

**Wednesday, 25 May, 2016.**

DARLENE McLENNAN: Hi, and welcome. It is Darlene McLennan here. On behalf of the National Centre for Student Equity in Higher Education, I welcome you to this webinar. It is titled Exploring the Retention and Performance of Students with Disability. Before we go on to our presenters, I just want to provide a few housekeeping details. At this stage, Tasmania is experiencing a few Internet issues and it may be that we may disappear for a minute or two. I am hoping that we won't but if we do, please just hang on the line and we will be back soon. The webinar is being live captioned by Rebekah from Bradley Reporting. The webinar will be recorded and once - and will be placed on ADCET after we have captioned the recording. Also for those who have been online before, are aware that the GoTowebinar platform is not as accessible as we would like for screen-reader users, such as people using Jaws. If you are a screen-reader user and have any comments or questions throughout the webinar, please e-mail ADCET.admin@utas.edu.au. All participants have been muted so we receive as little background noise as possible. We encourage you to ask questions in the question pod throughout the presentation. Our presenters will be stopping probably at slide eight and to ask for questions at that point, just so that they see that it might be quite an interesting to part to stop and actually have questions from people. I will ask the questions, so if you can write in the pod I will ask. But firstly, before we get into the presentation, I would like to welcome Sue Trinidad who is the director and leader of the centre to give us an overview of the program and the research at the centre. Over to you, Sue.

SUE TRINIDAD: Thank you, Darlene, it is a pleasure we are supporting this research, the excellent research that is being done by Sue and Robin and her colleagues at the University of Tasmania. To date we have funded 34 individual pieces of research, of which six research studies have been within the area of disabilities. We are very pleased to be able to have this joint opportunity to support and present this excellent work that is happening within this space. Should you require a copy of the report, it is available at the website and that was released today. So I look forward to hearing people's comments, hearing the presentation and also discussing further information from this report. Thank you.

DARLENE McLENNAN: Great. Thanks, Sue. Moving on to our presentation, I would like to welcome Sue Kilpatrick and Dr Robin Barnes. I was involved in the research and it was exciting to look at the data and see the feedback we got from the sector. We hope the presentation won't go for the allotted time because we do want people to have the opportunity to ask questions. So as I said, please feel free throughout the presentation to pop your questions into the question box. So now I will hand over to Sue and Robin.

ROBIN BARNES: I am going to start the presentation today. Our topic was retaining the success of students with disability. The research was led by Professor Sue Kilpatrick and officers were myself and Darlene, Dr Susan Johns and Sarah Fischer and Kerri Magnussen, who are not with us today. Next slide.

I will start off with the project background and the aim of the research. Education plays an important role within society by increasing opportunities and assisting individuals and communities to achieve their economic potential. Students with disability in higher education is increasing and the 2012 stats were that the proportion of the population now considered to experience disability is about 18.5 per cent. The national data shows differences in the retention and success between universities. But the reason for this is not very clear. We do know that the success rate of students with disability is lower than for other students. The aim of this research was to explore the relationship between supports and university adjustments for students with disability and their retention and success.

Next slide, please. We took a mixed method of approach to this research. We had three research questions. The first being, how do universities compare in retention success of students with various disability types? The second question was how does student success and retention compare in comparison to policy and practice approaches to the provision of adjustments and supports for students with various disability types? The third was what approach should universities take in the provision of adjustments and supports for students with various disability types?

Next slide, please. So we started off with some quantitative data analysis. We requested data from the higher education student data collection from the years 2007-2013. Now, at the time of this project that was the most recent data that was available. The data was broken down into six disability types of hearing, learning, mobility, visual, medical and other, and also including if students needed services. These are the same disability types that students would choose from on their enrollment forms. The data for the commencing students - they had data for the commencing students, enrollments, student retention and access for each of those disability types for the seven years for tables A and B providers. We did examine the data by disability type, university groupings and university size.

Next slide please. We also did a qualitative approach to collecting some data. We did a desktop audit of the table A and B university providers using publicly available information from the disability section of the website. This was to look for readily and easily available data about what type of adjustments and services the universities provided. It wasn't - it was just to find data that was very easily accessible to say, maybe a student with a disability or a parent of a student. We also did a comprehensive literature review and conducted nine semi-structured interviews with disability practitioners. These interviewees were selected purposely to have a mix of disability types and universities groupings. We also developed, at the end of those interviews, principles for good practice and validated those with the disability practitioners.

