

Paper presented to the conference “Progress Through Partnerships...Disability in Education Conference 2001”, Albany New Zealand September 2001, by Katrina Doolen, Disability Liaison Officer, University of Ballarat.

Disability Liaison Officers, Disability Coordinators, Student Advisors [Disability Service Providers] operate with insufficient guidelines from varied knowledge bases within an environment that is ill defined, highly pressured, inadequately resourced and changeable. Disability Service Providers in both the Polytechnic/TAFE and Higher Education/University sectors encounter numerous issues which impact on and impede the assistance provided to students with disability.

Issues identified in this paper are a cross-section of those raised in discussions with disability liaison officers, regional disability liaison officers and from the authors experiences. Each issue will be presented together with consequences for providers and strategies for retaining the effectiveness and longevity of this field. Strategies are defined at the individual, institutional, regional/state and national levels. The future form and role of the national representative body will be examined. Professionalisation of the field as a vehicle to facilitate permanent positive change will be discussed. The benefits and suggested processes for professionalisation will be outlined. Uncertainty, stress and frustration have emerged as the predominant effects that these issues conjure for providers.

What is presented here is an avenue of exploration and catalyst for change.

Uncertainty

Field Definition, Knowledge Bases And Policies

Since the 1980's the Disability Service Provider role has emerged and developed partially. Its development to date appears to have occurred more by default rather than by design. This role will continue to be moulded by external forces and remain in a state of flux unless intentionally developed.

Stemming from ill definition is the lack of institutional policies/procedures and the widely differing knowledge bases held by practitioners. Thus allowing institutions or individual providers to formulate their own definition and parameters.

Professional backgrounds possessed by practitioners include welfare, education, health and science. Thus creating very different practice models and impeding communication. Resultant in inconsistent service provision and the setting of bad precedents. A sense of professional community is absent from the field.

These three issues are central to the field. Not resolving them spawns the other issues within this field.

Professionalisation of this role will provide the means to complete development and the only permanent solution to these central issues. Which in turn will address the other issues. One key aspect of this process is the determination of the common essence, the basis from which the field operates. What sets it apart from other roles. Individuals and regional bodies would provide input to this determination.

Development of clear policies.

As the representative body for disability service providers, the national body has the responsibility of identifying and packaging suitable policies to promote to institutions as best practice. Regional/state bodies would take responsibility for polytechnic [TAFE] policies where general funding and provision occurs at that level. Individuals and their institutions must collaboratively create workable policies utilising the nationally/regionally endorsed guidelines and best practice models.

Induction/ Orientation

On commencement of employment many providers receive little if any orientation/induction from their institution. The consequences of which are compounded by the absence of formalised disability service provider training.

Thus the provider spends much time endeavouring to grasp their role and its mode of delivery rather than delivering it. Providers often flounder, reinvent the wheel and “make it up as they go along”. This does not provide the best service to students and generates much stress for the new provider.

To develop a comprehensive orientation and induction package the following must occur. Individual practitioners to document their processes and procedures. Institutions in collaboration with individual providers document relevant institute specific policies and procedures to be included in the induction process. A package detailing regional/state issues and resources to be compiled by each regional body with member input. This body should also match a new practitioner with a counterpart in similar circumstances for peer mentoring. A general orientation to the field package encompassing tips for new practitioners to be developed and distributed by the national body.

‘Reasonable Accommodation’ Not Defined

In the absence of a definition for “reasonable accommodation”, decisions are then made at the discretion of each provider and influenced by their institution. Thus creating great variation between disability service providers. A lack of definition leaves providers without a concrete base to function from and a justification for decisions in the case of a dispute.

Regional and national bodies are to jointly facilitate a process involving all providers to formulate a definition of reasonable accommodation. The definition is then to be promoted to all institutions for immediate adoption.

Stress

Sole Providers

Frequently providers hold solo positions within an institution. They can also be the only welfare practitioner on a campus. Leaving providers geographically and professionally isolated. Inadvertently they pick up non disability roles/responsibilities which then blur their job boundaries and subtract from time spent on disability role. Following a critical incident there is no one appropriate to debrief with, leaving ensuing issues unresolved. Access to ideas and strategies is significantly reduced.

Self care is paramount for all providers especially those in sole positions. Some stress management options are, **taking** morning tea and lunch breaks, listening to music, stress toys and taking a walk around the campus. Examples of strategies available to address isolation include, access to provider list serves [Austed, Australia], professional supervision, peer mentoring, and participation in regional/sectoral meetings. Avenues for debriefing within a safe environment such as with a peer mentor or another local welfare professional must be found. Peer mentoring provides access to resources, strategies, a sounding board and debriefing. Workers in similar situations are paired informally. Involvement in field networks provides access to big picture issues and shared knowledge base.

