which they claim to have provided services

 since 1951 at the new defunct Fairfield Hospital.

 A Steering Committee is to be formed (see attached

 letter). (1).

 which was accompanied by a questionnaire for the survey.

Warning Signs:

 There are a number warning signs of Post Polio

 Syndrome, Chest pain can be misinterpreted as

 cardio vascular, difficulty in swallowing,

 sleeplessness, respiratory difficulties, loss of

 chest muscle, heightened stress, the worst being fatigue physically and mentally, loss of muscles, need for wheelchair, canes, prosthesis to support wasted limbs.

Polio Virus:

 In the 1930’s three strains of Polio Virus were

 discovered. These virus one or more entered

 through the mouth causing flu-type symptoms,

 stage 1, stage .... infection occurred. When the

 virus multiplied in the gut and entered the

 4

 blood stream as is stage 1 the infection did not

 progress. However, about 20% of people infected

 ........... Stage 3 when the virus moved across the brain

 barrier and entered the central nervous system.

 Damage to the motor neurones created the varying

 degrees of paralysis (Polio).

Immunisation:

 The importance of immunisation cannot be overstated.

 Australia will be particularly vulnerable should another outbreak of Polio myelitis occur due to the poor response by the population .

 An article in The Melbourne Age 8 August 1995,

 “This is Australia in 1995, home of the world’s best

 public health system, but holder of one of the worst

 childhood vaccination rules in the World.

 A mere 58 per cent of children are immunised

 by the age of six.

Implications for Higher Education:

 In order for Australian Universities, TAFE Colleges

 and schools to recognise not only Post Polio victims,

 but all disabled persons. There is a need for written

 articles to be distributed to department heads, clearly

5.

 stating the requirements and needs of the students.

 This is particularly important with the Post Polio

 fatigue syndrome.

∑ Access is often difficult because of the use of the

 buildings where they can be five stories in height and

 no lifts installed.

∑ Although there are building regulations they are not

 always adhered to by the builders and architects.

∑ The use of maps distributed to students with disabilities

 to advise access areas.

∑ Heavy doors

∑ Lockers-for books

∑ Rest areas.

 Preferably a Green Guide as issued by Monash University which is excellent giving details

 of access to all their campuses and has an office on

 each campus where those students with disabilities

 can ask for assistance as required. I would urge

 other Universities to provide such access services.

6.

Recognition - diagnosis:

 Australia needs to study the clinics in the United

 States of America and Canada. Which could be

 established here. Two excellent clinics would be those run by Dr. Rubin Feldman in Edmonton, Canada.

 Dr. Richard Bruno at the Kessler Institute in

 Saddlebrook, New Jersey.

 Dr Feldman is an authority on the fatigue syndrome

 and uses the E.M.G. rating process which reveals

 that electrically a muscle behaviour normally on the

 outside is clearly a compensated muscle.

 Dr. Bruno recommends if something inwards causes

 fatigue, weakness or pain, you should not be doing it.

 Nancy Frick a post polio researcher, surveys post polio

 services every five years. She is from the Harvard Centre in Hackensack, New Jersey.

 The author of this paper a postgraduate student

 at Victoria University, Footscray Campus, has

 received excellent support from Ms Linda Scott

 from Education Department, the Library Staff who have provided a Carrell and a very considerate

 and excellent Supervisor, Assoc. Prof. Jim Sillitoe.

 *Theme - Access -Transition Tertiary Programs*

*The Hidden Problems of Dyslexia - “The Last Man Standing”*

“Adult Behaviour and personality are strongly influenced by events that occur in the early years of life” (Burns 1980, p.31)

The most vivid memories of my childhood are of primary school spelling lessons. We were all required to stand and the teacher would go around the room systematically asking each child to spell a word from the set spelling list, when you spelt the word correctly you could sit down (an advantage because you didn’t have to spell any more words) … I was always the last man standing.

Dyslexia is a condition which affects individuals with normal to above normal levels of intelligence. According to Hornsby (1984), famous dyslexics include Albert Einstein, Thomas Edison, Leonardo Da Vinci, and Hans Christian Anderson.

Since the 1890’s, specialists and researchers have been writing about dyslexia and its effects. A consequence of dyslexia is what I have labelled as the “The last man standing syndrome”, this is graphically described by O’Shea and Dalton (1994, p.68) “ Many children suffered the pain and humiliation caused by years of struggling through schools which at best tried unsuccessfully to help them and at worst, blamed and punished them for their difficulties. As a result, many such children left school at the first opportunity and remained convinced throughout their lives that they were dumb and would never amount to much”.

I personally did not seriously consider Tertiary Education until I was mature age. I worked with an Accountant who had to get me to balance the books for him, because he could not do it himself . So I concluded, if he can get a degree so might I! I enrolled in the first two units of my degree by correspondence because subconsciously I was sure that I was going to fail and I did not want to be humiliated by any body knowing that I was studying. The confidence I gained from passing my first two units enabled me to complete my degree on campus.

AH!!! I hear you cry the “Last man standing” syndrome is not relevant today.

The following is an extract from the 1996 school report of my dyslexic son,

1. More concentration required

2. Needs to practice spelling, punctuation & sentence structure

3. Plenty of ability which he is not using

4. Quite distracted in class

5. Needs to focus on improving listening/ note-taking

These comments are shown as typical examples in “Dyslexia down Under” by McGillick (1995, pp.38-52). McGillick inquires where is the remedy ? It appears to be put in the child’s hands … “all failures seem to be the child’s fault !… There is no suggestion that teaching methods or teacher’s decisions were inadequate or unsuited to the needs of the student …..and of course the teacher has not mentioned the possibility that a specific learning disability might be the cause of the problem.

As Critchley (1970) pointed out, the development of neurotic reactions is natural, in intelligent students who’s academic performance lags behind counterparts.

A hidden problem of dyslexia appears to be that, as a consequence of early schooling, tertiary dyslexic students often feel incompetent and fear rejection and ridicule from peers so, as noted by Greet (1984), the tendency is to cover up and deny that the problem exists. As a by product they refuse to seek help and often if study difficulties persist they refuse outright to seek special consideration which can result in less than optimum academic performance. It can therefore be concluded that the best remedial programs offered by student counselling staff are unproductive, if the majority of students they seek to assist refuse to utilise their programs.

Dyslexics can and do learn. They learn differently and as noted by O’Shea and Dalton (1994) dyslexic’s learn by doing .

As a Master of Education student with the Victoria University of Technology I am currently conducting research which will identify, disseminate and then publish, the coping strategies utilised by dyslexic students who are in the final year of a degree program or who have successfully completed a degree. The aim of the research is to develop self help programs and literature which dyslexic students can access without reference to “specialist assistance”. It is hoped that self help programs, will be able to overcome the Tertiary Dyslexic students reluctance and refusal to obtain traditional forms of facilitation.. The program dissemination can be as simple as the inclusion of a pamphlet in enrolment materials.

At a Tertiary Level “The Last Man Standing” syndrome for students can be relieved but not prevented. Prevention can occur only by educating primary, secondary and tertiary teachers. Even though the Bachelor of Education Degree in Australia includes many elective subjects very few Higher Education Institutions provide any subjects at a undergraduate level which deal with identifying specific learning problems, such as dyslexia, their symptoms and the consequences of non diagnoses. It should be noted that Vincent McGillick has a complaint lodged with the Queensland Anti-Discrimination Commission against the Queensland Department of Education which addresses this issue.

Before I concluded I would like to briefly justify my use of the terminology dyslexia, a view which is supported by O’Shea and Dalton (1994). Dyslexia is utilised purely as a widely recognised descriptive label ,which I find non offensive unlike many other titles such as “learning disabled” and “reading retardation”.

As concluded by McGillick (1995), dyslexic students continue to suffer academic failure, humiliation in the classroom, damaging emotional consequences and diminished opportunities in future professional and social life, due to lack of recognition and support.

 Rather than being reactive to possible legislative amendments in this area, scope exists for progressive tertiary institutions to initiate pro-active measures.for example

\* introduction of specialist units in Bachelor of Education courses

\* the employment of specialists/consultants with student counselling

\* checklist of symptoms to recognize dyslexia

\* introduction of specialist courses by the Centre for Professional Development

 Ensuring that all students have equitable access and opportunities to achieve their full potential in Education.

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ENHANCING ACCESS AND QUALITY SERVICE

THROUGH NOTETAKING PROVISIONS

Michele Stephens

and

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Griffith University

Abstract

The workshop explores two key issues pertinent to maintaining access and quality service through notetaking provision. The first issue is the need for training and selection procedures for notetakers regardless of whether these are peers who receive an honorarium, or others who are paid at an hourly rate. The training provided to prospective manual notetakers at Griffith University is discussed.

The second issue is the role of computer-based services in a notetaking network. Laptop services have been provided to a small number of students at Griffith University since early in 1995. The operation of such services is outlined and a research paper on one particular issue *Evaluating the Use of Abbreviations for Computer Assisted Notetaking* (Farnell, Stephens and Power, 1996) is briefly discussed.

ENHANCING ACCESS AND QUALITY SERVICE

THROUGH NOTETAKING PROVISIONS

Michele Stephens

and

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Griffith University

Background

Since 1992, Griffith University has operated a Notetaking Network providing notes for lectures, tutorials, workshops, films and field trips, as required, to students with disabilities unable to write their own notes. Prior to 1992, students with hearing loss were provided with a degree of support in finding notetakers but other students had to fend for themselves as best they could in accessing notes from classes.

By 1996 the Network has grown to serve seventy two students with disabilities through the voluntary services of approximately one hundred and fifty manual notetakers annually, and in addition a real time computer-based service is provided for a small number of students. The Network is extremely diverse in terms of needs as students range from those achieving distinction level grades and above in all semesters to those who have some difficulty in consistently passing their subjects. In addition illness precludes regular attendance on the part of some students and some students only attend campus on one day per week. In both these situations special care must be taken to monitor the timeliness of the notes received.

This workshop highlights only two aspects of the complex operations of the Griffith Notetaking Network, the training program for manual notetakers and the operations of the computer-based notetaking services. Key issues will be discussed for thirty minutes, allowing time for questions and further discussion at the end.

The Training Program for Manual Notetakers

Students with disabilities using our notetaking network usually prefer trained and screened peer notetakers. Annually over three hundred receive training based on practice, feedback and modelling. This yields a variable number, usually about fifty, of A or B grade notetakers who receive an honorarium when placed with co-enrolled students needing their services. The free notetaker training is highly regarded by ninety eight to ninety nine percent of all students undertaking it, whether they are chosen as notetakers or not.

The Training Program is still based substantially on t­­­he resources developed or referenced in *Module 4* of the *AccessAbility Kit* on disability issues, together with an additional notetaking exercise based on some overhead transparencies (OHTs) from *Module 1* of that kit. However the sequence and emphasis has been changed from that in *Module 4* to

• accommodate the full day/two half days format (not 10 x 1 hr sessions)

• adjust to the training needs of students who have not yet attended lectures

• incorporate more anecdotes and further detail on notetaking from aural/visual elements simultaneously.

The *AccessAbility Kit* has been purchased from Griffith University by most universities and many TAFE institutes. Licencing agreements with TAFE in each state except South Australia enabled other TAFE colleges also to access these materials in not-for-profit training.

9.00 - 9.20 Introductory discussion and the first notetaking exercise based on OHTs 1.21 and 1.28 from *Module 1*, OHTs 1, 2 and 3 from Appendix 3 of *Module 1* and OHT 1.20 of *Module 1*, in that order. The nature of the presentation varies but covers the following aspects of content (apart from anecdotes);

 • the limitations of definitions

 • "ability" rather than "disability"

 • the importance of care with terminology

 • the distinction of "handicap" from "disability"

 • barriers, attitudinal and physical

 • why provision should be improved.

 The trainees are asked to take notes in their usual way. The notetaking demand is visual and aural simultaneously.

9.20 - 9.25 Participants look at fellow students' notes from the task, jotting down differences they observe in how the task was performed. Before this begins the aim for the day is introduced/repeated – participants are to assess their strengths and weaknesses and work to improve the latter. Participants "measure themselves against themselves", not against others.

9.25 - 9.40 Compilation of points contributed by participants (their observations of the differences in the notes). Associated discussion, including grouping of the points into the categories of skills to be worked on during the day:

 • amount of content and detail

 • white space

 • structuring features

 • paraphrase

 • abbreviations

 • legibility

 • correctness

 • freedom from ambiguity; linkage

 • identification of pages (date, page number, topic).

 Not all themes emerge from each group and so some must be added by the facilitator. Four additional themes are added:

 • verbal/non-verbal cues

 • notetaking from visual and aural elements presented simultaneously.

 • notetaking in tutorials

 • diagrams in notetaking.

9.40 - 9.45 Participants suggest common errors in notetaking, based on their observations. These suggestions may be ticked on the board.

 *[Note: All further OHTs mentioned are from Module 4, AccessAbility Kit.]*

9.45 - 10.05 Two common errors are discussed:

 • not enough detail (OHT 11; refer also to previous notetaking tasks).

• need to record diagrams (OHT 12). The latter is illustrated by anecdote. The finding does not refer to students failing to copy OHTs – usually they copy these to the exclusion of what they hear at the same time. Rather it may refer to a failure to take note of incidental diagrammatic elements of presentations.

 Students are then referred to page 3 of the *Trainees' Manual* from *Module 4* and are asked to discuss/write down ways to overcome each of these errors.

 These points are then discussed by the whole group. OHT 16 may be used in discussing notetaking location in classes. The importance of the following is stressed:

 • reading course outlines/texts before lectures

 • reviewing notes soon after lectures

 • working with a notetaking buddy

 • using the notes actively in discussion with friends, tutors, lecturers.

10.05 - 10.30 Discussion of the role of white space including use of margins (as distinct from leaving blank margins) (OHTs 20, 9, 22, 23; and also OHT 19 from the Secondary Notetaking Resource (1992) - see attachment 1). The features of these OHTs are explicitly discussed and the need for such procedures is illustrated through anecdote. Page numbering is vital and can be 1/10 (page 1 of 10, etc.).

 Noting on laptop computer does not require noting into margins as any necessary re-formatting and highlighting can be performed later.

 Participants look at their own transcripts from the first notetaking exercise and score their use of white space. A practice exercise may be given if time/need directs this.

10.30 - 10.50 Morning tea.

10.50 - 11.20 White space usage may be reviewed before the new topic, abbreviations, is introduced. (The OHT signalling this topic may be projected.)