Next slide, please. This first set of graphs is looking on at the percentage of commencing students with disability. We are looking at commencement here. In the first graph on the top right, we see that on the X axis - and this will be the same for all of the graphs - but on the X axis we have a time period, so from 2007-2013. We can see that the number of students with disability has steadily increased from 2007 where we had just over 3 per cent of the total student body were students with disability, and that has increased to just over 5 per cent in 2013.

If we look below that graph to the second graph, which is directly below, what we did here is over time we looked at each - the percentage of commencing disability students by the type of disability. What you can see is that the distribution of disability types has really remained the same over the seven-year period. Students with a medical disability are the largest proportion of disability students. It looks a bit misleading, the need services is up to 50 per cent across, but what it means for all the students who identify with having a disability, they indicate whether they will need services, so about 50 per cent do indicate that they do need services and that hasn't changed over time as well.

The third graph, which is the one to the left, underneath the writing, is where we started to look at different university sizes. We separated the universities into two groups here: Universities that had between 10,000 and 30,000 students, and larger universities with over 30,000 students. What we see is that smaller universities have a larger proportion of students with disability. This may be because a smaller university might not be as intimidating, it might be more attractive for people, they might not get lost in a crowd, in a safer environment, and also that they may have stronger relationships with staff members.

Next slide. Here we started to look at the success rate of students with disability. Now, success is measured in terms of academic performance, so this is the number of units passed with the units attempted. In the top graph, again, it is for the years 2007-2013, you will see the red line going across is the total student success rate, so this is for all students at the university. We see that students with disability are less. So students with disability have a lower success rate than the total student population, this is pretty steady across that seven-year period. In the bottom graph, we have separated it out by disability type and compared it to the total disability population. So the red line is the disability student success rate, and you can see that students with learning, medical, other, or those requiring services required less than the total disability students, the population. But those with hearing, mobility or visual disability performed better than the average disability student.

Next slide. In these slides, we are looking at the retention rate of students with disability. This is basically measured by them continuing on from one year to the next. This data only goes to 2012. Again, in the top graph we have the total student retention as indicated by the red line, and the disability student retention, which is slightly increasing in years 2011 and 2012 but it is still consistently lower than the total student population. In the bottom graph we have, again, compared the disability types to the total disability student retention. There are a few differences here. Students with learning disability consistently had a higher retention rate than other disability students. But those who have identified as having another disability were consistently retained at a lower rates than the total disability retention rate for students.

That's the end of the quantitative data. We think this is a good time to stop and pause for questions before we move into the qualitative results.

DARLENE McLENNAN: One of the questions raised, Robin, is are students with mental health conditions listed under medical or other and where do students with autism sit?

ROBIN BARNES: Those with a mental disability, it is a bit - because this is a self-disclosing disability, they can really choose whenever they want to disclose or not disclose at all. So that is one of the findings that Sue will be presenting later is that there isn't a clear category of students with disability with mental health issues or autism, for that matter.

DARLENE McLENNAN: Another question which is similar, people with Crohn's or other medical conditions if they see themselves under medical, and that is a similar answer, it is self-identification. And the actual terms that are used actually come from the Department of Education and Training and their data collection. I think we often hear anecdotally that mental health and students on the autism spectrum, there has been a significant increase in the university and TAFE sector but it is hard to get the data because where does somebody on that sector put themselves?

ROBIN BARNES: A big finding that came out of this is that if they select to disclose under medical or other, they may get - may not get the services that they absolutely need.

DARLENE McLENNAN: Another question was around if students have multiple disabilities, once again I suppose, the data set doesn't allow for identification of more than one?

ROBIN BARNES: No, it doesn't. You can select more than one on the forms but we can't identify whether a student has selected more than one.

DARLENE McLENNAN: Another question, has the data been sourced from the students self-declaring or is it from practitioners?

ROBIN BARNES: Self-declaring only.

DARLENE McLENNAN: So this first part of the presentation comes from the data set that came from the Department of Education and Training. But the other research, information, they had contact with universities as well in the qualitative area as well, haven't you?

ROBIN BARNES: Yes.

DARLENE McLENNAN: Excellent. Just another question is how are the retention rates calculated? What does the 1.0 mean?

ROBIN BARNES: That is the ratio of retention to the - here, it is the average. It is selected as the average total student retention rate. They are measured from one year to the next. So the students that were retained, and they just give the student retention for the total population a 1, so they can compare with it.