In an institution's Disability Unit, it is crucial to ensure regular contact/meetings between its providers. Representative bodies are to facilitate and facilitate peer mentoring and members participation in meetings either in person or otherwise.

Demand Verses Resources

Whilst student participation within both tertiary sectors and subsequent demand for service provision increases, the respective resourcing physical, financial and human, are not increasing to cater for the expanding demand. Students sometimes receive what is available rather than what is required as tough decisions must be made to stretch resources across all students. Resulting in the provider feeling pressured, trapped, guilty and being perceived as "the bad guy" by some students.

Providers need to document resource gaps to substantiate claims for increases. Examples of creative use of resources can be sought from experienced providers. . It is imperative that institutions increase providers' time fractions and commit additional resources to compliment government provision.

National and regional bodies assume a lobbying responsibility to ensure the increase of institutional and government funding with adequate resource levels.

Inadequate Time Fractions

Far too many disability service providers are employed on a time fraction when the workload demands full time attention. A lack or absence of administrative support consumes precious work time. If work hours are strictly adhered to, work is not completed and student needs are

not met. Conversely, if work hours are loosely adhered to, then large amounts of time off in lieu are accrued, work is completed and the provider is exhausted. The practitioner is then unable to take the time off in lieu due to demanding workload.

To lobby effectively for an increased time fraction, providers should document their workload and actual time taken to complete to substantiate the increase. Institutions must then increase the time fraction in recognition of the provider's invaluable contribution and to allow them to more effectively meet student needs. At the national level professionalisation would supply a platform from which to entreat institutions for such change.

Additional Roles

In many institutions non disability roles such as student counsellor are added to a provider's position description. The practitioner cannot serve two masters but is torn between attempting to perform both jobs well especially when both are very demanding. Low sense of achievement and job satisfaction ensues.

Frustration

Management, Consultation And Acknowledgment

Very often institutions do not acknowledge the invaluable contribution that providers make to the institution's productivity and reputation. Conjuring feelings of resentment, anger and pointlessness.

Stemming from this lack of recognition is the non consultative decision making processes utilised by upper management. In larger institutions and in dual sectoral institutions [Australia] management makes crucial decisions devoid of provider input. This is of particular concern when a manager does not have a disability background. Providers must then function under inappropriate policies.

It is vital that a provider builds up their own credibility within their institution. In a multi campus institution this means involvement in addressing of campus specific issues. Giving and seeking of mutual respect/support amongst colleagues is a useful strategy.

Institutions should decentralise power and delegate signing and decision making authority. In addition to passing on of professionalisation benefits, the national body must promote and sell the contributions of disability service providers to institutions and the community.

Complex Student Needs

Student needs are becoming greater and more complex. Often study needs are not self evident or not able to be articulated by the student. Thus leaving analysis and determination of appropriate support to the individual provider. Many providers do not possess extensive

investigative skills especially related to learning disability. Frequently institutions do not have assessment policies/procedures to guide providers. Strategies can sometimes be implemented on a trial and error basis.

A clear process for the identification of students with disability and their needs upon enrolment must be developed by institutions with provider participation.

Providers require a comprehensive assessment tool to explore student needs. Such a tool can be developed individually or collectively drawing from existing provider tools. Nationally and regionally assessment and assistance resource packages need to be made available to members. These bodies can link members with appropriate experts.

Professional Development

Professional development opportunities are often scarce particularly in the rural areas. Activities are not adequately promoted. Information is not always passed on to providers by institutions. When opportunities are available providers are frequently unable to utilise them due to inadequate professional development budgets. Institutions with more than one provider may send only one person despite the activity requiring attendance of everyone. Restricting providers ability to increase their skills/knowledge and professional networks. Preventing providers from refreshing, causing them to stagnate and become stale.

It is crucial that institutions facilitate providers participation in relevant professional development activities via expanding available funds, passing on of related information and providing backfill. Individual needs must be impressed upon managers with relevant development activities.

Provision and promotion of specialised activities are regional responsibilities. National responsibilities are the same with the addition of supplying a pool of financial assistance for institutions with small budgets.

Study Not Recognised

Institutions do not always give recognition to study undertaken by providers. Therefore providers are forced to complete study in their own time including the use of annual leave for field placements. Financial costs of study are solely borne by the individual. Following the successful completion of study the practitioner's pay level is not increased accordingly.