 Abbreviations exercise: "Write down ten abbreviations or symbols (one under the other) that you might use in your notes. Do not write down what they mean". (Allow time – often participants have difficulty in finding ten. Some look over their first notetaking exercise to find examples.)

 Participants exchange their abbreviations list with a neighbour, and are asked to write down what each abbreviation means. Sheets are then returned to their owners who tick if they agree that a correct meaning has been written for each abbreviation.

 Participants indicate whether the sheet in front of them has all answers "correct". Usually from thirty to fifty per cent indicate "Yes" – occasionally it is higher. Participants may be asked to indicate if they had difficulty in writing down ten abbreviations. Many say "Yes". Hence:

 • most people need to use more abbreviations

 • care must be taken that abbreviations are understandable to others.

 Use of abbreviations and rules for forming abbreviations are discussed using the *Trainees' Manual*, page 17 from *Module 4*. Participants create more abbreviations for the first notetaking exercise and contribute these to the board for discussion.

 Depending on the performance of trainees in this activity so far, the facilitator may give an "abbreviations practice" notetaking exercise or this may be combined with a later exercise in the practice of the next skill.

 OHT 7 may be used to link from the theme of *abbreviations* to the new theme of *paraphrase* – both skills contribute heavily to the meaning of notes. (OHT 7 can be used to refer to *any* of the key skills as it illustrates the problem which could arise if notes are not reviewed soon after lectures or if there is poor legibility, etc.).

11.20 - 12.30 Paraphrase and types of paraphrase are introduced (OHTs 28 and 6).

 Short notetaking exercise (at about 60 words per minute) on *U.S. Participation* *in World War 1* is read. This extract is a paragraph long and is read without a title being given. Participants are asked to practice paraphrase and the use of abbreviations. On completion of notetaking they give their notes a title.

 Three volunteers put up their notes on the blackboard for discussion. This is seen as a non-threatening learning experience by participants – the facilitator illustrates suggested improvements (in a different colour) but there is no attempt to force participants into the one mould.

 Common outcomes from this exercise include:

 • detection of needs and ways to abbreviate

 • checks on the paraphrase – is it meaningful, correct, complete?

 • detection and correction of ambiguity.

 The practice exercise and discussion procedure is repeated with a further extract on the *American Revolutionary War*, at a slightly faster pace, and for an extract on *Cell Structure*.

 At least two further practice extracts from the *Facilitator's Guide*, *Module 4* are then given at a pace approximating "average" lecture pace:

• Extract 1 (p 55) is used as far as the end of paragraph 2 to illustrate the ability to take notes even if content is very unfamiliar. For some trainees emotion blocks their notetaking performance. This short extract is unfamiliar, even meaningless, content to nearly all trainees yet the vast majority surprise themselves by coping very well in their notetaking provided they do as instructed, namely

– remain unemotional while notetaking, not thinking/puzzling about the content but merely writing it down

– if they miss a point, space down and go on from that point.

 Before commencing, trainees are also asked to abbreviate, paraphrase, and to use some white space during noting for this extract. They later re-hear the presentation in broken-down sections and score their content in the notes. The outcomes are discussed.

• Extract 3 (p 56) can be used to reinforce the need to remain unemotional, and to again practise use of white space, abbreviations and paraphrase. Trainees again re-hear the presentation in broken-down sections and score their content and use of white space. If desired a count on abbreviation use may be made – are improvements occurring? The distinctive nature of the structure of this presentation (in particular, new sections of structure posed as questions and the purpose of the communication) is also discussed.

• A further extract or substitute extract, of different content may be chosen from the other extracts on pages 56-57, *Facilitator's Guide, Module 4,* or from other sources.

12.30 - 1.30 Lunch

1.30 - 1.45 The themes of legibility, pens and paper are discussed and introduced. First, legibility. The examples of reworking of notes from Osguthorpe’s book, *The Tutor/Notetaker* (1980)can be projected on OHTs. From these OHTs most participants conclude that:

 • their handwriting is not as bad as they thought

 • all people have the potential to present work more neatly.

 Participants are discouraged from re-writing notes but are encouraged to apply the techniques of the training course and to examine how their legibility may be improved.

 Common errors which can reduce legibility are demonstrated:

• poorly formed letters which resemble one another, e.g., "a" like "o", "i" like "e", "n" like "r", "w" like "u".

• forming only an initial couple of letters then squiggling, instead of using an abbreviation or writing fewer words

• poor or slow linkage of letters, e.g., techniques which form loops when these aren't necessary for legibility, or which separate parts of words

• heavy use of capitals in printing instead of a handwritten style.

 For most people printing is considerably slower than handwriting.

 Legibility problems can be overcome by using a notebook computer but the other skills already discussed in training still apply if a computer is used, except for noting into margins and perhaps a lesser use of abbreviations.

 Pens should be black medium point to ensure a dark photocopy without the need to test the pen. The differences in photocopy readability for different types of pens are illustrated via OHT of a photocopy. Different writing pressure can produce legibility problems in photocopies from fine point pens. Highlighter pens may cause blackening in a photocopy so should be tested through photocopy before they are used.

 Paper must be thick enough to prevent shadowing if both sides of the sheet are written on. By writing on one side only of each sheet, space is available for later additions during study.

 Participants are encouraged to use a looseleaf system for notes, not bound books, as this enables them to integrate lecture, tutorial and study notes by theme.

1.45 - 2.15 Structuring is introduced (OHTs 25, 19 and 26).

 OHT 19 lists features of presentations which must be made explicit in the notes which are taken, as discussed in OHT 26.

 Participants then scan pages 12-13 of the *Trainees' Manual* to learn more about structuring, and are asked to write down how they personally will make each of the features of section A, page 12, explicit in their notes. Their choices are discussed and recorded on the board and associated issues are discussed. Common weaknesses in students' use of structuring may include any of:

 • lack of headings

 • failure to make headings obvious in the notes

 • failing to indent points under headings

 • indenting points too far to the right on a page

 • failure to number and letter sections of the notes afterwards

 • no clear identification of key points, definitions, etc.

 • poor choice of structuring features, for example,

– excessive use of capitalization (which is slow)

– starting each point with asterisks.

 Many presentations at university level can be noted using main headings, intermediate headings and points rather than needing further subsidiary headings within sections.

 Participants examine their previous notes samples and improve on the structuring of those notes.

 Participants complete a notetaking exercise which is highly structured, to apply the learnt structuring techniques, for example, they may note from an introductory class in human physiology (see, for example, the extract on the circulatory system, page 104 of General Programmed Teaching (1970), *Listening and Notetaking : a Program for Self Instruction.* New York : McGraw-Hill, Inc.).

 The notetaking exercise is discussed and features are demonstrated on the board where necessary – such as the alignment of headings, and the use of abbreviating features. Participants can assess their own performances on use of structuring features, content and abbreviation use. Participants take a short "stretch" break of a few minutes before continuing.

2.15 - 2.40 Tape exercise Segment 3 (see page 47 of *Module 4*).

 Participants are asked to focus on four elements in their notetaking from this segment:

• structuring features (which may need to be added to when noting is finished)

• increasing the content noted

• identifying what needs to be noted in the introductory section of the lecture

• becoming aware of the speaker's style.

 They are asked to take their notes on a fresh piece of paper (they are asked to hand the notes in at the end of the workshop).

 Participants score their presentations for content and structure. They also check for correctness. Some participants will fail to correctly distinguish the two concepts "potential to be gifted" and "being gifted". Others will incorrectly note what is meant by "above average ability" in the Renzouli definition.

 The introductory section of the lecture includes one important point of content ("there is overlap between intellectual disability and gifted education in terms of needs") and two other points of note. These are the announcement about the conference and a few notes on the fields in which the lecturer works. It is important that people who become notetakers for students with disabilities note such features of presentations.

 This tape contains an example of a heading which is signalled and then discussed somewhat later. Participants if questioned usually have noticed this and can discuss their responses. This particular case is best handled by continuing to note in the body of the notes (not the margin) and then later inserting an additional heading and amending the original one.

 Participants may take a short "stretch" break of a few minutes before continuing.

2.40 - 3.00 Verbal and non-verbal cues.

 Participants are asked for examples of verbal cues given by the lecturer in the Segment 3 tape. Not a large number were used but usually participants can cite several examples.

 The meanings of the terms *verbal* and *non-verbal cues* are discussed, and examples are contributed by participants and added to by the facilitator. This leads into a pairs or individual exercise using page 16 of the *Trainees' Manual.* This is then discussed.

3.00 - 3.20 Afternoon tea

3.20 - 3.40 Ambiguity and Linkage.

 Participants can be challenged with the exercise in communication devised by U.S. professor, Irving Lee, in which they are asked to tell the facilitator how to "draw a triangle". The facilitator follows instructions mischievously, e.g., if told to "draw a line" may draw a wavy line on the board or if told to "put a point" may draw a chalk dot on the floor. Usually a participant who accepts this communication "challenge" takes several minutes to work out how to achieve the goal.

 The exercise highlights that brief use of words can easily be misunderstood – language must be used in enough detail and with care to avoid ambiguity. Notes should be explicit, not relying on unstated interpretations or assumptions which may be known to some readers only.

 Participants are asked to find examples of ambiguity in their own and/or others' notes from exercises completed earlier in the day. Sometimes examples are contributed in which the sense in the notes is the opposite of what the speaker said – either by simple omission of "not" or by the incorrect linkage of two statements when one was a positive and the other a negative statement.

 *Linkage* refers to the way in which phrases have been related in the notes. Sometimes using too few words, omitting qualifiers or faulty positioning of the notes results in ambiguity or error. It is stressed that fuller paraphrase, review of the notes soon afterwards, and comparison of notes with a notetaking buddy are three important ways to avoid ambiguity.

3.40 - 4.00 Taped exercise, Segment 6.

 Participants are asked to use all the skills learnt so far in a faster paced presentation (difficulty level 8 on a 10 point scale). The tape has a long introduction and may be started a little into the tape, with participants being told the speaker's name and topic.

 This tape uses words unfamiliar to some participants and also reveals to participants whether their hearing and/or aural comprehension skills are perhaps a difficulty for them. The speech is not accented English but has some utterance and recording features which provide a demand not greatly dissimilar from some accented speech.

 Participants are warned to sit close to the tape recorder if they feel they may have some hearing difficulty. They are also reminded to write unfamiliar words phonetically and to remain calm and space down if important content is missed.

 Participants are asked to complete this notes exercise on up to four sides of paper which have no other notes on them (they are asked to hand the exercise in at the end of the workshop).

 This exercise is not reviewed with participants because it is used as a prime instrument in notetaker selection.

 Participants take a "stretch" break of a few minutes before starting the concluding parts of the workshop.

4.05 - 4.30 Notetaking from visual and aural elements presented simultaneously.

 During the first notetaking exercise of the workshop, participants had to take notes from what the speaker was saying while overhead transparencies were displayed. Techniques for handling such notetaking situations are discussed with whole group participation/contribution and are illustrated on the board.

 *(Sometimes copies of overhead transparencies are made available to students or a fellow student with a disability may see a lecturer beforehand and then s/he or the lecturer may give the notetaker copies on which to note. However strategies are needed for situations where this does not occur.)*

Akey point is to note from the overhead those elements which the speaker is referring to, while such references are being made, and to note both what is being said and what is being seen.

 Technique 1: Sketch the OHT smaller, centrally, and piece by piece in the same order as the speaker refers to these elements, incorporating the spoken comments by notes around the periphery of the sketched OHT. Link the notes from the speaker's words to the appropriate visual elements by lines and arrows. (This technique is not suitable for an OHT which cannot be drawn in just the central section of a page.)

 Technique 2: Sketch elements of the OHT separately on the left hand side of a page, with accompanying notes from the spoken presentation on the right hand side of a page. (This technique is not suitable for an OHT which loses its meaning if the elements are separated.)

 Technique 3: Use two sheets. Sketch the OHT on one, element by element in the order in which the speaker refers to each. Give the OHT an identifying number and each element of it an identifying letter; use these letters and numbers to identify the notes (taken from the spoken presentation) which are put on a second page lying next to the first.

 Technique 4: The same as technique 3 except that two people work as notetaking buddies. One does the OHT and the other the notes from the spoken presentation, carefully using the same identifying letters for cross-referencing.

 Participants are told that the importance of OHTs to notes can vary enormously. Some OHTs are only aids to the speaker and contribute no additional important material to the verbal presentation. Some OHTs repeat what is found in text books. Some have a few significant elements and much largely irrelevant material. Notetakers must assess the role of the OHTs quickly. This can be assisted by speaking beforehand to the lecturer about this, doing the pre-reading and watching/listening for non-verbal/verbal cues in the speaker's style. If students are in doubt about the importance of the OHT and have difficulty in getting both it and the speaker's words noted, they should *note the speaker's words.* It may be possible to get the OHT later from the speaker or get the OHT notes from a fellow student.

 Participants complete a notetaking exercise in which they practise noting the visual elements in the same order as the speaker talks about them while incorporating the speaker's words. Some may need to practise increasing their writing speed or the speed with which they "look-write-look".

 Participants evaluate their performances.

4.30 - 4.40 Review of notetaking skills by perusal of the *Trainees' Manual,* pages 4-9 and discussion of issues arising.

 Peer notetakers who become members of the Notetaking Network use approaches to notetaking which suit their own needs *and are matched to fellow students who would find such approaches suitable.* The references to "the client" apply fully if students are being paid at a hourly rate to provide notes but for peer notetakers who receive honoraria it does not mean that they are forced into notetaking approaches with which they are uncomfortable.

4.40 - 4.45 Brief discussion of the use of diagrams in notetaking, drawing on the practical exercises of the day. Diagrams can be used by students in preparing their study notes from lecture notes and readings but usually lectures cannot be cast into diagram form entirely (as shown on page 14 of the *Trainees' Manual* ). It is more usual that small elements be noted diagrammatically.

4.45 - 4.55 Notetaking in tutorials is discussed. Types of tutorials are discussed. Use of discussion notes (one side of page) and key points (other side of page) is demonstrated.

4.55 - 5.00 Collection of notetaking scripts. Completion of response sheets. Closure.

 *Note that some groups take additional time to complete the material and that for them the material given above from 4.40 to 4.55 is deleted due to insufficient time.*

The Computer-Based Notetaking Services

These services were initiated in 1995 after preliminary investigations the previous year and research into the parameters of purchase, utilisation and support of the physical and human resources required. Naturally most students like access to good typed notes in preference to handwritten ones but the cost of this would be prohibitive for the over fifteen thousand hours of notetaking services provided in 1996. The computer-based services are primarily for students with severe hearing loss where use of a sign language interpreter is not appropriate. A very small number of students with vision loss also receive typed notes. Some computer-based notetakers are co-enrolled students who are paid an honorarium while the others are casual employees of the university.