DARLENE McLENNAN: That is wonderful. That is all the questions for the moment so if you want to keep presenting that will be great.

ROBIN BARNES: I will pass it over to Sue who is going to present the qualitative results.

SUE KILPATRICK: Just before we move on to the next slide, those questions were really very pertinent. If you look at the bottom graph on slide eight and the other line, you will see in terms of the retention rate of students who declare self-disclosed other, whatever the other may be, that is around the bottom of all the disability types, so not really knowing what other is, and also the previous slide looked at the same with success, these students are not succeeding at the rate of other students with a disability let alone the general population, so you will see a good pick-up on that. There were a few of that so there will be more in a moment.

Let's move on to the next slide and talk about the qualitative results. That was the first part of the project. In this part, we analysed some of the data that we got from our website search, when we looked to see what a prospective student would find out about the disability policies, accommodations and supports of the university, but this is what we are talking about here is a result of our interviews with nine disability practitioners selected deliberately to reflect different kinds of universities and sizes and so on and also differences in performance in terms of retention, success, and the percentage of their student body about students who self-disclosed they had a disability.

So what did we find? All the universities had at least one disability policy. Those of you who have been in this sector for a little while will be aware of DAPs, disability action plans, which are mandated action plans. We were rather surprised to discover not all universities had current action plans. 87 per cent had action plans, and of those, quite a lot were out of date. So clearly, the action plans were not key drivers of action because there was a lot of action. It was well worth noting at this point in time the data we had from the Commonwealth were necessarily old. The annual data collection is made in May of each year. When we went looking for the data early in 2015, the most recent data we had applied to 2013 and it was submitted in May the previous year, but we started this at the beginning of the year. So we were looking at things that reflected past practices and we were talking to our practitioners about current practices and looking at key websites, we looking at linking it to what is happening in universities now, but we discovered past performance is not going to be a reflection of current performance.

Nonetheless, we found some interesting things. Action plans were hiding away somewhere in the cupboard for a lot of these universities but nonetheless, there was an increasing importance being placed on formalised procedures. One of the examples of that was ensuring that students had a learning access plan and encouraging learning access plans and making them a much more formal part of learning and teaching in universities. We had a couple of quotes here, which I will read for the benefit of those just listening. "In my view it hasn't played a very significant role in the way the university has developed its processes around this. It has been a bit more of a lip service", and that is the disability action plan. And that was someone from an Australian Technology... university whose past performance had been around the middle of the pack, we have called them, in terms of retention and success. Somebody from Innovative Research University Network who had inconsistent performance year on year - sometimes they did very well, sometimes not so well so we call them inconsistent - they said, "While we don't have a current disability action plan, this doesn't mean we are not proactive. We conducted accessibility audits and implemented $1 million worth of adjustment to just one campus", much envy on that.

Let's move to the next slide. We discovered most institutions described what we call socially inclusive policies and practices and supportive leadership. This is good news because they have seen socially inclusive policies and practices appear to be best practice, so there has been a move away from a medical model from a medical issue to saying let's be socially inclusive. One of the advantages of a socially inclusive policy and policies and practices is that you don't have to self-declare the disability to be able to take advantage of things like, it might be workshopping or some of the other supports that universities provided students, though there were some that were restricted to those who had self-disclosed. We found that qualitative approaches involving both internal and external stakeholders can improve retention and success of students with disability. This means reaching outside the institution and engaging with local disability networks, we have a quote from one regional university network provider who had a very good performance in terms of retention and success of students with disability and they said they are engaged with local disability networks and attend meetings regularly. "We try to get the word out that support for students with disability is offered", they said, and sooner in the process rather than later.

So some of these other networks that we identified were the National Disability Coordination Officer positions around the country, and Darlene holds the position here in northern Tasmania, for example. We also found that relationships between disability advisors and staff - that's academic and general professional staff in universities - and relationships with students, so among those three groups, along with peer-to-peer relationships were key to supporting students. So that is trying to make the most of everybody's input and everybody's suggestions into supporting students.

Next slide. We found the provision of more services and better support for students with a mental health disability and those with autism is an area requiring further university investment as we foreshadowed a few minutes ago. One of the issues in terms of getting that to happen in a university is that the inconsistent categorisation of students with disability, indeed with autism, not just national but institutional data makes tracking and providing services very challenging. I presented a version of this to our practice last week and this is something that really rang true with them and they were talking about this, that is their lived experience. I am sure many of those of you listening out there have exactly the same experience that you don't - if you don't have the data it is very difficult to make a case within your institution for more resources.

