

Adult Community Education

DisAbility Network

Learning and Participation for People with Disabilities in the ACE Sector

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1. Introduction

2. Introduction

The Adult and Community Education (ACE) Disability Network was established in 2003 in order to assist and support personnel from the Victorian ACE sector¹ to better serve the needs of people with disabilities trying to further their adult education opportunities. The Network, to date, comprises of four key providers in the disability sector, these being: Yooralla Society Of Victoria, Royal Victorian Institute of the Blind (RVIB), Gawith Villa and the Disability Employment Action Centre (DEAC).²

The philosophy and guiding principles of the Network are based on the Disability Discrimination Act (1992), which states that all individuals, including those with a disability, have a right to further their education and training opportunities. A central objective of the Network is to assist eligible providers to make their programs and facilities accessible by providing the support, training and information needed to do this. To date, the Network has identified four key objectives: first, to promote information sharing among ACE providers with respect to disability; second, to provide training and professional development for ACE providers on a wide range of disability issues across the full range of disability; third, to promote the development of strong networks and partnerships among ACE providers working with people with disabilities and the disability sector and; fourth, to provide support to ACE providers working with people with disabilities.

1.2 Background to Research Project

The present ACE Disability Network project developed in response to:

1. Recommendations made in the 1993 Commonwealth funded project: Beyond the Ramp: A National Approach to Education and Training in the Adult and Community Education Sector for Adults with Disabilities. This report made a number of recommendations including the establishment of a network body that coordinates relevant government departments, disability services and adult and community education providers associated with the provision of adult literacy and basic education services for people with disabilities.
2. The growing emergence of anecdotal evidence and sector based research (see: Johnson 1996; Buckingham 1999; Permezel 2001) suggesting that people with disabilities are increasingly accessing ACE providers. This increase is a product of significant changes in disability legislation (Disability Discrimination Act 1992), policy (State Disability Plan 2002-2012; The Disability Standards for Education 2004; Bridging Pathways

¹ Whilst the ACE sector comprises a variety of providers including Registered Training Organisations (RTO's), for the purposes of this research focus lies essentially on Neighbourhood Houses and community learning centres.

² The Network, however, is open to all Disability and Adult and Community Education providers.

2000-2005) and service provision— disability specific agencies seeking neighbourhood houses and community learning centers as ‘low-cost, generalist community settings for people with disabilities’ (Permezel, 2001: 203).

3. A preliminary pilot survey study conducted by the ACE Disability Network on program delivery of ACE service providers to people with disabilities. This initial survey identified a number of issues in successfully integrating learners with a wide range of disabilities into ACE organisations. For example, the majority of ACE providers stated they were not satisfied that they were doing enough to meet the needs of individuals with a wide range of disabilities. Further to this, it was identified that there was often a lack of understanding and awareness around people with disabilities in adult educational settings.
4. Further anecdotal evidence suggesting that ACE providers are struggling to meet the increased demand and complex needs of people with disabilities accessing their programs, whilst those people with disabilities who are participating or wanting to participate in ACE often need further support in order for their experience to be a more meaningful one.

1.3 Project Aims and Objectives

In light of the recommendations in *Beyond the Ramp*, sector based research (see Johnson 1996 and Buckingham 1999) and the growing emergence of anecdotal evidence suggesting that the ACE sector is struggling to meet the needs of people with disabilities, the ACE Disability Network found it necessary to begin mapping of the statewide ACE sector in terms of program delivery to people with disabilities. This was deemed necessary in order to gain an in-depth understanding of the needs and experiences of both ACE providers and its participants with the aim of better supporting their needs.

1.3.1 Key Aims

1. To provide a snapshot of the statewide ACE sector in terms of program delivery to people with disabilities.
2. To establish the needs of tutors/trainers/ staff/ providers in ACE in order to better support Neighbourhood Houses and Learning Centers in providing inclusive programs to people with disabilities.
3. To improve overall services/ access to people with disabilities in ACE so that they have more meaningful experiences of Adult and Community Education.

1.3.2 Key Objectives

1. To establish the status of program delivery to people with disabilities in the ACE sector.
2. To identify the central issues faced by ACE providers in terms of providing inclusive service delivery to people with disabilities.
3. To identify potential barriers to participation for people with disabilities in the ACE sector.