The principal decision made was to use commercially available mainstream hardware and software rather than the more specialised notetaking services provided through systems such as stenotype machines or the abbreviation systems and hardware such as C-NOTE (Cuddihy et al, 1994), C-PRINT (Everhart et al, 1996) and HI-LINC (Rolleston, 1992). This decision was made in the belief that typists with speed in excess of eighty words per minute and notetaking skills should be able to cope with most lecture presentations and also such personnel should be more readily available to provide services at a range of locations and times.

During 1995 and 1996 such personnel have provided satisfactory services to seven students across a range of disciplines including information technology, human services, humanities and education. It has been essential that the Coordinator of Notetaking Services closely examine the nature of the subject, the skills of the personnel available and the availability of supplementary resources to ensure the best possible service especially in subjects which are mathematical and diagrammatic in part. The computer notetakers have in some instances used the autocorrect function of the software to enter their own abbreviations for recurring technical language and have become alert to the need to liaise closely with the Coordinator regarding difficulties encountered. In most instances students receiving laptop notes from notetakers paid at an hourly rate have looked on the laptop screen to read a transcript of what the speaker is saying in lectures, tutorials and workshops.

Problems with laptop use associated with lecturing style or type of content can be resolved if the lecturer is open to constructive suggestions from the Coordinator of Notetaking Services and/or student. Fortunately most lecturers at Griffith University have positive attitudes toward the needs of students with disabilities so problems have not been major. Two areas which have required negotiation are :- better heading, lettering and numbering systems for overhead transparencies so that the notetaker can cross-reference the laptop notes with greater ease, and access to a hard copy of the notes in advance of the lecture for the manual notetaker who is capturing diagrammatic and mathematical details which are not readily available through the laptop notes.

The computer-based service uses two Toshiba 1960CT computers based on separate campuses and running Microsoft Word version six which has both auto correct and auto text functions. The hardware choice was governed substantially by the report of the typists used to evaluate the touch and ergonomic features of a range of laptops. This choice has been validated as all later operators of this equipment have commented favourably on the operation of the chosen system. One vital feature which reduces wrist strain is the positioning of the keyboard to the front of the laptop, but key size, keyboard touch, mouse size and location, and portability were other important issues. Students have clear visibility of the work in progress on the active screen of the laptop. Where print out is required this is conducted on a Canon BJ200 Bubblejet.

A key issue uncovered during the last eighteen months has been the need for state of the art virus protection on the laptops. During 1996 we had three episodes of viral contamination. Procedures are in place which students are expected to follow regarding use of disks provided to them but even if they break such procedures the safeguards we have instituted have so far protected the operations of the Network.

Wherever possible laptop notetakers now operate off mains power to reduce battery replacement costs and complex charging schedules. Each computer has two batteries, two transformers and a battery recharger for those times in the week when mains operation is not possible.

Ongoing training of computer notetakers and their flexible allocation to tasks have been major needs which will continue in the foreseeable future. Timetables for new semesters are typically available at Griffith University fairly close to the starting times of semesters and are subject to change within the first three weeks. In addition students may not confirm their subject choice until quite close to the time when lectures begin. As a result most laptop notetakers are personnel with flexibility of availability and a base level of skills which can be topped up by training. Recruitment through university avenues has been more valuable in attaining such personnel than search for workers through temporary agencies. Current personnel have a range of typing speeds up to one hundred and twenty words per minute and work a mix of day and night time hours for a range of clients and subjects. Two personnel have no prior university lecture experience, the other six workers are undergraduates or graduates. The hours worked per week range from two to twelve.

The reminder of this presentation will examine one particular research issue, whether it is possible, through abbreviation systems, to enhance the speed of notetakers with lesser typing speeds to effectively provide notetaking services in a university lecture and tutorial environment. Reference will be made to the paper *Evaluating the Use of Abbreviations for Computer Assisted Notetaking* (Farnell, Stephens and Power, 1996).

*[Issues discussion proceeds to the depth possible in the time allowed. Readers are referred to the paper by Farnell et al (1996) for further details on the research conducted].*

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Attachment 1

White Space:

• margins with specific uses

 • under

 • headings

 • new segments of information

 • larger sections of information

• where information is missed

• around the page edges to avoid photocopy problems

Evaluating the Use of Abbreviations for Computer Assisted Notetaking

Carol Farnell, Michele Stephens and Des Power

Griffith University

This paper is part of the workshop entitled

*Enhancing Access and Quality Service through Notetaking Provisions*

presented by Michele Stephens.

Abstract

The AutoCorrect feature of the Word 6.0a for Windows computer software package was evaluated as an abbreviation system for the Griffith University Computer Assisted Notetaking (CAN) project. A repeated measures design, using 8 untrained and 6 trained notetakers, investigated the effect of using the abbreviation system and training on accurately transcribing spoken words. The statistical analysis revealed a significant effect of the abbreviation system on accuracy, conditional to training. The qualitative research also supported the use of the abbreviation system, with some suggestions for improvement. The results imply that using the system will lead to a more comprehensive transcript of spoken material for people with disabilities. Therefore, further development of the system is recommended.

Evaluating the Use of Abbreviations for Computer Assisted Notetaking

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Education systems have found that providing adequate communication for students who are deaf or hearing impaired is a complex and challenging task in mainstream classrooms (Everhart, Stinson, McKee & Giles, 1996; Stuckless, 1993; and Virvan, 1991). Everhart et al (1996) state that a major difficulty faced by students with hearing impairment is understanding and participating in class discussion and activities.

Computer assisted notetaking has been found to be a beneficial aid for people with disabilities, especially for those with hearing impairments, by transcribing spoken language into written text (Stuckless, 1993; Suritsky & Hughes, 1991). Stinson and Stuckless (1995) suggest that this is most beneficial if the speech is transcribed into a text display as the words are being spoken. Various methods of computer notetaking have been trialled and implemented using a variety of environments, hardware and software packages (Everhart, 1994; James & Hammersley, 1993; Nelson, 1993; Stephens & Power, 1995; Virvan, 1991). Bangert-Drowns (1993) states that using software tools can have positive effects on the performance of their users, by carrying out portions of the task that are usually repetitive and time consuming.

A number of computer assisted notetaking trials have focused on software that has included shortcut and abbreviation techniques (Cuddihy, Fisher, Gordon & Schumaker, 1994; Everhart et al, 1996; Stinson & Stuckless, 1995; Stuckless, 1993; and Virvan, 1991). The most recently documented of these seems to be C-Print, which has been under development at the National Technical Institute for the Deaf, Rochester, New York, since 1990 (Stinson & Stuckless, 1995). Everhart et al (1996) state that to transcribe as much of the relevant information as possible, C-Print focuses on two strategies: (a) a computerised abbreviation system to reduce keystrokes, and (b) notetaking text condensing strategies.

C-Print developers have produced a set of phonetically based rules for abbreviating words, as well as procedures for training the operators in text 'condensing' strategies (Everhart et al, 1996). Everhart (1994) suggests that C-Print can enable computer notetakers in a lecture situation to increase their typing speed by up to 30 words per minute (wpm) and capture approximately 30% more information than without the system. Stuckless (1993) reports that typists who had conventional typing speeds of 20 to 60 wpm were trained on the C-Print system for 105 hours and substantially increased their word production rates.

However, Kellogg and Mueller (1993) found that using word processing commands could overwhelm a typist with moderate experience and distract attention from retrieving and maintaining relevant knowledge. Therefore Stuckless (1993) and Virvan (1991) suggest that essential requirements for a computer assisted notetaker are good typing skills, being able to summarise information, and being familiar with the particular word processing software being used. Previous research also suggests that training is required for abbreviated systems to benefit the typist (Everhart et al, 1996; Kellogg and Mueller, 1993; and Stuckless, 1993).

In Australia, since 1992, Griffith University has operated a Notetaking Network providing notes for people with disabilities (Stephens & Power, 1995). In 1995 Computer Assisted Notetaking (CAN) was introduced into the Notetaking Network primarily to improve support for students with severe hearing loss who were not Sign Language users (Stephens & Power, 1995). These students now have the opportunity to observe the computer screen and read the written transcript of the spoken word. They also receive typed transcripts of the lectures. CAN uses notebook computers with Microsoft Word Version 6.0a software which includes the features of AutoText and AutoCorrect (Microsoft, 1994). Both these features have the capability of real-time abbreviation expansion. Stephens & Power (1995) suggest that the features may be used to achieve some of the advantages of C-Print.

Therefore, as part of the university's ongoing commitment to equity for people with disabilities, the capabilities of the CAN project need further development. It is important to continue to look for ways of increasing the accuracy of average typists, so that written transcripts can include as much information as possible. At the end of 1995 the researcher approached the CAN coordinator with a request to use the AutoCorrect feature in Microsoft Word 6.0a to enter abbreviations that might increase the speed of the computer notetakers. The request was approved, and during a brainstorming session involving three members of the Griffith University Notetaking Network, 106 abbreviations were identified. These abbreviations were entered into the AutoCorrect menu of the notebook computers used for CAN.This study used qualitative and quantitative research to investigate the use of abbreviations in the CAN Network at Griffith University. The qualitative research focused on interviewing the trained computer notetakers after they trialled the use of the AutoCorrect abbreviations. The quantitative research used an experimental design to evaluate the effectiveness of the abbreviations. It was hypothesised that abbreviating long and frequently used words in the AutoCorrect menu would increase the accuracy of the computer notetakers in a simulated lecture situation and also that six hours spent studying and using the abbreviations (training) would give more accurate results than untrained subjects who were only given 15 minutes to familiarise themselves with the abbreviations.

Method

Participants

The eight computer notetakers working for the CAN project were requested to take part in the project as trained notetakers. They were asked to fill in a time sheet as a record of their training with the abbreviations.

Ten untrained subjects were drawn from the student population of Nathan Campus of Griffith University. The untrained subjects all met the following criteria:

1. They had taken lecture notes and found them effective study aids;

2. They had used “Word 6 for Windows” frequently;

3. They could all touch type using a computer keyboard.

The subjects were aged from 19 to 50 years.

Materials

The project required a laptop computer capable of running Microsoft Word 6.0a for Windows. This experiment used a Toshiba T1960 CT notebook computer. The abbreviations were installed into the AutoCorrect feature of the Word 6.0a program.

An audiotape was also required to play a simulated lecture segment of one minute duration, containing 140 words, 58 of which were included in the AutoCorrect abbreviations. Printed copies of a sheet containing the expanded words and their abbreviations were required for each of the trained notetakers and a copy was also placed in a document holder for the first test condition.

Design

The researcher used a simple repeated measures design. The two test conditions were: Test Condition 1. The subjects were informed how the AutoCorrect function worked and that a number of abbreviations had been installed into the program on the computer they were going to use. The subjects were given ten minutes to read through the sheet containing the list of expanded words and their abbreviations and asked to try to remember as many as possible. The subject was informed that the list containing the abbreviations would be placed in a document holder in clear view during the typing test. After the subjects had familiarised themselves with the abbreviations, they were asked to listen to the audiotape and type as many of the words as they could, using the abbreviations where possible. The subjects were informed that the dialogue was very fast and that they were not expected to type every word, but to attempt to type as many words as possible. The results were saved under a subject code for later analysis as 'AutoCorrect' test.

Test Condition 2. The subjects were asked to listen to the audiotape and type as much of the content as possible. The subjects were informed that the dialogue was very fast and that they were not expected to type every word, but to attempt to type as many words as possible. The results were saved under a subject code for later analysis as 'Control' test.

All of the subjects participated in both test conditions. However, to counterbalance for order or practice effect, half of the trained and untrained subjects were administered test condition 1 followed by test condition 2. The other half in the reverse order, as illustrated in Table 1 (Tilley, 1993).

Table 1. Counterbalanced Orders of Test Conditions

|  |  |
| --- | --- |
| Subjects | Test Order |
| 4 Trained and 4 Untrained | Test 1 then Test 2 |
| 4 Trained and 4 Untrained | Test 2 then Test 1 |

Procedure

All the subjects were informed that participation was completely voluntary and that they could withdraw from the experiment at any time. The trained notetakers were informed of the purpose for the research. When they agreed to take part in the research they were given the sheet of abbreviated words and a time sheet. They were requested to spend six hours studying and practising the abbreviations over a two week period, after which they would be contacted to arrange a test. They were also requested to note any problems that they encountered or any ideas that they had for improving the abbreviations.

The untrained subjects were also informed about the purpose of the research and if they met the criteria, an appointment time was arranged for the testing. All the subjects were individually tested and were given five

minutes to familiarise themselves with the laptop keyboard. They were then tested according to the order set out in the design section.

The trained subjects were also asked to rate “How useful have the abbreviations been to your notetaking” on a three point Likert scale. The scale ranged from 1 = not useful, 2 = useful, 3 = very useful. The researcher also gathered information on the difficulties that were encountered and ways that the abbreviations could be improved. The responses were recorded on the computer after the two test conditions, with the rest of the data under the subject's code.

The results of each test condition for each subject were scored by counting the number of accurate (spoken in the monologue) words recorded. The data was analysed using SPSS for Windows. A repeated measures analysis of variance (ANOVA) was carried out on the between-subject variables of 'training' and the within-subjects variables of 'test condition' using the dependent variable of accurate words typed. Because there were multiple tests a Bonferroni alpha adjustment was made for inflated Type 1 error (Keppel, 1982; Tabachnick & Fidell, 1989).

Results

Quantitative Results

Two of the trained subjects withdrew from the research without completing the test conditions and one of the trained notetakers did not complete the training requirement. Therefore only three trained subjects were in the group for counterbalancing the order effect (Table 1). Thirteen cases were entered into the final analysis, eight untrained and five trained subjects. The repeated measures ANOVA revealed a significant interaction between training and test condition (F (1,11) = 18.15; p<0.001) which is illustrated in Figure 1.



Figure 1. Line graph of interaction between training and test condition.

Therefore paired samples t-tests were conducted to identify where the significant differences occurred. The Bonferroni alpha suggested an alpha level of 0.025 was need to adjust for Type 1 error. The results revealed a significant difference between the control and AutoCorrect test conditions (t (14) = 0.647; p<0.005) and between AutoCorrect and the training condition (t (13) = 0.69; p<0.001).