Again, a couple of quotes. Another one from the Australian technology network medium performer, "Anecdotally mental health is one of the big issues affecting student retention and we don't necessarily pick up those students" I mentioned it with the blue line earlier, and it is true with success. One of the many unaffiliated universities in the country who performed quite well said, "And I hazard a guess many people living with a mental health disability don't consider themselves as having a disability and so they don't contact the service. We have a fundamental issue about terminology and how you communicate that". Another of our findings - we will come back to that - is more training for academic and nonacademic staff is needed to support students with disability, particularly in light of the fact that the students don't self-disclose or consider themselves as having a disability.

Next slide. We have some conclusions and recommendations, but this isn't near the end of our presentation because we've got some guidelines to come after this slide. Our conclusions and recommendations: Clear evidence within institutions of - there is clear evidence within institutions of a shift from a medical to an inclusive model, so services for students with disability were included in wellbeing structures, there was a university-wide response being taken for students with a disability. Again, that need for national consistency and categorising students with disability, and in particular with mental health disability, so these students should be encouraged to identify in a single category. Although we don't have it on the slide, the same argument could be made for students with autism. As some of you may be aware, the University of Tasmania had a concurrent project with this project which looked at the needs of students on the autism spectrum and they are quite distinct needs.

Our next conclusion was we needed to have a conversation about changing to policy and practices that will increase retention and success rates of students with disability toward the rate for all other students. At the very beginning we said 18.5 per cent of the population identified as having a disability, but the rates of students in universities were around about the 5 per cent. Now, not all students with disability may wish or be suitable for university study, but more than - I would suggest that more than 5 per cent will benefit from university study.

Then our final conclusion was that this conversation we need to have should be informed by the guiding principles for good practice that we have developed, which will be on the next slide. So that's a good time, I think, to move to the next slide.

Can we move to the next slide, please. So you have got some idea of what is coming up, two slides of guiding principles, so the rationale was we wanted something practical to come out of our project and the guiding principles are designed for that. The first is we should operate under a whole-of-university-inclusive framework that includes the concept of a universal design. This was also something that was identified in the autism project. So universal design is thinking holistically about the design of a service in all sorts of aspects, so not just thinking disability, disability action plan, but how do we design our whole service so it is inclusive and takes the needs of the diversity of the student population.

Next, given our finding that only 87 per cent of universities had an action plan and many were out of date, making sure the policy framework supporting students is current, it is good practice but also should be flexible and relevant to the institutional context. We noted that while the universities have a larger number of students with disability than others, for example, so think about your student body, what the make-up is, but also think about how you are teaching if you are a university that has a strong emphasis on online learning and teaching, make sure your policy framework supports students with disability to study online, for example.

Our third guiding principle is ensure that financial resources as well as human resources are identified and flexible enough to fit student requirements, including the specific requirement associated with disability types.

The fourth recommendation is ensure disability support services are integrated with student support services and this reflects an inclusive model so that the student wellbeing centre is somewhere you go and it doesn't single you out as having disability, necessarily, but equally it means disability practitioners can draw upon the other student support services that are available for the whole student body.

Five, the next guiding principle is have the staff who have appropriate knowledge and experience. One of the dangers of integrated support services is that you lose specialist knowledge. It is great if students can come up to a front-line service counter and receive appropriate support that matches their disability, but inevitably there are times when you need that next level up of specialist knowledge, so universities need to retain knowledge and experienced staff to identify appropriate adjustments for students with a disability type.

Guiding principle six. Provide regular training for disability practitioners and other staff who are responsible for supporting and advising students with disability. The staff turnover, particularly under a shared model where we do have specialists generally, means it is quite easy for your knowledge base to get out of date. Make sure it is up to date.

Guiding principle seven is related to that; develop staff training and awareness, communication strategy for students with disability for all staff and particularly ensure sessional staff are included. We find our interviews confirmed what we had really suspected which is that in large universities, sessional staff are often running tutorials and tutorials in first year units are often taught by sessional staff. So here is the first point of contact for many students, including students with disability with academic staff. Sessional staff were thrown in the deep end without training, may not be necessarily well placed to support students with disability and don't necessarily understand the range of supports and accommodations that might be available within the university or even what a learning access plan is and what it means and what their responsibilities are.