4. To identify the resource, equipment and other support needs of ACE providers in terms of program delivery to people with disabilities

The key goals of the ACE Disability Networks' mapping project are in line with government policies on equity and access, particularly those related specifically to inclusion, lifelong learning and employment opportunities as mapped out in government initiatives such as Bridging Pathways, the Disability Standards for Education 2004 and the State Disability Plan 2002-2012. The central thrust of the project is not only to increase the access of people with disabilities within ACE but to provide support to both providers and students in order to achieve outcomes in education, employment opportunities, general lifeskills as well as to enhance the social capital of local communities by increasing the levels of active participation of people with disabilities in their respective communities.

2. Methodology

2.1 Outline of Methodological Approach

Research for the ACE Disability Project was conducted over a three-month period and involved a combination of qualitative and quantitative based techniques. The four key members of the ACE Disability Network (Yooralla, RVIB, Gawith Villa and DEAC) comprised the Steering Committee. Monthly meetings were conducted with the steering committee in order to report on the research progress as well as provide a forum to discuss project related issues and ongoing support. Yooralla, as the auspice agency, provided more regular support and management of the project.

It should be noted that, due to the limited time frame, the research conducted should not be viewed as being conclusive. Rather, it should be seen as being initial and, therefore, necessarily explorative, providing a 'snapshot' of key issues around delivering further education to people with disabilities within the ACE sector.

2.2 Literature Review

Relevant documents and research related material in the area were sourced and examined. The Association of Neighbourhood Houses and Learning Centers' (ANHLC) library provided an invaluable resource in terms of identifying other relevant research conducted in the area (refer to 'Selected References').

The aim of the literature review was to examine past relevant research on disability related issues within the ACE sector, thereby identifying key issues experienced by ACE providers and those people with disabilities attempting to access ACE programs. Literature was sourced over a ten-year period with the 1994 report *Beyond the Ramp* providing the point of departure in terms of offering a significant analysis of the ACE sector in terms of program delivery to people with disabilities. Consulted texts provided a reference point for the discussion of the key findings of this present research.

2.3 Survey

A survey was disseminated statewide to ACE providers (see Appendix 6.1). This was distributed via the ANHLCs' monthly newsletter as well as by email listing of ACE providers. The aim of the survey was to gain an overall statewide sector snapshot in terms of the nature of program delivery to people with disabilities; establish relevant statistical data on funding sources; identify any resource needs as well as identify any major issues in providing services to people with disabilities. A follow up telephone survey was also conducted in order to focus specifically on resource and equipment needs of ACE providers (see Appendix 6.3).

The survey provides a quantitative view of the ACE sector whilst also offering a qualitative analysis by allowing space for comments on major issues experienced in providing service delivery to people with disabilities. The survey was distributed to approximately 320 providers with 82 returned completed (return rate of 25%). Ace providers were sourced through both ANHLC's and ACFE's databases.³ This was considered to be a reasonably high return rate although, without all surveys returned, results should not be considered indicative of the entire ACE sector. It is likely that survey forms were not returned for a variety of reasons, including: insufficient staff time, lack of service provision for people with disabilities or an overlooking of the survey. The survey provided a useful analysis of the ACE sector in terms of identifying central themes and issues in service provision to people with disabilities as well as providing an important statistical snapshot of key criteria.

2.4 Consultation

Relevant figures within the ACE and Disability sectors were consulted throughout the research period. These included:

- (1) ACFE
- (2) ANHLC
- (3) Judy Buckingham (Developed 'Manual of Good Practice'; 'PALS' program; has extensive experience conducting research and project work in the ACE/Disability sector)
- (4) DHS
- (5) Initial Literacy Australia
- (6) Key Stakeholders: Yooralla; RVIB; Gawith Villa; DEAC
- (7) ACE providers (see below)

2.5 Interviews and Forums

These comprised of both formal and informal discussions with a total of seventeen ACE providers in rural and metropolitan areas.

(1) Telephone Discussions: including some visits, to ten metropolitan and regional neighbourhood houses and learning centers.

(2) Forums and Interviews: One forum was conducted with a network of rural ACE providers (four neighbourhood houses participated). These houses and community centers were randomly selected. The selection criterion was based on

³ It is acknowledged that some newly established ACE providers may not be on these databases and, therefore, were not represented.

those providers who demonstrated interest in the project. Further to this, interviews were conducted with three ACE providers in rural areas.