The trained notetakers had a mean improvement of 7.20 wpm (SD=4.15) after six hours training. The maximum improvement was 13 wpm and the minimum was 2 wpm, as illustrated in Figure 2. The results for the subject who withdrew from training but still completed the tests are also illustrated in Figure 2.



Figure 2. Graph of AutoCorrect and Control score for the trained notetakers and the notetaker who withdrew from training.The trained notetakers' responses to “How useful have the abbreviations been to your notetaking” on a three point Likert scale, are illustrated in Table 2.

Table 2. Likert scale responses of the trained notetakers as to the benefit of using the AutoCorrect, including those who withdrew from the training.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Not Useful | Useful | Very Useful |
| Number of subjects | 3 | 1 | 4 |

Qualitative Results

The two notetakers who withdrew from the training found that the abbreviations were not useful to them as they believed that they typed fast enough without them. The notetaker who withdrew from training but completed the tests found the abbreviations confusing and suggested using symbol or function keys with the letters. She had some experience as a court reporter and suggested that if the abbreviations were less like the spelling of the word they were easier to remember. When she tried using the abbreviations from this project she stated that she would type the complete word before she remembered the abbreviation.

The fastest typist said she found the abbreviations useful but usually typed the expanded word before she remembered the abbreviation. However, she intends to continue using them and felt they were most useful when replacing common phrases (eg. "dbms" replaced "data base management system").

The rest of the trained notetakers who had a control test score between 30 and 45 found the abbreviations very useful. Their main difficulty was learning the abbreviations. One of the notetakers suggested an audiotape containing the abbreviated words being spoken at a lecture rate of speech would be very useful for training. Three of the notetakers suggested that perhaps some of the abbreviations could be improved for ease of recall.

Discussion

The significant results of the repeated measures ANOVA and the paired samples t-tests support both the hypotheses of this study. The significant interaction effect shows that the results are conditional in that the improvements from using the abbreviations are conditional on training. These findings support previous research which suggested that training was required for abbreviated systems to benefit the typist (Everhart et al, 1996; Kellogg & Mueller, 1993; and Stuckless, 1993).

The mean improvement of 7.2 wpm (SD=4.15) for the trained notetakers after six hours training suggests that the AutoCorrect feature of Word 6.0a may yield improvements similar to C-Print. Everhart (1994) stated that C-Print enabled computer notetakers in a lecture situation to increase their typing speed by up to 30 wpm after 10 to 12 weeks training. However, after only six hours training one of the trained notetakers showed an improvement of 13 wpm.

The lowest improvement from training of 2 wpm, was for the fastest typist. She stated that she had difficulty remembering the abbreviation because it was a segment of the word. The three notetakers that withdrew from training have high typing speed and seem to have experienced difficulty with the abbreviations.

The results suggest that the abbreviations are most useful for typists with average typing speeds of less than 70 wpm who are willing to spend time learning the abbreviations. However, all of the subjects experienced some degree of difficulty learning the abbreviations, which suggests that the extent of use of three and four letter abbreviations may need to be re-evaluated and training time extended. The suggestions of including symbols in the abbreviations and including abbreviations for more common phrases should be evaluated in future trials. The suggestion to use an audiotape for training also seems a very practical and inexpensive way of improving skills.

Possible weaknesses of this research are that it has focused only on the number of words accurately transcribed as no paraphrasing was permitted. The experiment also used a brief but very difficult simulated lecture segment audiotape, which lowered the typing speed of all the subjects below their usual level. Research should now be conducted to examine the effect of a further modified abbreviation system on the lecture information captured when paraphrasing is permitted.

There is a clear need for speech-to-print transcriptions in the educational environment to enhance equity for some students with disabilities. The qualitative and quantitative results of this study suggest that the AutoCorrect feature of the Word 6.0a for Windows software program can increase the effectiveness of computer assisted notetaking. However, for typists with speeds in excess of 80 wpm, use of abbreviations might best be limited to frequently recurring phrases. For other typists who are prepared to train, further abbreviations may be beneficial. Though six hours of training was found useful in this research, perhaps ten to twenty hours, using audiotapes, may yield greater benefits.

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Full Paper.

Universal Access and the Mouse: Some Options

Hugh Stewart,

Occupational Therapist

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Modern operating systems are becoming more and more mouse intensive. Windows

95 and MacOS 7.5 use the mouse and mouse buttons extensively. This has raised

many challenges for people who find using the mouse and or the Graphical User

Interface of these operating systems difficult. Using a mouse on a computer

screen requires a specific set of skills, and people who are visually

impaired or have motor control difficulties will require specific strategies

to enable them to use the operating system of the computer. This paper will

describe the range of hardware and software strategies which can be used to

provide "workarounds" for people with movement disabilities.

Adaptions for people able to use the Keyboard

Keyboard Shortcuts

Keyboard shortcut commands are a very useful addition to computer programs.

The added redundancy allows people with various levels of ability to use a

variety of strategies to select the options they require.

Mouse Keys

This useful software, available free for Mac, Windows (3.1 and 95) and Dos

operating systems, allows the user to press keys on the number pad to move

the mouse cursor, operate the mouse keys and perform click and drag

functions.

Intellikeys Keyboard

A dedicated membrane keyboard which has built-in access to Mousekeys

functions for Mac and IBM computers and uses these features to provide mouses

emulation for keyboard users.

Alternatives to the Mouse

Trackballs

There are a wide array of trackballs of various sizes and configurations.

Examples include the Logitech Trackman, Penny and Giles RollerBall,

MicroSoft's EasyBall, Kensington's Trackerball, and Microspeed's PCTrac.

Trackball keyguards

A useful addition to any trackball is the trackball keyguard which provides a

mechanical guard against unintentional hitting of trackball switches.

Trackpads

Most commonly seen on the Mac Powerbooks and Sharp laptops, but also

available as an add-on using the Glidepoint.

TouchScreens

Edmark sell touchscreens for both Mac and IBM.

Joysticks

Joysticks which act as mice are now available. Penny and Giles sell a unit

for the Mac, IBM and Acorn, and the Joystick Mouses and SAM-Joy are all

available for the IBM. Rollerchair Inc. are developing an add-on to their

wheelchair joysticks which will allow the regular wheelchair joystick to act

as an IBM mouse via an Infrared link direct from the wheelchair. This has

potential for people wanting to integrate control interfaces but the accepted

opinion is that joysticks need to be rigorously trialed before implementing

as a mouse. If a person can drive a wheelchair using a joystick, don't

assume they can necessarily use it as a mouse.

Headmounted mice

Headmaster, HeadMouse and Tracker

Very robust and widely used by people with good head control such as those

with spinal chord injury. HeadMouse and Tracker offer the advantage of

providing cordless connection to the computer. Headmaster has a long history

and is very robust.

Switch operated mice

EZKeys, Wivik, Xscanner, and Clickit! offer switch control of the mouse via a

number of scanning processes and patterns. Personal taste will dictate the

most useful technique but all are operated by one or two switch combinations.

Voice-operated Mice

Dragon Dictate and PowerSecretary both offer control of the mouse using voice

commands. The latest version of Dragon Dictate for Windows (ver 2.0) uses an

innovative grid system which is ideally suited to the voice input technique.

Application Tip

One of the guiding rules for providing assistive technology is that users

should be given a number of operational choices wherever possible. It makes

sense to provide backup systems and alternatives as the user's needs change

over the course of a day, for different activities, and for different

systems. It is not unreasonable for a user to need two or three different

mouse operation techniques.

Summary

There exist a variety of mouse alternatives for anyone interested in using a

computer. Physical disability should not preclude anyone from using a

computer software which requires mouse input.

Regards,

Hugh Stewart

(via Duane Stapleton's email - replies may be made through Duane too)

"Higher Education: Through the eyes of a student with a disability"

By Catherine Stokes

Hello and Welcome

Today I will be discussing,

 • the participation of students with a disability in the social activities of university life;

 • the need for more students with a disability to be encouraged to participate in their student organisation;

 • the need for disability awareness campaigns, the fact that more are needed at the university level and for the whole of society;

 • the education of students with a disability as to their rights whilst studying at university;

 • the National Aboriginal and Torres Strait Islander Students Network (NATSISN) and the National Union of Students (NUS). What these organisations can do for students with a disability;

 • the booklet "On A Wing and A Chair: expressions and impressions of students with a disability" - its importance in changing people's attitudes towards people with a disability; and

 • the results of the project that I undertook in my final year of my Health Education degree.

Firstly, I would like to start off by telling you a bit about my experiences so that you will be able to appreciate why I have become an advocate for students with a disability.

When I was born, no-one knew I had a disability until at age eight months, my mum noticed that I could not roll over properly. It was a further eight months after that when the doctors took notice of her and discovered that I have cerebral palsy. Apart from the fact that my left side was effected, they didn't know how severe it would be. I never really understood that I had a disability until I started school and then the other kids never let me forget it. I was teased, made fun of, made to feel very different and inferior. I always said that I would do something one day to make a difference in the world and change people's attitudes. Thus my journey down struggle road began. My struggle was to find self esteem, independance and empowerment. All of which I now have and will share with you throughout this paper. Before I continue, I would like to say that having a disability isn't a negative in my life. Sure I've grieved for the things that I cannot do, however, I have learned a lot from it and it has made me the person that I am now.

This brings me to talk about university life. University is not just a place of academic learning but also assists in personnal development and enables many students to find out who they are. This is usually achieved by socialising or by participating in extra-curricula activities such as sports which are usually offered by university student organisations. At most universities upon arrival, in your first year, as a student you are greeted with an o-week full of entertainment and activities. Sounds great doesn't it, a mud-wrestle, a tug of war or how about a water fight. For a large number of students with a disability, and I'm not saying that this applies to all students with a disability, these activities or ones like them are not appropriate or accessible. Most of the time, the activities are organised with abled-bodied students in mind, not much thought is given to activities in which students with a disability can participate. My university union, the University of Canberra Union, has set up an Ad-hoc Disabilities Committee to investigate this problem and to get an insight into how it can improve its facilities and services to make them accessible to students with a disability. In this committee, we will put together a budget which will outline a plan for the next five years which will alleviate any financial constraints on the union but will enable it to be committed to the needs of students with a disability. I would like to encourage all university student organisations to think about students with a disability when they plan or arrange activities.

Most of the time when people think about access they think about physical access. Access encompasses more than just being able to enter a building, however, people don't think about the social aspect of access. To the student who is unable to climb the stairs up to their university bar or cafeteria, access is about not being able to have a social life and enjoy their friends company. When I first came to university, after having been teased all the time during primary and high school, I had no self esteem, felt worthless and hated myself. I was amazed that at university, people actually talked to me, my disability didn't matter. I experienced for the first time in my life what having friends is like and slowly began to like myself too. It has taken time, but I have come to believe in myself and my abilities. I know from talking to other students with a disability that they too have had similar experiences. I have had the chance through studying at university, to do the one thing that I have always wanted to, try to change people's attitudes towards people with a disability.

The empowerment that I now experience, also started out of my involvement in my Students' Association and my commitment to challenging the University on what it can and should do for students with a disability. I got involved because I wanted to change people's attitudes towards people with a disability. Through this process over the last five and a half years, I have grown self-esteem and confidence and have learnt that I can use my disability to educate others about disability issues and to show other people with a disability that they too can go to university and achieve or indeed achieve in any endeavour that they put their heart and mind into. Without a doubt I believe that students with a disability should be encouraged to get involved in their student organisation if that is what they want to do. There are still a lot of universities where there is a need for change and where this process would be greatly assisted by students with a disability who become advocates and encourage change. I am a great beliver that anyone with a cause should fight for their own cause as this is more effective in producing results.

This brings me to the topic of disability campaigns. The usual problem here is money. Getting the funding is not always easy. However, if you can put a campaign together such as a display, debate or open forum discussion it can be effective in raising awareness and getting people to think about the issues. My Students' Association in 1993 held a campus disability awareness week, it held a BBQ and poster display of various organisations, on and off campus, that support the needs of students with a disability. This simple but effective campaign ended with a lot of students wanting to know more about the needs of students with a disability and how they could change their attitudes. Awareness Campaigns are also important in the wider community to dispel myths and prevent discrimination.

Although it is now illegal, discrimination still happens. Students with a disability do not always know their rights and responsibilities whilst studying at university. This is largely because they do not have access to this type of information. Discrimination may happen to students with a disability but they might not realise that it has happened to them and therefore cannot do anything to rectify the situation. All students and not just students with a disability should be educated and informed of their rights and of what to do if they find that they are in a situation where they think they are being discriminated against. This will also prepare them for possible discrimination in the workplace. As well students with a disability need to be shown all their options within higher education and be encouraged to undertake such courses as science if that is what they want to do. They need to know that once a university has accepted them, that university, where it is reasonably able, must provide for that student's needs.

Now to talk about a student organisation that has taken the needs of students with a disability into consideration. NATSISN, the National Aboriginal and Torres Strait Islander Students Network was set up in November 1994 to support Aboriginal and Torres Strait Islander students who are undertaking post-secondary studies.

NATSISN, among its office bearers, has a position of Disabilities Liaison Officer who will be able to assist and support Aboriginal and Torres Strait Islander students with a disability. At present there are very few identified students with a disability studying at the higher education level and even fewer Aboriginal and Torres Strait Islander students with a disability. There are many reasons why Aboriginal and Torres Strait Islander students with a disability choose not to participate in higher education, such as that many do not want to leave their communities or have a high support need that could not be met if they entered higher education. These and other issues also need to be addressed. NATSISN, once it becomes completely established, through it's Disabilities Liaison Officer, will be able to assist and encourage Aboriginal and Torres Strait Islander students with a disability to study at university.

This leads to another important issue facing Aboriginal and Torres Strait Islander people who come to university to study, most go to their Aboriginal and Torres Strait Islander student unit to gain access to support. This is a great source of support, however, Aboriginal and Torres Strait Islander students who have a disability often do not feel that they are able to access their University Disability Office because there are usually non-indigenous staff there. The appointment of Indigenous Disability Officers based in Aboriginal and Torres Strait Islander student units would be advantageous in addressing this problem. The lack of money prevents this from being a viable option. However, should the financial position of universities change in the future, it is an option worth looking at again.

Another body which is aiming to assist students with a disability and encourage a change of attitudes towards students with a disability is the National Union of Students (NUS). It has a Disabilities Action Committee which comprises a student from each state and the Welfare Officer of NUS. The Committee has phonelink ups to discuss the needs of students with a disability and is planning a National Disabilities Awareness Week on campuses this year, dispite facing major funding cuts to their budget.