The final guiding principle is eight, set up mechanisms to facilitate interpersonal relationships in three domains: between disability support staff and students, between disability and support staff, and third, perhaps overlooked, amongst the students themselves. We found a place in the university where students with disability could meet together and that was seen as valuable and helpful. All these things will help with retention and many with success.

Next slide. Guiding principle nine. Develop an appropriate and sensitive mechanism to identify those students with mental health disability to allow the students with a mental health condition who wish to disclose who have not considered disclosing before to do so. This really operates at two levels. It would be great if they ticked a box that said mental health disability on the enrolment form and report to the Commonwealth and the Commonwealth gets a picture of the quantitative level, but even if students are not prepared to do that, allow them to disclose, or at the very least allow an institution to have an internal picture of those students and how many there are.

Guiding principle 10 is similar, and that is develop an appropriate and sensitive mechanism to identify those students with autism spectrum disorder to allow those students with autism spectrum disorder who wish to disclose or have not considered disclosing before to do so. It is the same but different categories.

11 is monitor student outcomes regularly not just sending it off, but internally. When I presented to to our social inclusive practice, there was quite a bit of discussion saying, "Do you know student so and so? Did you see how well they did? Wasn't it great? I wonder if it was because in the second semester we did this for the student". Or they might say, "Isn't it sad that student so and so has decided to drop out. I wonder if it is because we didn't do ...". If you have no idea, it is one on one, you need to get the pattern across the university of who is succeeding and who is not. It may be that you have some areas of success and areas with lower success rate, could even learn internally. This university, our pre-degree programs, for example, do a great job of supporting students. Some of our faculties do - I won't name and shame them - do not such a great job. There is an opportunity of learning for this and also, without data most universities won't commit resources.

Guiding principle 12, offer inclusive student wellbeing programs that promote and improve self-management and resilience. This will be open to all students, not just those with disability. Proactively offer programs for students, don't wait for them to come to you with a problem.

13, develop formalised written learning access plans collaboratively with students. The vast majority did it, but not all. Put mechanisms in place to ensure appropriate dissemination of plans to relevant staff. This is an interesting issue. We want the plan to be owned by students but students need to feel comfortable enough to take the plan and give it to the relevant staff members. Some students are fine with that, we wish all were. But not all students can actually manage that. So we are suggesting that there is a mechanism where students can elect to have some central support unit send the plans on their behalf to relevant staff. So only if they agree to it, but just to make that a little bit easier and less confronting for the students themselves.

Guiding principle 14. Consider with students with disability from the perspective of the whole student life cycle model. Start with recruitment and outreach strategies before they get to universities, don't just consider students with disability before university but also think about the career-transition change. So if for example, you have an alumni mentoring program to help students transition into careers, ensure students with disability are part of that program.

15, partnerships with external organisations that leverage resources are fundamental. Universities, you are not on your own here, there are other organisations in the community who work together, don't duplicate and don't compete.

Our final guiding principle, consider students with disability in the development and use of online learning resources as well in learning support services. I mentioned a few minutes ago some universities have a bigger emphasis on online learning than others. Think about all the accommodations we have around this presentation, and Darlene has talked about how good they are or not - we have got a captioning service - how many academics just put something up on the learning management system and don't even think about whether it will be accessible to all students? It is a fairly fundamental guiding principle. So that brings us to the end of the guiding principles.

We have two final slides - three slides. The first two are on the same issue, which is about further research. As all good academics we identified some further research. We need to find out a little bit more about what would work in terms of disclosure and data collection and reporting and particularly what students would feel comfortable in disclosing or how.

Next, the National Disability Coordination Officers right around the country, and whose role is about transitions from study to further employment, may have a role to play in recruitment of students with disability. This seems to be patchy, clearly an area for further research.

Let's move to the next slide, please, which is another recommendation for further research. This is a great project and we are really grateful to the National Centre for funding it but it was only a short, time-limited project, relatively small in size. We recommend a larger-scale study into the impact of institutional policies and practices on retention and success and the ability to match outcomes more closely with current practices, so that two-year gap between the data we had in the quantitative stage and the qualitative stage was a little bit of an issue. So we need to have a more closer look at institutional and other factors that impact on retention and success in more detail in more than just the nine universities, and to talk to students as well. We only interviewed disability practitioners, academics and professional staff in faculties as well as students who had much to say about this and that is a perspective that we weren't able to capture in this research. We recommend that that research be conducted with a student life-cycle focus as per the - one of the guiding principles - but the whole student life cycle.