The aim of the forums and interviews with ACE providers was to gain an in-depth understanding of the key issues outlined in the survey. Topics covered in these sessions included: funding sources and structures; the concept of 'inclusion'; issues to do with delivering programs to people with disabilities; community links and partnerships; and identification of any needed resources (see Appendix 6.2).

Finally, eight people with intellectual, physical and ABI related disabilities were informally interviewed to discuss their experience of accessing ACE. These people were contacted through TADAS; CRS; DEAC; Yooralla; Gawith Villa; Karingal and Initial Literacy Australia.

3. Key Findings

3.1 Survey Results: A ‘Snapshot View’ of the ACE Sector in Terms of Program Delivery to People with Disabilities

An overwhelming number of respondents (90% of surveyed ACE providers) offer some type of program for people with a wide range of disabilities. Of these providers, a significant percentage (41%) stated they offer segregated programs for people with disabilities whilst many offered either a combination of mainstream and segregated programs or mainstream classes that were ‘inclusive’ of everyone, including people with disabilities. The types of programs people with disabilities could participate in varied and included numeracy, literacy, computer, art and life skills (for example: budgeting, cooking, health and well being) classes. Some of these programs are accredited, others are non-accredited. A number of providers offered inventive and creative approaches to teaching programs; for example, numeracy skills were developed in conjunction with a patchwork class or, in one inspiring case, a tutor found the best way to teach a particular student to count was to incorporate their love of gardening. The student, with the aid of the tutor, planted a number of flower bulbs and learnt how to count them when they bloomed in spring— a slow but effective learning exercise for this individual.

An actual estimate of people with a disability currently attending ACE was difficult to ascertain. An estimate was gained by averaging the percentage of responses. In total, respondents estimated an average of 6% of people accessing ACE courses present with a disability; however, this figure should be regarded as a conservative estimate as it does not include people with disabilities who do not disclose their disability to ACE providers. Actual figures are likely to far exceed this number. Further to this, there often exists a significant disparity between the numbers of people with disabilities participating in programs with different providers. For example, many houses had between 1 and 5% of students presenting with a disability whilst other houses specialised in providing programs for people with disabilities and, therefore, had a significantly higher percentage participating in programs.

TABLE 1:
Types of Disabilities

Type of Disability	Intellectual	Psychiatric	Sensory	ABI	Physical	Multiple
Percentage of respondent who identified disability type presenting at center	75%	65%	59%	45%	61%	39%

The majority of ACE providers identified people with intellectual disabilities as being those who most commonly participate in ACE programs (75%). This is followed closely by people with psychiatric disabilities (65%), then physical disabilities (61%), and so on. Again, these figures are to be regarded cautiously

for many people, particularly those with a psychiatric disorder, choose not to disclose their disability for fear of being treated differently or stigmatised.

TABLE 2:
Disability Access Provision by ACE providers

Type of Provision	Wheel-Chair	toilet	parking	computer	lift	Specialist training	Signs - tactile	handrails	Training & assessment
Percentage of respondents	90%	86%	10%	11%	5%	16%	7%	12%	11%

An overwhelming majority of ACE providers had made some sort of provision to include people with disabilities in their centers. Most providers had made provision for wheelchair access (90%) and disabled toilet access (86%). Many providers considered these access provisions to be indicative of their level of inclusiveness. In cases like these we witness a conceptual confusion between the notions of 'integration' and 'inclusion'. For many, simply providing wheelchair access, for example, demonstrated their ability to 'include' people with disabilities in their center, which, they stated, was indicative of an inclusive approach to adult education. This type of reasoning, however, fails to take into account the 'equity' side of inclusion⁴.

TABLE 3:
Funding Sources of ACE Providers⁵

Funding Source	ACFE	DHS	Local Council	Other (Fee for Service; Grants; Fundraising)
Percentage of providers who receive some level of funding from the specified source	80%	83%	55%	40%

In terms of identifying funding sources, most respondents received some level of general funding from DHS (83%), followed closely by ACFE (80%). Respondents also received funding from their local government councils (55%) along with other sources (40%) such as philanthropic grants; fundraising activities; fee for service and so on. It should be noted that the funding percentage figures presented in Table 3 do not represent monetary value as most providers receive varied amounts of funding from a number of identified sources. For example, one provider may receive 30% of funding from ACFE, 50% from DHS and a final 20% from fee for service. It should also be noted that funding received from ACFE is broad and not specific to disability related courses with providers deciding what support they can give within existing funding bases.