I would now like to tell you about a book, "On A Wing and A Chair: expressions and impressions of students with a disability", that I put together in 1994. I put the book together for the following reasons firstly, I wanted people with a disability to have a channel to express their feelings whether positive or negative about their disability; secondly, I want people with a disability to know that they are not alone in their feelings - that they can pick up the book and read about how other people with a similar disability to their own feel; thirdly, so that abled-bodied could gain an insight into the feelings, thoughts and experiences of people with a disability; and so that abled-bodied people can see the talents of people with a disability. I feel that by putting this book together, which is the first book of its kind in Australia for people with a disability, I have achieved something which will enable people to understand what having a disability is like. There is still a long way to go in changing people's attitudes but I believe every little step counts towards breaking down the barriers which often hinder or limit the equal participation of people with a disability in society.

Before I conclude I would like to say that after six years of hard work and dedication, I am now going to be graduating at the end of this year with a degree in Health Education. To be at university is hard enough, to be at university with a disability is a real challenge but one that is rewarding for those willing to attempt it. Out of all students who study at university, only 18% or 1 in 5 of these will graduate from their degree in the prescribed amount of years. Even though it took me that little bit longer, well a lot longer, I feel it has been worth it and I encourage all students with a disability to go to university if that is what they want to do. University life has given me the chance to get to know who I am. I have learnt more through the social aspect of university life than the academic, rather I should say that my academic life has been enhanced through my social life.

During this paper, I have discussed the fact that students with a disability have the same social needs as other students which is often not recognised by the general population of the university, the need for disability awareness campaigns, the need for more education on the rights of students with a disability, the role of the National Aboriginal and Torres Strait Islander Students Network and the National Union of Students in assisting students with a disability and finally I have given you an example, through my book "On A Wing and A Chair" of a channel that students with a disability have used to express their emotions and thoughts about their disability. I hope that this has given you a deeper insight into higher education: through the eyes of a student with a disability - mine.

I conclude this paper in thanking the Joint Disabilities Committee of the University of Canberra and Australian National University for enabling me to be here.

Thankyou

(I can be contacted on (06) 282 6162 (h) or on my mobile on 041 201 3364)

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Title: THE PLAY IT SAFE VIDEO PROJECT

Theme: Curricula that reflect diversity

Authors: Margaret Sullivan and Jane Unwin

Presenter: Margaret Sullivan

Genesis of the project: the need

The number of tertiary students with disabilities in Australia has been variously estimated at between 0.1 and 3.3 per cent of total enrolments (UniAbility Resource Guide 1995).

For a variety of reasons, students with disabilities have not yet enrolled in large numbers within our own Faculty of Health and Biomedical Sciences. Physiotherapy educators here have worked to make our curricula reflect the diverse cultural backgrounds of our students, but until recently we have not been challenged to ensure inclusive curricula for students with disabilities. Our focus had been very much on the special needs of physiotherapists' clients, rather than on our own students with disabilities. However, the British experience challenges us to change traditional views of allied health and physiotherapy education. For example, in the United Kingdom in 1994, around 2% of registered members of the Chartered Society of Physiotherapy had a significant visual impairment. There are currently over 20 physiotherapy students with visual impairment in training throughout the United Kingdom (Owen Hutchinson 1994). That country has a long tradition of training physiotherapists who have partial vision, first in segregated and lately in integrated tertiary settings. In Australia the concept of a blind physiotherapist is newer to us, and somewhat daunting to many physiotherapy educators. Common concerns centre around occupational health and safety - both for students with visual impairment and their clients. When a student with visual impairment enrolled with our School in recent years, we realised that we would have to review several aspects of our curriculum to ensure inclusive teaching practice, particularly in the area of clinical education.

Occupational health and safety are of course of paramount importance for all of our students and their clients. This is especially the case in paediatrics, as young children or those with developmental delay often have poor safety sense. In our experience most students struggle with safety issues regarding the care of children. Managing paediatric clients safely is a learned skill and not just common sense. As well as learning baseline safety principles, students with disabilities need to develop additional strategies specific to their own physical capabilities.

Genesis of the project: the opportunity

In 1995, the three Universities in South Australia collaborated to fund the UniAbility Initiatives project. The aims of UniAbility were to improve and promote equity and access to tertiary education for students with disabilities. We successfully applied for UniAbility funding to make an instructional videotape, in collaboration with the School of Physiotherapy and the Flexible Learning Centre of the University of South Australia.

The aims of our project were:

( To enhance equity in clinical education for current and future allied health students with a disability, by making curriculum and teaching methods in their clinical years more inclusive.

( To ensure safe-practice outcomes for physiotherapy and occupational therapy students with a disability who are embarking on their paediatric clinical roster.

Our objectives were:

( To produce an instructional video on occupational health and safety issues for physiotherapy and occupational therapy students when working with children in a clinical situation. We planned to strongly emphasize issues specific to students with a disability.

( To ensure that this learning resource allows flexible delivery, so that it can be used in self-instructional mode as well as in a tutorial situation. This was to enable students with a disability to access the information repeatedly, and in their own time.

( To evaluate the effectiveness of the video as a learning resource both for students with a disability and their non-disabled colleagues.

Target audience

 At the request of the granting body, we widened the target group beyond the original "physiotherapy and occupational therapy students". The final version now refers as well to allied health workers and anyone who works with children in a clinical or motor skills situation.

Ensuring that the video reflects diversity

Beyond the safety considerations, we considered it important to present positive role-models by means of scenarios where the student or worker with a disability demonstrated creative problem-solving, devising strategies to manage their physical workplace. To that end, we used a focus group to help plan the content. We developed and revised the script with the help of a physiotherapy student with a visual impairment, a paediatric Occupational Therapist with a mobility impairment, and a clinical educator with a severe hearing impairment. All three also "starred" in the video, along with a number of other students, clinicians and their clients. We were assisted by advice from the industry.... paediatric clinicians both hospital- and community-based. We also had input from our University's Equal Opportunity Unit, and the RNIB Resource Centre, University of East London, with whom our School has links. We filmed in hospitals and in community venues like Kindergyms and swimming pools. As so many paediatric services are now community-based, our students need to learn to work safely in unfamiliar environments as well as their accustomed worksites.

Content

The video cover and opening graphics list sections and their start times for ease of access.

The sections are:

( Introduction

( Safety with babies

( Safe room set-up for the mobile child

( Safety with toddlers

( Safety with the older mobile child:

 - mobile equipment

 - trampoline

 - climbing

( Children in wheelchairs: safe transfers (a problem-solving approach)

( Worker with a mobility impairment: strategies

( Hydrotherapy

( Conclusion and acknowledgements

Spin-offs

The project has been valuable staff development for us, both on the technical side of video production and with regard to content. We both have gained deeper understanding of the subject matter, the needs of the target group, and existing legislation relating to occupational health and safety.

The project has been a valuable public relations exercise for the Universities, for our School, and for students with disabilities. Paediatric agencies and families who supported the project now recognize our commitment to occupational health and safety, and to equity and access for our students with a disability. This is likely to have a positive spin-off effect when our graduates with disabilities are seeking employment.

Benefits to student "actors" and their colleagues

All students who participated in the project now have prior knowledge of occupational health and safety issues they will meet on paediatric clinical roster. Our student with visual impairment is justifiably proud of presenting a confident role-model to her peers by means of her performance on the video. Experience at the University of East London shows that physiotherapy students with visual impairment come on course with problem-solving skills already well developed. They are natural role models for their sighted peers in this respect. This principle applies to other disabilities as well, and is clearly demonstrated on the video. The incidental message to students and workers without disability is that a colleague with a disability can be a bonus rather than a burden on the team.

Inclusion in the curriculum

Physiotherapy students view the video just prior to beginning their clinical roster, and then have individual access to it whenever they wish to review. Occupational Therapy students will have access to the video in like manner in the near future, after critiquing by their Lecturer.

Evaluation

Our Third-year physiotherapy students complete a questionnaire before and after viewing the video on their preclinical lecture block, to measure short-term change in their safety awareness as a result of viewing. Students are also assessed on safety issues throughout their paediatric clinical roster and via their theory exam at the end of semester. Results from the 1996 cohort indicate a trend to greater safety awareness. Next year will be our first opportunity to gauge the usefulness of the video to a student with a disability, embarking on her paediatric clinical subject.

Response from relevant professions

( Feedback from staff at RNIB Resource Centre, University of East London has been complimentary. They regard the video as very useful for students and new graduates. They also pointed out a couple of "traps for new players" that we had inadvertently fallen into. For example, some sections needed more voice-over descriptions of detail on the screen, to meet the needs of students with visual impairment. This was the down-side of trying for an approach which would benefit all user groups equally, because of course, students with hearing impairments would prefer less voice-over!

(The Occupational Therapist who "starred" in the video will be invited to use it and make it available in her community agency, perhaps as an orientation tool for access workers or volunteers, and to give us some indication of its effectiveness.

(Other Schools or Faculties may well have an interest also, across all three Universities.

Marketing

We have begun selling the video through our Faculty Business Office to community agencies and educational institutions here, interstate and overseas. Sales at home and abroad will enhance our profile as a best-practice University and State in this domain.

Thanks

 We would like to thank the UniAbility Initiatives Fund, the School of Physiotherapy and the Flexible Learning Centre (U of SA) for funding this project.

We thank the staff of our Equal Opportunity Unit for their support, the children and their families, and all the students, clinicians and agencies who assisted us so generously.

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4

 QUALITY AND EQUITY - A NEW WAY OF ENSURING COMPLIANCE?

 Associate Professor Fran Sutton

 Colleen Smith, Senior Lecturer

 Trudy Rudge, Senior Lecturer

INTRODUCTION

Quality and equity have become significant words in contemporary higher education and at

first glance they can be perceived to hold much promise for all students and particularly those

who are disabled. However, while the authors of this paper recognise the positive implications

of mechanisms, structures and processes related to quality and equity they are also mindful

that there are negative implications which may work against the positive intention. This paper

identifies some of these issues and discusses them within the context of seeking a positive way

forward for disabled students wishing to undertake programs of study traditionally perceived

as only viable for the `able-bodied'.

QUALITY AND EQUITY

It is said that we are living in a time much different to that experienced in the early 20th

century (Kenway & Watkins, 1994), that we are living in a time when change is an everyday

occurrence. We now live in a diversity of social worlds made up of a variety of social realities

and positionalities. In such a world there is no unitary idea that holds society together any

longer. In the past society has been held together by modernist ideas associated with

establishing and maintaining order, harmony and absolute truth (Sarup, 1996 p.50). Distinctive

features of a modern world are

 the ability to coordinate human actions on a massive scale; a

 technology that allows one to act effectively at a large distance

 from the object of action; a minute division of labor which

 allows for spectacular progress in expertise on the one hand and

 the floating of responsibility on the other; the accumulation of

 knowledge incomprehensible to the lay person and the authority

 of science which grows with it; and the science-sponsored

 mental climate of instrumental rationality that allows social-engineering designs to be argued and justified. (Sarup, 1996

 p.51)

The emphasis in modernist ideology on rationality has lead to the creation of a bureaucratic

rationality from which there is no escape. This is reflected in the nature, scope and structure of

education as well as the various teaching learning processes established within education.

Over the past two decades Western societies have experienced a vast cultural shift that has

been labelled postmodernism. Key features associated with postmodernism include the notion

of ephemerality (short lived) , fragmentation and discontinuity. The notion that there is one

meta idea or metalanguage or metatheory that explains the social world is rejected in the

context of a postmodern view. This is in contrast to the modernist belief that there is a

totalising theory via which all things can be connected and represented.

These trends are all part of the cost containment reforms occurring in the Australian education

system. Such reforms are being opposed by the rapid demands being placed on the system.

Demands resulting from the need for rapid reskilling of a large work population,

unemployment, increasing consumer expectations for educational services, and the rapidly

escalating costs of technology. Recent documents and national budget directions clearly

indicate the need for an educational system that makes best use of resources without

increasing costs.

Politically we are seeing an ideological shift toward free-market capitalism as the best form of

social organisation' (Pusey cited in Copeman 1993, p.2). Economic values are at the forefront

of policy decision making and have taken precedence over social values. This shift has

occurred at a time when we are experiencing a slowing down of global economic growth.

Consequently, governments have been forced to restructure services in an effort to contain

cost and prevent further budget blowouts.

One could argue that economic rationalism' is the dominant way of thinking and acting which

directs current educational policy and direction. As with any dominant discourse, economic

rationalism' is imbued with ideas that perpetuates its existence and thus maintains its

dominance and power. It does this by discouraging the existence of alternative ways of

thinking and acting as being irrational and non scientific and therefore irrelevant to today's

world. Further, it gives rise to various catch words' that become part of the dominant

language. Words such as quality, best practice, equity, deregulation, amalgamation, and

internationalisation are ingrained into the language of policy makers and disseminated through

the media. The dominant view becomes ingrounded into our everyday thinking and acting and

as a consequence becomes a taken for granted reality that shapes the way we come to

understand the world. This we believe has been the case with the economic rationalist'

movement. We do not question the premise on which it is based nor do we look for

alternatives. Rather, we accept it for what it is and begin to view things and make decisions

using the language and ideas of this dominant discourse.

Current information technological systems support an economic rationalist discourse. Through

their improved means of gathering, storing and retrieving information as well as their

surveillance techniques, information technology has provided the energy chip' for economic

rationalism to survive and dominate. There is not better example of this happening than in our

education system. With this emphasis on economic rationalism we are seeing a number of

changes in the way education is managed, delivered and resourced. These changes have been

supported by better technological management systems.

Quality and equity are constructs which must be disassembled and reassembled. Disassembly is

necessary because these constructs are built around the notion of continuous improvement and

the belief that such practices are not static. Consequently, to ensure the basic tenets of quality

and equity are keeping pace with changing time then they too need to undergo continuing

critique. The terms quality and equity have come to mean a variety of things to a variety of

people. They are notions which on one level appear to be clear and other levels are nebulous

complex and intangible. This variety is reflective of the multiple positioning of the subjects

whose interest these issues are serving. Quality and equity are transient phenomena that are

implemented and practised equally well by different social players. Despite this ambiguity they

are powerful notions and a major driving force of our competitive society.

In recent years there has been an increased emphasis on obtaining and maintaining quality in

education. Terms such as quality management, quality assurance, total quality, continuous

quality improvement, best practice, equity and effective equity management are but a few of

the terms that have been discussed. As new ideas, new approaches and new tools are

developed a new language evolves to express the meaning of these new pursuits. New

language replaces old language in the same way that new practices replace old practices.