The next slide, the final slide, is just acknowledging some other quite practical research about students with disability. I won't read it. I think it is better for when you get this pack afterwards. If we can just move to the very last final slide, which is a list of the acknowledgments. As I have said already, we are grateful to the National Centre for Student Equity in Higher Education for the research and for today, for publishing our report. We thank the people we interviewed and ADCET for helping us disseminate the findings. Any e-mails or comments, we have Darlene's e-mail.

DARLENE McLENNAN: That's fine.

SUE KILPATRICK: Or the one for the ADCET or the one on the report. Thank you for listening and we are happy to take questions.

DARLENE McLENNAN: Thank you, Sue. A number of questions have come through. One question is did you explore how many universities had policies around inherent requirements, and if so, were they specific to students with disability or all students?

SUE KILPATRICK: You might needs to define "inherent requirements".

DARLENE McLENNAN: I know the answer, I am trying to ask the questions and not know the answer, but no, we didn't look at inherent requirements in any of the questions or research we did. I suppose it is one of the things in the future there will be more research done in that space.

Was there any data seeking the correlation of retention of country to city students with disability in this research?

SUE KILPATRICK: No, the national data collection picks up students by university but no information where they come from, but that will be useful to the larger project. So having to move away from home for all students is potentially - it can be a negative impact in terms of potential.

DARLENE McLENNAN: Another question, a factor in low retention rates may be that students are qualifying for places on courses that are too difficult for them, perhaps previously a student's teachers are too afraid to fail them. Are we setting them up to fail further down the line?

SUE KILPATRICK: Speaking more generally, I think universities do have a duty of care to ensure any student they enrol has the capacity to succeed in the course they are enrolled in but there are many contextual factors and situational factors that cause students to drop out or not succeed and they are not always apparent at the start of the course to either the student or the institution.

DARLENE McLENNAN: A lengthy question: one of the observations was the adoption of the inclusive model. Given it varies across people with the same disability, do you think students should self-identify their disability? It goes on to say wouldn't it be better if they identify their academic or social behaviour - sorry, the screen moved - every person is unique and self-identification would lead to perceived notions? Any thoughts on that?

SUE KILPATRICK: A socially inclusive model should pick up on diversity so it should handle diversity within a particular disability type. The reason categorisation can be useful is somewhat pragmatic in my view, it is so you can go to the university and say we had this number of students with this kind of disability and they in general need this kind of service. It is very obvious for things like hearing disability where you need the transcription service or mobility disability where you need to make sure that the rooms that students have to go to are actually physically accessible. It is much more challenging when you come to mental health, or perhaps autism spectrum is not as bad, but mental health and that is where the socially inclusive model is helpful, but another category doesn't say to a university, hey, we need to have a good counselling team with access to mental health support, but a category of mental health disability does give a university enough to say, "Perhaps we do need to employ another psychologist".

DARLENE McLENNAN: Thank you. Another question: did you consider, and will you consider, any non-university education sectors such as TAFE? It depends where the money is coming from.

SUE KILPATRICK: One of those recent pieces of work that is on one of my many final slides is a VET sector project which does address sectors specifically. So whoever asked that question, when they get the presentation they can have a look. It is called Supporting Tertiary Students with Disabilities: individualised and institution level approaches in practice.

DARLENE McLENNAN: We also had Allie speak in a webinar. Sue Trinidad has added into the chat pod, which I hope every can see, in regards to the inherent requirements there was also research that has been released by the National Centre around universities' approach to inherent requirements. That may be interesting for people to pick up and to read as well. So, I might - looking at the time now, we might end. There is a couple of other questions so what we will do is go through and add them to the website and answer them so people can go back and see an answer to their questions.

I want to thank everybody for their time. I found it, even though being involved in the research, just stopping once again and looking, it motivated me to advocate within the university I work in and across Australia for some of the key principles that have been identified today. So I thank Sue and Robin for presenting and also to the National Centre for funding this project. It has been fantastic that the last two years there has been funding that supports the Disability Centre and we, as a centre, have been craving for funding to ensure we improve outcomes for people in the disability and educational space. Any more comments? Thank you to the three Sues and one Robin.

SUE KILPATRICK: No, for us in Launceston we are pleased there has been so much interest in this webinar and we hope it has been useful for you.

DARLENE McLENNAN: Excellent. Thank you, everybody. Yes, we will close off. As we said the recording will be on ADCET and we will answer those questions that people have asked in the question pod that we didn't get to. Thank you for attending and have a great Wednesday. Thank you. (End of webinar)