⁴ For a more comprehensive understanding of inclusion refer to 3.2.1

⁵ For the purposes of this research *funding* refers to monies received by various bodies, NOT resources.

Most providers stated that the level of funding they received was insufficient in terms of providing an adequate level of service delivery to their respective communities. Providers claimed that this issue became even more pronounced when trying to cater to the special support needs of people with disabilities such as providing specialised equipment and staff training.

TABLE 4:
Identified needs of ACE providers in terms of providing more appropriate services to people with disabilities

Needs of ACE providers	Funding	Professional development	Improved access	Staff & Volunteers	Aids & Equipment	Space/ Rooms	Other
Percentage of Need	34%	16%	20%	25%	30%	32%	27%

TABLE 5:
Major Issues Faced by ACE Providers in Terms of Providing Program Delivery to People with Disabilities

Major Issue faced by ACE provider	Professional Development	Trained Staff	Funding	Staff Time	Access to pwd & marketing
Percentage of providers who face this issue	16%	25%	45%	14%	16%

Tables 4 and 5 identify the central needs and issues outlined by ACE providers in terms of providing ongoing program delivery to people with disabilities. Respondents particularly highlighted the need for further funding to improve programs offered to people with disabilities. Other key areas of concern related to room size; provision of appropriate resources and equipment, an increase in the numbers of suitably trained staff and professional development in disability awareness. This was considered to be particularly pertinent given the increased demand on their services by people with disabilities. Many respondents indicated that the ACE sector is increasingly being used for non-educational, namely social support, purposes thereby placing increased pressure on their services.⁶

Strengthening partnerships with community organisations was identified by many respondents as being important in terms of helping support people with disabilities participation in programs. Of the surveyed respondents, 62% had some form of established partnership with a community organisation. Some of these providers were satisfied with their partnerships whilst many others stated that they need further support and development. Another 13% of respondents said they would like assistance in networking with community organisations so that they may establish a partnership in order to feel less isolated in terms of service provision to people with disabilities.

⁶ It is recommended that this requires some further investigation.

3.2 Discussion of Key Findings: ACE Providers

Discussions with ACE providers and respondents to the surveys highlighted a number of ongoing issues in terms of providing adult further education to people with disabilities. These issues related specifically to issues surrounding: inclusion, the amount and structure of funding arrangements as well as various support and resource needs. These issues were commonly experienced as ongoing sites of struggle and are identified by the ACE Disability Network as key areas for future development.

3.2.1 Inclusion

For people with disabilities, the comparative informality and flexibility of neighbourhood houses sometimes allows them to negotiate their identity in more inclusive ways than many other providers of adult education allow for (Permerzel 2001: 213). Many of those ACE providers and people with disabilities interviewed stated that the casual and, generally, welcoming nature of most neighbourhood houses provided a space that facilitated learning and social opportunities for them that could be more difficult in other adult education settings. For example, some people with disabilities may participate both in formally structured classes as well as interact with other house participants in a more casual, social manner in a generalised kitchen area⁷.

For many ACE providers the concept and practice of ‘inclusion’ itself is often misunderstood. Whilst many providers saw themselves as offering ‘inclusive’ spaces, in-depth discussion with them revealed a more complex picture. For many of them, inclusion was a matter of offering access only and as Quaass and Fraser (1994: 44) emphasise ‘presence without participation can be more isolating than no presence at all’. Results from the survey and discussions with providers, indicated an overwhelming number of them had indeed made provisions to accommodate people with disabilities but had not, in most cases, implemented a participation or inclusion plan. Types of access provisions made included, for example, adapting buildings to provide suitable toilets and ramps. In addition to this, the majority of providers stated that their programs were opened to ‘all people, including those with disabilities’. So, in this sense, the concept of inclusion is confused with that of ‘integration’ and does not take equity issues into account. According to Buckingham (1999: 2):

inclusion of people with disabilities [needs to] take into account the spirit not just the letter of the Disability Discrimination Act 1992. It [should] involve people with disabilities being given sufficient information and opportunities to make decisions about matters that affect them. Inclusion involves equity as well as access. Inclusion means that simply being on the premises is not enough.