Whilst a number of definitions exist for quality and equity these are antithetical to

poststructural principles. It is important therefore, to think of quality and equity as being

constructed or comprising a number of ideas, values and judgements.

Implementing quality and equity initiatives according to the principles stated above is

inadequate unless it addresses the power relationships which shape the consciousness of the

players. How meanings about quality and equity are created and maintained, how power is

exercised and experienced are all important questions if academics and students are to

challenge the dominant value systems which direct these practices. In such an analysis one

cannot overlook class, gender and power relations at work when quality and equity are

implemented in higher education.

We also need to remember that the notion of quality and equity are in themselves socially

constructed. Consequently they have adopted a range of meanings that reflect the power of

dominant groups to shape policies. Such dominant ideas become imbued with power and

effect how we come to understand the world.

Livingstone (1995, p.10) proposes the following particular ways of thinking that can help

inform our understanding of quality and equity.

(I) the idea that there is a dominant way of thinking and acting, which might be called a

 "dominant discourse";

(ii) the idea that this dominant discourse is composed of a number of elements which

 construct its internal logic and maintain its power;

(iii) the idea that alternative ways of thinking and acting are actively discouraged and de-legitimised by the internal logic of the dominant discourse; and

(iv) the idea that it is necessary to act at each of the levels at which this dominance is

 maintained if we are to develop alternative way(s) forward.

What does quality and equity in education' mean in today's economic climate? What does it

mean for the future of our education and the work that academics do?

Meaning and Deconstruction of the Words Quality and Equity

As we have stated quality and equity are terms very evident in contemporary higher education.

Each word can be best understood on a number of levels. Firstly, these words can be seen as

focusing genuine attempts to provide educational programs which meet a variety of needs

(held by students, employers, academic in terms of interests and standards) in such a way that

they are demonstrative of the most up-to-date thinking and activity in the area whilst at the

same time providing students with the skills and knowledge necessary for graduates to further

develop the field. That programs enable graduates to function with immediate effectiveness

when they obtain employment is also an indicator of the quality of the program.

The term quality therefore, on one level, refers to a degree of excellence embedded in the

various characteristics of the program (ranging from student selection, criteria and processes,

structures, content, teaching-learning processes and evaluation activities associated with the

program). Yet not all the features are subject to full and total scrutiny by the various universities around the

country. These features combined enable the program to be perceived as providing a model or

of being superior to other programs at that academic level and within that field. At this level

the program can be judged as having superior worth or value in comparison to the other

programs. In this sense then, the concept of determining quality is one that can only be

enacted in comparison with other programs and or pre-specified standards. In this sense the

comparative process can be likened to the `bench marking' process of the health care system,

and is fraught with the same problems in that it will depend on who establishes and accepts the

benchmark and who is doing the assessing as to whether the mark established is achieved. It is

also therefore action oriented in that something must be done. It requires an individual or

individuals making a value judgement about the specific situation, program and its various

component parts. Thus, the process of determining quality is essentially one in which an

individual or group of individuals makes a value judgement and the value judgement they

make is dependent on the position they have within the organisation, society as well as the

position they have relative to the program. For example, potential applicant for entry into a

program makes a value judgement regarding the quality of a program based on criteria that

differs from those that are used by assessors of the program and which in turn differ from

those held by academic staff teaching within the program.

Quality in higher education is perceived and determined according to

 The extent to which the system ... [higher education] ...

 responds effectively to the full diversity of the Australian

 community, at both the institutional and national levels ...

 (National Board of Employment, Education and training,

 Equality, Diversity and Excellence: Advancing the National

 Higher Education Equity Framework, Higher Education

 Council AGPS, Canberra, April 1996, p. xiii).

This concept is one which quite clearly cannot be attained. Lack of ability to respond

effectively to the full diversity of the Australian community' is, within the climate of economic

rationalism one which is impossible to achieve.

When the issue of quality is addressed in this way it can be viewed as supported by ideas

common to other fields of education, but more importantly to the rhetoric associated with

quality issues in any other industry. Such an emphasis is indicated in the use of language such

as `benchmarking' or `setting of standards' which each program is expected to meet in terms

of quantifiable objective criteria. Such an approach resonates with forms of objective

measurement which form the basis for quality programs in capitalist enterprises. Such

discourses suggest that quality is a tangible rather than intangible measure of the worth of any

educational program or institution.

Reliance on measurability is governed by assumptions that assume issues such as what is

meant by "responding effectively to community needs" is a quantifiable matter. However,

these matters often remain obscure to providers of programs or to the educational institutions

where such programs are located. In fact, what is meant by effective response is re-defined

from moment to moment by the bureaucracy according to its political economic agenda. While

much is made of this responsiveness to need, such criteria are themselves set by an agenda,

which post-colonial writers such as Sarup (1996) and Bhabha (1994) would contend are about

containment and control of difference within the community rather than the multicultural

equity agendas which they purport to support.

The declarative and prescriptive manner of much of the literature which issues from

organisations and committees such as the National Board of Employment Education and

Training leaves little room in which to challenge the rhetoric embedded in their statements.

Using the declarative voice uses well known policy writing ploys evoking responses which

assume there is no room for argument or debate about "quality" as a characteristic of any

programs. Such discursive framing allows only one response to these declarations - the

development of criteria which will indicate how effective the institution in meeting community

needs. Questions as to how such needs are to be defined or how such needs may not allow

institutions to provide programs which may be ahead of community requirements are not

allowed. The institution interested in provision of quality programs will always ensure that it

can meet these so-called community needs.

Moreover as such programs and standards are underpinned by highly utilitarian values of

economic rationalism, any visionary programs which may not meet the needs (however they

are to be measured) of the community at that moment will be unlikely to be seen as "quality"

programs. It is also apparent that reliance on measurable forms of "quality" will further result

in institutions relying on proving their "quality" by those aspects of programs which are more

readily visible or easily achieved. This means that many innovative programs with longer time

frames for indicating how they contribute to the quality of an institution will be reduced in

their importance and may find themselves without funding. Such mechanisms suggest that

tertiary institutions are more and more under the control of agendas which are not of their

making, meeting criteria which have immediacy rather than leading to the long term structural

changes which are required of higher education for the next century.

Equity as a term is equally complex and can be understood as functioning on a number of

levels and having a number of areas of impact (both positive and negative). In a literal sense

the term equity refers to establishing fairness, impartiality, legitimacy and justice. With each of

these synonyms being value laden terms. In this sense equity can be understood as a term

similar to quality in that it requires and is dependent on someone to determine whether

something is equitous or not. Again, this is dependent on the position that a person occupies

in society and in context of the issue being judged. In a broad sense, the dominant discourse,

the concept of equity refers to

 Fairness, recourse to principles of justice to correct or

 supplement law, system of justice prevailing over common or

 statute law. ... (Sykes, 1983, p. 326)

The reverse literal meaning indicates that if a system is not premised on a position or

philosophy of equity then it can be seen to be prejudiced, mean spirited, potentially

discriminatory and open to such things as favouritism.

The NBEET (1996, p. x) suggests that high quality equity practice in higher education occurs

when

 equity forms part of the corporate policies or mission

 adopted by the university's governing body;

 equity has senior advocacy in the institution;

 there are sufficient members of dedicated staff suitably

 placed or with the skills necessary to senior management

 effectively;

 there is an understanding of the present and potential

 student population of the university;

 the university has a student centred approach to teaching

 and learning that emphasises the identification of, and

 response to, the needs of students;

 there is an effective organisational structure in place for

 equity in which responsibilities are clearly identified and

 which is linked with mainstream planning and decision

 making processes within the institution; and

 there is regular monitoring and evaluation of the

 institution's progress towards the goals set in the plan.

 (NBEET, 1996, p. x).

There is no doubt that the establishment of equity and quality in higher education has

improved circumstances for a number of groups. In particular, the groups which have

benefitted comprise indigenous people's, women in non traditional areas; NESB people; rural

and isolated people, people from low socio economic groups and people with disabilities

(NBEET, 1996). Even though the circumstances confronted by individuals from all these

groups could be improved further and particularly the situation for indigenous peoples and

those with disabilities it would be remiss of us not to emphasise that such initiatives have

effected many changes that have changed the lives of people from these various groups.

However, all initiatives regardless of the degree of positive impact they might have also have

negative impact or implications.

What are the negative implications of quality and equity initiatives and how might these effect

the group which they have been designed to assist? The first negative impact arises from the

nature of the way in which such initiatives have been and are continuing to be introduced into

Australian Higher education.

These initiatives were introduced, historically, in 1990 as a fixed amount of money against

which Australian universities could submit project applications. This money, added to the

funding (albeit specifically dedicated) already allocated to the each university. Given that these

were available in a tightening fiscal education system it can be assumed that the projects

submitted were carefully considered, developed, agreed and submitted to a comparative

process against all projects submitted. Thus, only meritorious or high quality projects were

funded.

As with issues of quality, much of the policy rhetoric remains only thinly veiled economic

rationalism. It is strongly utilitarian in its focus, with high levels of panopticism and

surveillance buried in its objectives and criteria. As noted in the above quotation from the

NBEET discussion paper (1996) structural requirements are dominant. While it is structural

issues which are viewed as the major part of meeting requirements it is possible for institutions

to have in place all the requirements for such programs and yet fail. This focus on structure

while ensuring that equity issues are seen as being high priority means just that - it is an

appearance of equity as mattering. While, as we suggested, there have been major

achievements in this area, those areas we would suggest which are more visible or more easily

and quickly altered have had some positive effects.

However for groups in society which have strong structural components against them, such as

race, gender or class - and when these are compounded by other forms of disability, the

movement could be said to have resolved some highly visible issues but has done little to

change the deep structural inequities of this current economic system. In fact, where programs

address these multiple and intersecting realities, they tend to be denied funds or research

because such programs outcomes are more difficult to objectify and require research which is

more critical or postmodern in its intent. Such research is unlikely to be funded in the current

rationalist environment. Indeed, institutions are increasingly constrained by the economics of

the political situation. Where class and gender intersect there are particular difficulties and

where issues of being differently abled are thrown into this situation, very few institutions are

able to meet such requirements.

The pressure to prove the effectiveness of programs has meant that institutions of higher

education often address only single issues for each student. There is little acknowledgement of

the multiplicity of effects on students. For instance, we would suggest in focussing on the

need for women to take up positions in non-traditional professional areas, the need to explore

the broader issues of class and gender for all female students are denied, BECAUSE such

issues are multiple in their causation and their effects in the student population. To be more

specific, for example in the traditional areas of nursing and teaching, little effort has been made

to address the issues of class and disability, because it is assumed that women entering such

courses are adequately dealt with by the system. Such is not the case. When gender effects the

choice of career, such programs need to ensure that the gendered nature of the choice needs to

be addressed by such students otherwise tertiary education programs could be accused of

maintaining the status quo in the profession and discipline of nursing. It is such subtleties

which traditional foci of equity programs do not or cannot address. Where this also impacts

with notions of differently abled persons such programs have been woefully inadequate in

seeking to provide programs which are adjusted for these requirements.

In attacking the structural constraints against finding a voice for equity in tertiary institutions,

the equity developments in such institutions have also required justification. Such justifications

inevitably rest in the more visible and measurable adjustments. What is also evident is that in

justifying positions, staff in units and programs, institutions have been forced to deny the more

subtle and multiple effects as regards to equity. What has been achieved by moving equity to a

central component of institutional missions has been ambiguous in its effects. Simple

movement into the centre denies the actuality of the effects of gender, class, race and

disability. Such a move also denies the actual positions of individual students or groups of

students. As hooks (1994) suggests about race, movement to the centre denies the power of

the people marginalised by society.

It puts the agenda of equity under considerable contradictory impulses which remain largely

irresolvable from the centre, except in terms of the centre's agenda. The force of proving their

worth, we would suggest has meant that Directors of equity programs and units cannot speak

FOR the marginalised in this or any other society. Equity policy as a central plank of an

institution's agenda is unable to address deep structural effects because such positioning

situates them in contradictory ways. This is because as Lorde (1984) states, such policies

`cannot change the master's house with the tools of the master'. As such, equity loses much of

its original political intent. Should such programs speak with the master's language or should

they attempt to develop a system of possibilities from the margins?

Many authors, such as hooks (1994), Bhabha (1994), Sarup (1996) and Said (1979) would

suggest that remaining on the margins opens up the possibilities and continues resistance. To

move to the centre is to constrain and contain the effects of difference, from wherever such

difference is derived. We would suggest that the implications of such a focus on equity has

denied the reality of many of the lives of the students who are so located. It denies the subtle

impacts of intersections between class, race, gender and disability. This occurs because the

impetus on proving worth has increased surveillance without necessarily improving

institutional responses to espoused community needs.

Further, in moving to the centre such units and policies are removed from the positions of

marginality inhabited by their constituency. This throws the whole emphasis on equity into

disrepute because it is so rarely viewed as relevant to its supposed focus. Was a focus on the

structures of each institutions the best response we could have made? Was a focus on

institutional structures a way of maintaining the status quo in the wider society? The cynical

may suggest that this is absolutely so! Is a focus on effectiveness and measurability the best we

can do? How can we resist impulses which would define our efforts in ways which run counter

to the needs of the very different requirements of the differently abled?

Current institutional and federal government discussions regarding quality and equity

therefore, centre around an understanding of these terms which is relatively simplistic rather

than one which reflects the and highly complex meanings they have and which are deeply

embedded in social and organisational structures and which are more difficult to address and

resolve. There is a need therefore to maintain and even extend the current and relatively

superficial strategies that are being put in place. There is a need also to recognise that these

are in themselves insufficient. Rather than concentrating on more of the same and embedding

compliance and control mechanisms into higher education funding arrangements alternative

strategies must be implemented. These alternative strategies ought include sustained and

focused attention on the enculturated attitude in society and particularly higher education

regarding the intellectual capacity of individuals who are disabled. That is, generally

individuals who are disabled are seen as also being intellectually impaired. Additionally,

individuals experiencing psycho-emotional difficulties are not recognised as being disabled but

are likely to be recognised as being potentially harmful. Neither of these groups receive the

real support they need to be fully successful in higher education. It is not simply a matter of

providing material resources, albeit much needed, but rather it is a matter of adequate

preparation, assistance with appropriate course selection and major attitudinal shifts on the

part of many academics and ancillary staff working within the higher education sector.

Appropriate course selection is not simply a matter of selecting the course that the disabled

persons wants to undertake but rather implementing a process similar to that experienced by

all individuals wanting to engage in higher education studies. This process involves

determining what course of study is the most practical and what course of study will provide

the optimal outcome for the individual. Optimal outcome being that course which best

facilitates achievement of personal goals, maximises independence as well as satisfying the

desire for learning.