Providers must be able to demonstrate to management the relevance and benefit of proposed study to their work. Review and reform of professional development policies to include recognition of relevant study must occur within institutions to retain valuable staff. Definition, endorsement and promotion of relevant courses is a national responsibility.

Pay Policies

Provider pay levels are not based upon formal qualifications, rather are at the discretion of each institution. Subsequently there is significant variation between institutions. Different

awards are utilised by both sectors. Leaving the individual feeling “short changed” and “used”. Individuals are less likely to remain in these positions opting for employment offering better conditions. There is no financial reward for undertaking additional study.

The national body as part of the professionalisation process must establish the benchmark for pay levels and demand its adoption. Individual providers need to input into this process. As a representative body it can support members in their claims against institutions. Institutions must adopt the benchmark as a reform of its pay policy.

Restricted Leave Options

Disability service providers encounter difficulty when taking annual leave as locums are not physically or financially provided. Timing of leave is then restricted to the least busy periods during the year [term breaks] so as to minimise the backlog of work waiting on return. Fewer and shorter holidays are taken rather than what is needed/wanted by the provider. Stress and burnout are subsequently accelerated.

To retain their effectiveness providers must insist that they take regular holidays more than once a year. Institutions must supply the physical and financial resources to support flexible leave so the Christmas holidays do not continue to be the only option available to providers.

In support of its members claim for adequate leave arrangements, the national body must petition institutions to adopt change and provide a mediation role if disputes arise.

Provider Has A Disability

The above issues become magnified and more complex when a provider has a disability. Providers with disability encounter issues that their peers do not. Disability impacts vary between providers although generally belong to the categories of administrative support, alternate travel arrangements, adaptive technology, and access to information. Much time and energy is expended in fighting to have these needs adequately met rather than providing services to students. How is a provider able to actively promote their institution as a truly accessible one when their own support needs are not even fulfilled? Many institutions render tokenistic rather than realistic provisions to meet providers’ needs, thus hindering their performance.

Individual providers must be pro-active and non wavering in this work situation, being clear regarding the nature of disability impacts and the form of assistance being sought. Provision of adaptive technology, access to alternate transport arrangements, information in accessible formats and flexible administrative support must be made by institutions. Such provisions are not negotiable. Regionally good practice should be recognised and promoted via annual awards to institutions. The representative bodies possess the means to lobby institutions to adopt preferred assistance models. In addition to petitioning the relevant government departments/funding bodies to enforce reform

National Body

The national disability service provider body has the pivotal role in affecting positive institutional reforms and field development. Such a body must not only provide a discussion forum but the benefits of a representative professional body. Benefits encompass support, backing, and the means for redress of unjust situations members experience. This body possesses the power and means to facilitate the field's furtherance via professionalisation.

Professionalisation Of Role

What will it achieve?

Professionalisation is the vehicle via which this field will become established. Creating an identity that will distinguish it from other student service roles. It will generate a defined base from which to affect change, improve members' conditions, and produce more positive and sustainable outcomes for students with disability

A sense of professional community and the means to unify members will be produced. Providers' work would then be directed by a professional code of ethics and practice guidelines. Formal recognition of providers' contributions to tertiary education would be given. Innovative and creative practice would also be acknowledged. As a profession Disability Service Providers would have a base to bargain from when negotiating member conditions with institutions.

What will the process involve?

This process must be extensive and inclusive of both individual providers' and regional/state bodies input. Input would be sought via discussion forums, e-mail, regional/state meetings and other inclusive formats.

The uniqueness of this role and its essence must be identified. Establishment of the roles and boundaries within the field. A common term that is reflective of the field's nature must be selected. For example, in Australia Disability Liaison Officer is emerging as the common term. The requisite skills and knowledge base utilised to deliver the role must be identified. From this foundation a recognised formal course of study can be constructed.

Conclusion

The professionalisation of the Disability Service Provider role is an important goal which must be realised to ensure the longevity of the field. The goal of professionalisation is achievable, however it will not eventuate unless positive action is taken. The leadership necessary for change must come from within.

Acknowledgments

Jaye Johnson, Debbie Frost, Luke Garswood, Liz Reid, Kay Dean and Robert Pyne input of ideas and issues

Gillian Bruce ideas, issues, sounding board, editing and structure.

Graeme Taylor computer support, editing, rewriting and gourmet sandwiches

Deb Simonds, Di Myers editing

Pauline Schmidt typing