Of those coordinators interviewed, only those who had a specialised background in the disability sector had a good understanding of the philosophical and practical

⁷ It should also be stated that this is not always the case and, on a more pragmatic level, a sense of inclusion is not always easily implemented.

implications of inclusion. In conversation with these coordinators, they made it clear that trying to accommodate people with disabilities in inclusive ways presented many problems on a practical level. Stated simply, inclusion costs money, time and space and many providers were not in any position to afford these.

Many houses had, however, made serious attempts to provide practical strategies for inclusion. This is reflected in practical guides and 'Best Practice Models', for example: the 'Inclusive Communities Project' (Buckingham 1999). Due to time constraints 'Best Practice Models' were not examined and it is recommended that this be further explored in order to develop practical strategies for inclusion of people with disabilities within the ACE sector (see Chapter 5: Recommendations).

3.2.2 Funding

An overwhelming majority of providers spoke of the constraints and dilemmas in trying to provide program delivery to people with disabilities on what they considered to be 'unrealistic' amounts of funding money. In addition to inadequate levels of funding, the substantial workload associated with the compliancy requirements of funding (for example, statistical collection and collation) had significant implications for program delivery to people with disabilities. According to many providers, particularly those in rural areas, compliancy and reporting procedures do not make it financially feasible for providing programs where only a small number of students are able to participate. This is particularly true of those houses that have access issues; for example, many smaller houses can often only accommodate four to five people. This presents a significant problem if a number of people in wheelchairs, for example, want to participate in a program and are not able to due to limited room space. Examples such as these highlight the need for a more inventive approach to providing program delivery to people with disabilities. For example, ACE providers may find it more viable to explore other options such as partnerships with community organisations such as day centres or by refusing to accept students they feel have been 'dumped' on their doorsteps if the provider is financially unable to accommodate the student into existing programs.

The above-mentioned issues surrounding flexibility and funding delivery have, to some extent, been addressed by ACFE with the implementation of its Three Year Funding and Service Agreement. In terms of resource allocation, this new agreement streamlines financial reporting across a three-year period with more simplified reporting and accounting arrangements for providers. Due to be implemented in 2005, it is envisaged that these arrangements will allow for more flexibility and predictability in terms of funding and accountability requirements.

Other recent legislation changes around disability and education are inextricably linked to funding and, in turn, affect program delivery to people with disabilities. Section 10.2 of the Disability Standards for Education 2004 concerning *Unjustifiable Hardship* states that it is not unlawful for an education provider to fail to comply with a requirement of the Standards if compliance would impose 'unjustifiable hardship' to the provider. If this course is taken it is good practice for the provider to ensure that a notice stating the decision and the reasons are

given to the student as soon as practicable after the decision has been made. This is problematic in terms of the financial and support based hardship that ACE providers already experience. For example, if ACE providers must provide services compliant to these Standards then how will they afford to be compliant?

3.2.3 Measuring Learning Outcomes

All providers interviewed stated that it was sometimes difficult to adequately measure learning outcomes or the complexity and diversity of the ways in which people with disabilities learn. For example, classes are often timetabled at inappropriate times for people with disabilities, especially for those with mental health issues. There also exists a failure to account for modules completed for students who return to repeat classes although it should be acknowledged that students in these circumstances receive a Certificate of Participation. Where students face difficulties in completing a course, these may be stated in provider statistical forms and Sustainability Plans.

Another key issue in terms of measuring learning outcomes relates to the types of skills people with disabilities are expected to learn in order for it to be considered valid learning. Funding emphasis on programs for people with disabilities often focuses on employment goals. Whilst this is important, the development of 'life skills' often takes overriding significance for many people with a disability. A focus on the learning of life skills can be instrumental in the development of an individual's confidence as well as helping to break down social isolation thereby increasing community participation. With limited employment opportunities for many people with a disability, particularly in rural areas, the development of life skills may take on more importance than the development of vocational based skills. Whilst there is some acknowledgement of life skill outcomes, especially in regard to learning that is non accredited, it is suggested that the curriculum needs to acknowledge those life skills people with disabilities acquire by simply attending courses even if those modules are not completed.