Adequate preparation refers to opportunity to become acquainted with the demands of higher

education courses within a safe environment. Safety of environment does not simply refer to

the geography and facilities but rather an environment in which the disabled student can

experience and identify the rigour associated with the course requirements; the resources

necessary to meet course requirements and strategies to assist in meeting course requirements.

Undertaking these experiences in the context of a preparatory program rather than the selected

course of study serves to ensure greater degree of success and also to ensure that failure to

readily and rapidly adapt to higher education is not reflected in Fail grades on an academic

transcript.

Major attitudinal shifts involve Equal Opportunity Units meeting with staff who will be

interacting with the disabled student and informing them of the students needs, assisting with

adjustments required at the local level be it contextual, physical or assessment requirements

associated with the course of study. As well as enabling safe value and belief clarification and

challenge. That is this requires the individuals to identify the values and beliefs they have

about disabled students and their intellectual and physical capacity to undertake the selected

course of study; the beliefs they have about the capacity of a course to be successfully adapted

to meet the needs of disabled students without a lowering of academic standards of course

requirements. It also requires that once the values and beliefs are exposed that these be

challenged in a non-threatening manner and to assist the people involved to understand how

the holding of negative values and beliefs result in maintenance of the status quo and how they

can be altered and modified in a way that all, not only disabled, students will benefit.

These activities ought be undertaken in collaboration with disabled students and not be an

activity simply undertaken by the able bodied for the disabled. This enables the voice of the

disabled to be heard and also, importantly, to be heard directly from the source and also for

the disabled to directly respond to issues and questions that are raised. A position of

negotiation which incorporates and addresses the complexity of the person's situation ought

be taken into account when (1) considering their application; (2) constructing enrolment

patterns and subject requirements; (3) designing preparatory programs; and when,

(4)designing all higher education programs.

Many of the suggestions we have made are directly translatable into observable, tangible and

measurable indicators that will fit with the current and future federal government demands.

These can be developed whilst at the same time initiating a reduction in deeply embedded

structured inequities maintained by status quo higher education.

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INDIRECT DISCRIMINATION

HABIT OR DESIGN

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Introduction

This paper will explore the assumption that the process of indirect discrimination is a routine way in which higher education institutions deal with students with a disability.

The authors will track the issues for students from the role of careers guidance teachers in secondary schools through to post graduate studies and employment. The paper will be peppered with illustrations and questions showing how these systems have become entrenched in discriminatory practices.

The authors will challenge the assumption that these institutions are more readily accessible to people with a disability. It is their view that this is the beginning of a long term strategic battle that includes how people with a disability get to higher education, how people learn, are assessed, what career opportunities are available and the readiness of employers to provide opportunities for a secure career in a chosen field.

Legal Framework

The Disability Discrimination Act 1992 is legislation that forms part of the Human Rights and Equal Opportunity Commission legislative framework that is applied throughout Australia. The Act defines disability in a very broad way and identifies two aspects of discrimination where breeches in the provision of goods and services may occur. The aspects are termed "Direct Discrimination" and "Indirect Discrimination" :

Direct Disability Discrimination (s.5)

OHP 1 (see attachments)

Indirect Disability Discrimination (s.6)

OHP 2 (see attachments)

Discrimination in Education (s.22)

OHP 3 (see attachments)

This paper will concentrate what happens in Victoria , although many of the issues will have significance in other states. Those actions and policies that could be deemed as indirect discrimination will be described. The aim in doing so is to highlight the routine and unquestioned way in which services in higher education are offered to students with disability in ways that are discriminatory. By identifying these practices it is hoped that alternatives will be developed and higher education can be offered in ways that are inclusive.

There are three phases identified :

the planning of higher education options - preparation,

the getting of qualifications - participation

what use they are put to after graduation - post graduate options

These phases will be examined in more detail.

1. Preparation for Entry

1.1 Career/Course Advice :

Careers guidance teachers often believe that that students with a disability require specific career counselling, when in fact the student needs subject selection advice to ensure they have the correct prerequisite subjects for their application for tertiary study.

1.2 Tertiary Information Service (TIS) Visits

The TIS program provides information to both school and non-school leavers who are applying via the Victorian Tertiary Admissions Centre (VTAC) for admission to the tertiary education system. Their programs are of a direct outreach nature to encourage prospective students to make informed choices about their higher education options.

Questions to be addressed : are TIS sessions able to provide information about support services for students with a disability? Are the venues used for these sessions accessible? Do they provide sign interpreters if required? Are the personnel able to refer students to the appropriate tertiary disability liaison officers?

1.3 Victorian Tertiary Admissions Centre (VTAC)

Are deaf or hearing impaired people able to use the phone-in application system to make their application for tertiary selection?

1.4 Victorian Certificate of Education Examination Arrangements

Can a student with a disability, who requires a high level of support, be judged on their academic merit alone, without the use of special consideration? Are examination arrangements provided flexible enough to meet the needs of the student?

1.5 Open Days

Are access maps available? Are faculty and department members able to counsel prospective students with a disability about the availability of appropriate support? Is the physical environment welcoming? Are the residential college staff aware of the support needs of students with a disability? Is information available in alternative formats?

1.6 Selection Process

Are selection officers able to select students with a disability to undertake courses that may pose some initial difficulties for that student. Do selection officers subtly counsel students out of courses? Do selection officers refer students to Disability Liaison Officers to for advice prior to selection? Are academics able to separate the education issues from the prospective employment issues especially when there are professional registration bodies to consider? Do pre-conceived ideas get in the way? Do previous experiences hinder the selection process? Do students with a disability still have to prove their intelligence? Are students with a disability encouraged to declare their disability?

1.7 Support Services

Can a student who requires morning and evening attendant care, and is required to relocate easily accept an offer of a tertiary place? Is the public transport system accessible, reliable and punctual? Can a student with a disability transfer ownership of their equipment from one sector to another?

2. Participation in Tertiary Education

2.1 Enrolment Day

Has a system been devised by your institution to eliminate the need for all students to queue for many hours to process their enrolment form? Can students with a disability enrol on a separate day, by phone or by prior arrangement? Is priority enrolment offered particularly for students who require their study material to be reformatted into Braille, audio, large print or to allow for a blind student to undertake mobility training in an non-pressured situation.

2.2 Course Selection Advice

Many of the same issues as with selection processes :

2.3 Orientation

Is promotional material inclusive of students with a disability? Are your pub crawls accessible? Are students with a disability visible on your campus?

2.4 Funding

Does your State and Commonwealth funding source acknowledge that students with a disability incur extra expenses? Does your institution ensure that students with a disability study at a pace of their choice, not one determined by funding limitations? Is there a recurrent budget item for support services for students with a disability?

2.5 Policies

Does your institution have a policy to ensure that students with a disability are guaranteed an equitable experience of tertiary education?

2.6 Building Accessibility

Does your institution assume that it will be students who will have a disability and not staff, therefore making offices and other work spaces inaccessible? How accessible are lecture rooms and seating arrangements for audience and lecturer? What arrangements exist for people unable to use built-in desk and seating in lecture rooms?

Things such as gradients of pathways, accessibility of gyms, sporting facilities, accommodation, carparking, evacuation procedures, accessible public telephones are all aspects of the provision of goods and services that need to be considered.

2.6 Assessment

Assessment procedures need to be clearly understood and fair for the student with a disability. Such things as oral examinations, exams available in alternative formats, availability of a scribe or a computer, provision of extra time, alternatives to exams, and the requirements of field visits and placements all need to inclusive of the needs of students with a disability.

2.7 Professional Development

Academic staff need to provided with opportunities to develop the necessary understanding and skills required to meet a range of teaching and learning strategies. What programs are offered, is it assumed that they will know already? Are staff development programs inclusive of the needs for people with a disability?

2.8 Library and Computer Laboratory Facilities

Are library and computer laboratories accessible and have equipment and personnel that meets the needs of students with s disability? Are there large screen computer models, wheelchair accessible photocopying facilities, a CCTV, staff to assist in the retrieval and collection of books, extra borrowing time and interlibrary loan or articles in large print? Does the laboratory have specialised technology to allow students with a disability to access the system? Are staff knowledgable about disability specific technology.

2.9 Extra Curricular Activities

Are recreation staff able to offer students with a disability challenging activities? Activities such as student camps, participation in committee and clubs and societies may need to provide additional support services for students with a disability.

2.10 Generic Student Services

Services such as study skills centres, career and general counselling need to be accessible for all students.

2.11 Generic Facilities

The cafeteria, shops on campus and banks on campus - all need to be accessible.

2.12 Graduation

The stage and the venue need to be accessible - will sign interpreters be provided if needed?

3. Post- Graduation Issues

3.1 Further Study

Post-graduate scholarships need to be offered in more flexible modes - part-time for example. Are support services available for post-graduate students? Who pays for them? Is the student able to work as a tutor or lecturer part-time and receive support to do so?

3.2 Employment Issues?

Is the careers counsellor able to meet the requirements of students with a disability? Do graduate employment programs include these students in there promotional material? The provision of attendant care is critical for some in their ability to gain employment? The availability of this care, accessible public transport, special equipment etc all impact on the opportunity the graduate student has to seek and gain employment.

All of the areas that have been referred to highlight the breadth of matters that need to be considered in the provision of goods and services and education for students with a disability and the inherently discriminatory way that it is currently offered.

Some Anecdotes

The following are examples of the ignorance and sometimes the absurdity of the system in responding to the needs of students with a disability

a student who uses a motorised wheelchair having to argue her case to be accepted into teacher training. Some of the arguments used were that she could not jump a fence to save a small child from running onto the road, she could not fit under a standard Education Department table and she could not use a chalkboard.

a post graduate psychology student who had to wait an extra 12 months to be accepted into his program because the ethics committee kept postponing his application.

a student not being able to go on a student outing which was part of the course because there was no accessible bus available.

a deaf student being questioned about wanting to do a dance and drama course.

a student who acquired paraplegia whilst enrolled in a physical education course expected to be only the timekeeper in activities.

an academic whose motor neurone disease required him to use a wheelchair being unable to teach because the front of the class was not wheelchair accessible

a student who was blind, hard of hearing and with physical disabilities was not able to submit her assignment on folk lore in audio format.

Silence

The major area of interest and concern to some of us working in the area is the absence of complaints relating to the provision of education services. Is it linked to a lack of knowledge about the legislation, or fear of being labelled as a trouble maker, a weariness in having to tackle yet another institution rife with discrimination, or something else. As long as students with disabilities remain collectively silent in this area nothing substantive will change. Disability Liaison Workers are only one voice in the system - other voices need to be raised - voices of student unions, prospective students, past students, friends and families.

Knowing the System

The introduction of fee-paying positions in universities means that students are also consumers and purchasers of services. Trade practices legislation can impact in this area. Becoming familiar with consumer rights and what is being offered for the fees is a good beginning.

Finding out what grievance procedures the university has for dealing with alleged discrimination is important. Also what advocacy and support does the student union or SRC provide for the concerns of students.

Using the legal system, the media and what ever else we can - we need to challenge and influence the provision of education for students with a disability. Students with a disability need to consider forming alliances within their university and between universities. The statewide and national student structures - how informed or able are they to represent issues affecting students who have a disability?

In conclusion universities will only change when pressure is brought to bear by students - existing students, future students, and students who are prepared to challenge the system to do better for them.