3.2.4 Support and Training Needs

ACE providers are not, in most cases, adequately equipped to cater to the high-level support needs of people with disabilities and the increased demand by them on their services. Apart from funding issues, support and professional development/training for staff were identified as the second biggest issue facing ACE providers. This was indicated both in discussions with ACE providers and in the survey—with over 41% of surveyed providers indicating they needed further support in this area in order to provide an adequate level of program delivery to people with disabilities. Given that the social support side of ACE providers is increasing and, therefore, represents a significant concern for them, the importance of adequately trained staff accompanied by other needed resources and equipment, cannot be further emphasised.

Providers indicated that continued support and strengthening of established partnerships and networks as well as assisting the development of new ones, would be a key vehicle to achieve outcomes for people with disabilities. It is evident that where models of best practice exist there is a practiced Access and Equity Policy. These centres also have well-established networks and partnerships with key disability organisations and have taken a committed approach to

community capacity building. These partnerships are able to provide physical and practical support to the tutor and the student in the learning environment, liaise with the student's key support worker / house staff and are able to offer practical assistance in the areas that present barriers to inclusion and adult learning for a person with a disability. This would also include staff development and disability awareness information and assistance dealing with financial issues and transport, which present a tremendous barrier to many individuals participation in ACE, particularly those in rural areas.

Further to the above identified support needs, approximately 30% of ACE providers identified a need for resource equipment and aids. Identification of specific equipment needs was difficult to ascertain although many providers identified a need for equipment and aids for people who are blind or vision impaired. Other providers stated a need for equipment such as: 'software to deliver literacy programs', large screen monitors and various types of adaptive equipment to facilitate learning. It was more common, however, for providers to state their resource and equipment needs in vague or general terms only. A follow up telephone survey (Appendix 6.3) was conducted in order to locate specific resource, equipment and other support needs. Respondents to the telephone survey all stated their lack of knowledge of 'types of equipment and resources out there' and felt they needed to be informed of these and trained accordingly.

3.3 Potential Barriers to People with Disabilities Participation in ACE

People with disabilities participate in the ACE sector in many ways. According to Permezel (2001: 213) it is often one of the first opportunities they have of informally negotiating their inclusion in a mainstream, informal environment that nurtures further learning. In this sense, this type of learning often helps to facilitate the breaking down of social barriers and isolation so commonly experienced by people with disabilities by negotiating their identities in a mainstream environment.

Whilst keeping this in mind, it needs, however, to be acknowledged that there exist many difficulties to participation in ACE for people with disabilities. The following factors highlight some of the main reasons that have inhibited access and participation in ACE for people with disabilities. These were identified in discussions with ACE providers, people with disabilities and professionals working within the disability and adult education sectors. The central barriers to participation for people with disabilities are consistent with those highlighted in *Beyond the Ramp* (1994), indicating that there has not been a dramatic change over the past ten years in terms of better supporting the increased demand by people with disabilities on the services of ACE providers.

3.3.1 Transport Issues

Accessing transport to and from learning centers often poses a challenge to people with disabilities. Issues encountered include: the high cost involved with taxis; safety, orientation and confidence issues in negotiating public transport system; distances involved in rural areas; unreliability of transport, for example taxis arriving late; some neighbourhood houses and learning centers are not located near public transport and the long travel distances involved in rural areas.

3.3.2 Funding Structures

Funding structures and their implications for program delivery, particularly in terms of the inflexibility of some course structures in relation to funding arrangements, presents a challenge to people with disabilities. One major reason ACE programs appeal to people with disabilities relates to the comparative level of informality and flexibility within this sector in relation to other providers of adult further education. As discussed in Section 3.2.2 an inflexible approach to some accredited courses may hinder some individuals' participation in ACE.

3.3.3 Informed Choice

People with disabilities sometimes find it difficult, if not impossible, to voice their educational needs and aspirations. A lack of knowledge may exist because this group has traditionally been denied educational opportunities; therefore, there exists a lack of 'informed choice' for some people with disabilities.

3.3.4 Staff Training and Support

Both ACE staff and people with disabilities identified a distinct lack of suitably trained teachers and tutors that acted as a hindrance to ACE participation. A

majority of staff have not received adequate disability awareness training, which may inhibit some individuals' participation in ACE.

In addition to a lack of suitably trained staff, there also exists a lack of adequate direct care support assistance needed to facilitate people with disabilities participation in programs. This involves the use of disability support workers who would help facilitate students' participation in a program, especially when they presenting to a provider for the first time.

3.3.5 Access

Whilst most providers indicated that they had made provisions for better access, it is still represents a significant issue for many people with disabilities. Common access issues relate to: the width of doors; room space, particularly in relation to accommodating a number of wheelchairs at any given time; entry ramps and so on.

3.3.6 Cost

Increasingly the cost associated with attending some courses acts as a deterrent to participation for people with disabilities. Costs relate directly to the course itself as well as indirectly through carer and support needs as well as transport provision.

3.3.7 Attitudes

Whilst attitudes of other learners has improved over the years, negative attitudes of others, especially towards people with a psychiatric disability, still occurs and deters some people with disabilities from pursuing a course or program within the ACE sector.

4. Summation of Findings

4.1 Concluding Comments

The preliminary findings of the ACE Disability Networks' research concur with research previously conducted on the ACE sector (Johnson 1996; Buckingham 1999). This project took the findings of the 1994 report *Beyond the Ramp: People with Disabilities Accessing ACE Services* as its point of departure only to learn that little has changed in terms of key areas of service provision to people with disabilities over the past ten years. This report provided recommendations in order to attempt to coordinate a national approach to education and training for adults with disabilities in the ACE sector. Key recommendations in this report included, among others:

- A need for 'ACE providers [to] give high priority to appropriate staff training and development' (Quaass & Fraser, 1994: 40)
- 'That ACE providers draw upon their relationship with TAFE and disability organisations' in order to improve staff training and expertise (p40)
- 'That ACE providers actively negotiate with local disability groups...to get them to conduct a series of sessions on disability issues' (p41)

Further to this, key issues in relation to program delivery to people with disabilities in the ACE sector were identified. These included: inadequate levels of funding, 'need for more effective staff training, particularly in relation to equity issues' (Quaass & Fraser, 1994: 34), networking with community organisations, provision of increased support and resources for ACE staff (p32), and a lack of awareness of the range of assistive technology that is available to people with disabilities to help them with education and training (p8).

The past ten years have witnessed the legislature and direction of Government being focused firstly on deinstitutionalisation and, more recently, on access in conjunction with active participation. The research findings of this report, however, conclude that state driven policies of inclusion are not being adequately reflected in how ACE providers are being resourced. The key findings of this report highlight the fact that the central issues surrounding program delivery to people with disabilities still present a challenge for many ACE providers, as they did ten years ago, particularly in relation to providing adequate staff training and developing and strengthening of community partnerships.

5. Objectives and Strategies

5.1 Project Outcomes against Objectives

The objective of the initial stage of the ACE Disability Project was to focus on mapping and analysis of disability specific data in the statewide ACE sector. With this in mind, three central goals were identified as areas of focus:

- (i) To establish the status of program delivery to people with disabilities in the ACE sector
- (ii) To document any mechanism used that may lead to the successful integration of learners with a disability into an ACE organisation
- (iii) To map the education needs of people with disabilities within ACE

Mapping of the statewide ACE sector was conducted over a three-month period and, therefore, focused primarily on establishing the status of program delivery to people with disabilities within ACE. Time constraints inhibited an in-depth analysis of goals (ii) and (iii) although it was considered that measures to address identified barriers to participation for people with disabilities as outlined in Section 3.3 would, to some extent, lead to a more successful integration of those learners into ACE organisations. In addition to this, identification of Best Practice Models and established partnerships that successfully supported both ACE providers and learners, along with a focus on Disability Awareness and resource/equipment training would address goal (ii).

The second component of the project comprised of the establishment of a resource lending library along with accompanying tutor training. The three central objectives of this brief focused on:

- (i) Identifying and purchasing relevant equipment and resources along with development of a resources management and borrowing system.
- (ii) Providing the ACE sector with access with much needed learning resources to enable them to provide adequate classroom assistance to people with disabilities
- (iii) To provide the ACE sector with access to much needed costly adaptive software, for trial, use or training purposes at no cost.

In terms of goals (i), (ii) and (iii), substantial work has been conducted on a resource lending library and database. This is an ongoing aspect of the project and is constantly evolving to meet the needs of the ACE sector. As stated in Section 3.2.4 further mapping is needed in order to identify the overall resource and equipment needs of ACE providers. In addition to this a series of workshop/training sessions were designed for presentation to ACE providers. Experienced tutors and disability professionals were invited to facilitate the workshops and participants were able to obtain a variety of resources designed to meet the needs of a wide range of disability needs.