Author and Presenter; Tsouris, Annette Louise. (Second year undergraduate, The University of South Australia.)Alternative Assessment in Tertiary Education, for people with disabilities.My intention is to discuss my experiences in education, with the mainstream mode of assessment, with some discussion on alternative assessments. I would like to use my car as an analogy. I have a baby blue 1984 Mitsubishi colt. I have owned that car since it was new. From the very first day of owning this car, It has had problems with its body work, the motor runs like a dream, but the body is rusting, falling apart, whatever can go wrong with the body, has gone wrong. The seals are too short around the windows and doors, and bits keep falling off. The sunroof leaks, when it rains I need to wear a rain jacket, and the water swirls around my feet, while I am driving. The weather has an influence inside the car as well as out. Yet, Inside the motor where it counts it is perfect. It still has the same motor. The only help it requires is the occasional service, and usual oil, water and fuel. When people look at her all they see is the rusty broken body, just as when they look at some of us, and just like us what happens outside the car influences what occurs inside. People need to look further to see we are no different from that car, that inside we are capable of performing, perhaps inside we are even perfect, even if our bodies are not. Universities across Australia recognise and try to address the issues that are of concern for students with disabilities. The University of South Australia have policies that state that it strongly supports the right of people with disabilities to an equitable participation in higher education. Some students are unaware of this support when applying to enter University, there are still some who choose not to let anyone know there is a disability. That is there right. They may feel that they will be labelled or that it may stop them from entering University. However when accepted, and facing assignments and assessments, it is then that they are confronted with problems that require outside assistance, and possibly it is when disclosure is made and a cry for help is heard. I myself was one such student. I am a mature age student currently studying a Bachelor of Social Science degree at the Magill branch of the University of South Australia. I am a ÔCÕ grade average, I could do better. Exams pull my grade down. I had always wanted to attend a University. It was always my dream. Yet, I had believed it was unattainable. Through my school years it was always a struggle for me, especially in high school. I put my best into the work, but I still could not keep up. When I attended school there was no extra help for anyone lagging behind. One either past or they failed. I was a low average student, by that I mean I would just pass most subjects but some I failed. I tired very easily and the long walk to high school did not help. Everything just seemed too much. The walk made my legs hurt, and this forced me to walk slowly. By the time I arrived at school, I was in much pain. This made it difficult to concentrate. Just as with the car what happened outside the body affected the inside of the body. Although I was unaware at the time that the level of pain was interfering with my concentration and affecting my recall ability for tests, etc. I felt a failure, and felt I could not cope with it all, therefore as soon as I reached the age of fifteen I left school. The doctors of the day said I was delicate. I have never understood what that actually meant, except perhaps for it to mean, they did not have a clue what was wrong. That was over thirty yearÕs ago. A time when schools did not recognise differences. In that I mean that if you were disabled you never attended school. Therefore if you went to school, it was assumed there was nothing wrong and therefore you either passed or you did not, this meant if you failed that you were stupid. Unfortunately I believed I must have been stupid. I believed I was unable to learn, until my children went to school. I looked at what they were learning and I understood it. After that experience I tried to learn anything I could get my hands on, I even did external courses when they came about, anything that is that did not have an examination. I yearned still for knowledge, especially the degree that proved I had learnt, that I did know things, that I was not stupid. Fifteen years ago I enrolled in tertiary education. I began study in sociology at the Salisbury TAFE. I really enjoyed the course. I knew the work, but I still could not prove it, because any stress then in my life brought on a bout of unusual symptoms, numbness with tingling, stuttering, slurring of words and blurring of sight. One afternoon after careful and thorough preparation, I began my first tutorial presentation. Soon after I had begun, I became aware of the symptoms. I was so aware of them that I felt everyone else was too, which made them worse and before too long, the other students were aware of them. I could feel the symptoms taking over my body. I could not continue. I had lost most of my communication abilities. The tutor was great, although I do not remember exactly how it happened or what he did. I got through the tutorial. The next thing I knew, I was in hospital with partial paralysis (from just above my waist down). I was diagnosed with Multiple Sclerosis and with having a spine with growths and bone deterioration; this is what causes the pain. The Tutor continued to encourage me by visiting the hospital, and by informing me that I could pursue my study when I left the hospital. He had given me a passing grade for my tutorial just on the preparation I had completed. I did not continue my study then as I had spent a long period in that hospital, and many months rehabilitating and learning to move and walk again. I tell you all this, because I still had the thirst for knowledge, Yet, I was terrified to put myself in that position again, I had learnt that stress is like poison to people with Multiple Sclerosis or similar neurological disorders. Therefore, I now avoid stress or try to alleviate it, whenever possible. I resumed my study in 1995. I was accepted into University by a mature age entrance exam. Just to be accepted was exciting and an achievement. I did not declare my disability, I wanted to be like everyone else, be accepted for my own ability. I expect it was another form of denial and this was easy as my disability is not always visible. This in itself can be a disadvantage. When I am in a wheel chair or use a cane, I am treated differently. I did not want to be treated differently. I have not used either chair or cane since being at University, not because I have not needed their help, but because of pride. I have had the pain instead, which affects my performance and me. It takes me weeks of preparation for an assignment. Still I enjoy it and try to do it well. I love the research part especially. Tutorial preparations are equally enjoyable. With the tutorials I have learnt to relax and not to take myself so seriously; I have notes to prompt my memory. However, my problem still surfaces in the exam area. I can cope with a take home or open book exam, but when it comes to an exam under exam conditions, I know the words but I cannot recall them. The stress that this causes is not worth the results I achieve. I study from the beginning of lectures until exams. I cannot cope with anything else leading up to exams in the revision period. My family are supportive and do everything, all the chores, the shopping, the cooking, etc. After the exams are over for the next few weeks or more my body would be racked with pain and muscle contraction. While everyone else is relaxing I am trying to mend. All this pain is caused because I did not know I could approach the University about alternative assessments. No-one told me and why should they when I had not informed them of my need. There are a number of avenues of help available today from the Universities and schools. Some assistance that is required is obvious. However, with others it is not. The staff cannot help anyone until they are aware of a problem. When choosing not to disclose a disability you are also choosing not to have assistance. I chose not to have assistance. The main area I am looking at today is my problem area, which is with examination assessments. Assessment or tests are merely an attempt to verify a persons mental ability or skill level. There is an assumption by some academics that these test scores are absolute and unchangeable. Yet, outside influences such as a personÕs health, and attitude towards testing can affect the performance. An example of attitude affecting exams is where the memory of a past experience of the stress of the exam resulted in an exasperation of an illness. Exacerbations of illness can result in long hospital stays and prolonged use of medication with side effects. The memory of this experience could put more stress on the person facing another exam, thereby adding still more stress, which in turn manifests itself in added stress factors on their health. By way of illustration, I will refer you back to the tutorial assessment and the results of that stress. These memories can affect attitudes towards the exam. It is also assumed that all students attending the Tertiary education have had the same exposure to the relevant material required for the assessment. However, while doing some research, on students with disabilities, it was disclosed that some students requiring note takers do not always have access to the notes until the end of the term or semester. Therefore, those students have not had the opportunity that other students have had to study and review the material. Also, there are some students that do not require note takers, yet because of co-ordination problems do not always have time to transcribe all the material presented at lectures. Therefore, these students also do not have the relevant material to study for the examination. I could quite easily digress at this point into the availability of the lecturersÕ notes for students. I wont, I will concentrate on alternative examination assessments and try to incorporate the students individual needs. However, I am aware that I will not be able to cover all the needs for all students. Therefore, If I miss out on your need I apologise. I tried to speak to as many students as possible to inquire as to their needs. But as there are many varied disabilities, their needs are also many and varied. Firstly I will discuss the time taken in exams. Examinations are usually taken over a set time, with students entering the room and beginning and ending when finished or the time is up. Extra time in examinations for students with disabilities has been used in the past with some success. Nevertheless, there are many aspects in allowing extra time for students in the examination, that need attention. For instance how much extra time is needed to allow the student to complete the examination without it being seen as discriminating against the slower non-disabled student, who could not finish all the questions in time. Students with learning disabilities can achieve adequate standards of work in assignments, but when the pressure of time in an exam occurs, there can be errors in presentation and interpretation. Therefore, the stress produced by time limitations would disadvantage that student. Is it more equitable to allow all students the availability to apply for extra time, regardless of a disability or not? How much extra time is required to complete an examination needs to be looked at on the merit of the individual, as studentsÕ needs are different. Do the students requiring extra time sit in an area of the room off to the side? Thereby, pointing out that they are different or need help. Is there a need to organise a separate room? If it is desirable to organise a separate room, then questions arise as to where the separate room is to be situated. While the examination is in progress, areas next to the examination room would presumably be quiet. However, when the other students finish their exam then the atmosphere could deteriorate and become noisy. Therefore, the area required would need to be quiet. Also, Who supervises these students? Is there a need for a separate supervisor? Would the same supervisor be utilised for both groups. For students with inadequate writing ability, there may be the need of providing a computer to enable them to complete the examination. An article in Educare (1995) by Sarah Davies and Amanda Evans, discusses concerns, that students who used their own computers in examinations have the possibility of accessing information from the hard disc. Also, computers have grammar and spell checks, would this be seen as discriminating against the non disabled student who is marked down for just that? There may also be the need of some students to record their answers to the exam onto tape and then to have them transcribed. Alternately a scribe may be required to record for the student. It would not be advisable to use the same person who note takes for the student nor would it be advisable to use a person with knowledge on the subject, as this may be seen as giving undue advantage. With some students an oral examination would be the only alternative. These students would require a separate room with a supervisor in a quiet area. Oral examinations for some students may not be advisable as there may be difficulty in understanding of speech or speech is slow and laboured. Consequently, using someone other than their usual interpreter, would add to the difficulties and extend the time over which it would ordinarily take to transcribe the exam. Yet using their usual interpreter may be seen as giving undue advantage, as the interpreter may have sat in on all the lectures and may be tempted to assist the student. These students may be very slow and may take more than the time available in a day. There has been the need for these students to complete an examination over more than one day. In the past this method has proved to be a marathon ordeal. One student whom I spoke with had a three hour exam scheduled over three days, with a duration of three to four or five hours per day. That would be like having three exams on consecutive days. How does a person study for such an exam? The result of such strain on a non-disabled person would be great, without the added burden of a disability. On discussion with this student it was discovered that the level of tiredness this created was immense. If an examination is the only way for a subject, is it possible that this be given in the home with a responsible person as the supervisor? This would enable the student to rest as required. Alternatively the exam could be given in segments, with the student being given notification of the sections of the exam allowing the exam to be studied also in segments. Other options could involve different weighting with additional assignments to make up the assessment. For instance, an exam of three hours on the one day followed by an assignment on the topic covered by the rest of the exam with time allowed to complete it, may alleviate the tiredness. This of course brings up other questions such as, how much the examination counts toward the final assessment? This appears obvious to me, if a three hour exam is to be divided into three, then the assessment weighting for that exam should also be cut into thirds, with two thirds for the covering assignment. Some students if they had a choice may choose another assignment as an alternative to the examination, this would be my preference and the preference of all those students that I spoke to in preparation for today. The assignment could count for the same percentage as the exam does towards the final assessment. As to the nature of the assignment, if the exam is to include all the material covered during the semester then the assignment ideally should also. Still, this may be negotiable. An assessment by this method allows the student to work without stress allowing for the checking of work, thereby eliminating errors, which is difficult under the stress of exam conditions. Some of the options I have put forward are only ideas on what has been tried as alternative assessments. If there are other ways that assessments can be completed that will alleviate the stress level and consequent of burden on students with disabilities then the onus is on the student to highlight their need to the Institution involved. There are policies that support the rights of students with disabilities. It is up to the students to exercise those rights. It is up to the student to no longer be afraid of being labelled. It is up to the student to speak out for their needs to be met. It is up to the student to realise that like my little blue car, we can go the distance yet like the car we may need some assistance. This assistance is not designed to give the student with disabilities an unfair advantage, but to compensate for disabilities that affect performance, to ensure an equal opportunity to tertiary education.REFERENCES: Davis, S. & Evans, A. (1995). Examinations for students with disabilities and other special needs in higher education. Skill: National Bureau for students with disabilities. Educare: 51. Interviews with students with disabilities. (1996). University of South Australia. Osborne, A. (1996). Letter to Disability Contacts Officers, Adelaide: University of South Australia. Policy for Students with Disabilities. (1991). Policy NO: C-7.0 University of South Australia.

1. Martin, L. M "Equity and General Performance Indicators in Higher Education, Volume 1. Equity Indicators" DEET, AGPS, March 1994 [↑](#footnote-ref-1)
2. "The Northwest ADA Report" summer newsletter reported that the architect as well as the owner of a newly build medical office building in Pennsylvania will have to make the facility accessible. Further ".Today's case is the first under ADA requiring an architect to pay a penalty for not complying with the law. [↑](#footnote-ref-2)
3. 1994 Equal Opportunity Commission 92-612, A Mr Cocks claimed discrimination on the basis that the main entrance to the Convention and Exhibition Centre was inaccessible, and that he was being treated differently as a result of his disability. [↑](#footnote-ref-3)
4. Surveys in which data collection occurs at one point in time from a random sample of a general population containing two or

 more subpopulations for comparing the data from the subsamples or noting trends across subsamples. [↑](#footnote-ref-4)
5. Describes data distributions (frequencies, shapes) and relationships between variables which are measures of the

 population (parameters). [↑](#footnote-ref-5)
6. This research is being carried out in conjunction with Dr Gill Boddy, Director, Student Services and has been funded by Internal Grants Committee moneys to date [↑](#footnote-ref-6)
7. 'Misconduct' includes: "any conduct which impairs the reasonable freedom of other persons to pursue their studies, researches, duties or lawful activities in the University or to participate in the life of the University..." from The Flinders University of South Australia, Statute 6.4, Maintenance of Order, §2(1) published in the Calendar Volume 2, Bedford Park SA 1996. [↑](#footnote-ref-7)
8. ¶14-800 - ¶14-870, Australian and New Zealand Equal Opportunity Law and Practice, CCH Australia Limited [↑](#footnote-ref-8)
9. Ibid [↑](#footnote-ref-9)
10. AS 4269 - 1995 This standard lists the following as essential elements to an effective complaints handling policy: organisational commitment to resolution of complaints, fairness, adequate allocation of resources to complaints handling, visibility of process/policy, access to process for all, assistance to form and lodge complaints, responsiveness, no charge to the complainant, capacity to determine and implement remedies, data collection, identification and rectification of systemic and recurring problems, accountability, regular reviews of procedure. (AS 4269 -1995) [↑](#footnote-ref-10)
11. "[A]n effective grievance procedure ensures that grievances are dealt with: fairly, sensitively, quickly and confidentially." (p12,351) [↑](#footnote-ref-11)
12. The Flinders University of South Australia, *Policy on Student Enrolment Load, Assessment and Progress*, Assessment Policy, §15 and §18 [↑](#footnote-ref-12)
13. Intellectual Disability Services Council Policy 106 Complaints Adelaide 1994 [↑](#footnote-ref-13)
14. Conversation with Mr Richard Dalefield, Manager Disability Complaints Service Inc. [↑](#footnote-ref-14)
15. Here I acknowledge Christopher Newell's comments that a system which requires students with disabilities to request 'special consideration', or which views making assessment for students with disabilities equitable as separate to the mainstream process of determining assessment methods, is fundamentally flawed. (See Newell C. *Australian Disability Review* 3-95) However, this is the current *modus operandi*  of my institution, and I suspect of many other institutions. [↑](#footnote-ref-15)
16. Again I acknowledge that this whole notion of students with disabilities having to negotiate fair assessment is flawed and inequitable. Such requirements are generally not made of students without disabilities, who receive fair assessment without having to make a special request for it. [↑](#footnote-ref-16)
17. See §6.4(a) The Flinders University of South Australia, *Revised Policy on Sexual Harassment*, Bedford Park 1994. [↑](#footnote-ref-17)
18. The Office of the Ombudsman's publication *Guidelines for Effective Complaint Management* (Sydney NSW 1992) notes that an effective complaint-handing system "will provide an easily understood procedure for customers to make complaints ..." (p4) [↑](#footnote-ref-18)
19. AS 4269 - 1995 §3.6 [↑](#footnote-ref-19)
20. The Flinders University of South Australia this year offered training in these basic disability awareness skills to all contact officers (sexual harassment, disability and anti-racism). [↑](#footnote-ref-20)
21. AS 4269 - 1995 §3.6 [↑](#footnote-ref-21)
22. *Policy on Student Enrolment Load, Assessment and Progress*, Bedford Park 1996 [↑](#footnote-ref-22)
23. *Revised Policy on Sexual Harassment*, Bedford Park 1994, §6.15 [↑](#footnote-ref-23)
24. AS 4269 - 1995 §3.6 [↑](#footnote-ref-24)
25. AS 4269 - 1995 §3.7 [↑](#footnote-ref-25)
26. A Deaf student seeking advice on disability discrimination, sexual harassment etc should not have to pay for their own sign interpreter for this purpose, not should they be required to wait undue periods for funding to be approved for this purpose. [↑](#footnote-ref-26)
27. Eg. The Flinders University of South Australia, *Revised Policy on Sexual Harassment*, Bedford Park 1994 [↑](#footnote-ref-27)
28. Eg. The Office of the Ombudsman *Guidelines for Effective Complaint Management* Sydney NSW 1992 [↑](#footnote-ref-28)
29. The Flinders University of South Australia *Policy Against Racism* Bedford Park SA 1995 [↑](#footnote-ref-29)
30. Ibid [↑](#footnote-ref-30)