Proposed Strategies to achieve Outcomes

5.2 To strengthen partnerships and networks

It is recommended that emphasis be placed on establishing community partnerships and networks along with the strengthening of existing partnerships. This would be in line with one of the key policy incentives of the ACE Ministerial Statement- *Future Directions for Adult Community Education in Victoria*, namely the promotion of 'Community Learning Partnerships'. Strategies to implement this would focus on:

- Undertaking a mapping exercise in order to identify, establish and strengthen partnerships and networks across ACE providers, the Disability sector and other community organisations.
- Systematically examining Best Practice Models, that is, documenting the dynamics of *active* participation in specific Neighbourhood Houses in order to understand, isolate and record codes of practice and policy that successfully include people with disabilities into programs.
- Providing assistance in policy making in Neighbourhood Houses and Learning Centers, ongoing staff development and training within ACE, as well as the establishment and coordination of effective educational and vocational pathways for people with disabilities.

- Establishing professional links between the TAFE and ACE sectors, including both the TAFE and ACE Disability Networks, in order to draw upon expertise relevant to ACE.

5.3 To provide professional development and resource/equipment training

It is recommended that the provision of advice, support, resources, information and training to ACE providers is necessary in order to enhance disability access and inclusion in ACE. Strategies to implement this include:

- Introducing ACE providers to TAFE VC and relevant tools online
- Work with ACE providers to select relevant learning tools and to provide training needed to utilise these
- Assisting eligible providers to make their programs and facilities accessible via direct support, training and information. Each center to be taken on a case-by-case basis with physical access, classroom facilities and resource options to be explored
- ACE centers to be offered specific equipment, tools and training to progress the access level of people with disabilities
- Assistance to be offered to ACE providers to help draft policies and procedures based around legislative and funding requirements on disability inclusion within ACE
- The resource library once established will provide tailored solutions and offer support specific to ACE and disability with on-site training if needed
- Development of an ACE Network website as a invaluable tool for tutors, education co-coordinators, learners with disabilities and others interested in ACE and disability issues
- Development of a comprehensive database of disability specific resources to be linked to the ACE Disability Network Website. This database will form the basis of a Resource Lending Library consisting of relevant adaptive equipment and software as well as suitable teaching resources
- Network training and workshops that promote the implementation of Education Standards on Disability. Further awareness raising would be facilitated via the ACE Disability Networks quarterly newsletter and formal and informal discussions

6. Appendices

6.1 Appendix One: Statewide Survey to ACE Providers

SURVEY **Neighbourhood Houses and People with Disabilities**

Dear Colleague,

We are asking for a few minutes of your time to complete the survey below. Realising your schedule is incredibly busy and time is a precious commodity, we have devised the survey to be as quick and easy to understand as possible.

Many of you may now be familiar with some of the work being undertaken by the Central Western ACE Disability Network. The Network is aiming to understand the needs of neighbourhood houses and learning centers in order to better support the needs of staff in providing services for people with disabilities.

This is an important project that aims to help and support the needs of neighbourhood houses and learning centers as well as understand what it takes to enable people with disabilities to have meaningful experiences in adult community education. Please note that all answers are strictly confidential and are used for research purposes only. If you have any questions or queries regarding this project please do not hesitate to contact me on 03 9916 5829 or via email on toni.bentley@vooralla.com.au

SURVEY

Neighborhood Houses and People with Disabilities Survey

Please complete form online by typing text in grey area or click on appropriate box where applicable and email back. Alternatively you can print the form and send it completed to the fax number appearing at the end of this survey!

1. Name of House

2. Your ROLE (please state):

Management House Program Coordinator Tutor/ Teaching Role

Other (please state):

3. Do you offer programs for people with disabilities?

Yes

If "yes" please state the subject matter of programs

No

If "no" please state reasons why

4. What type(s) of classes do people with disabilities predominantly attend?

Segregated classes Mainstream classes (standard class open to everyone)

Mix of both segregated and mainstream classes

Other (please state):

5. Please estimate percentage of people with disabilities attending house programs

1 to 5% 6 to 10% 10% or more

6. What types of disabilities do people coming to your neighborhood house present with? (NB: If unsure of how to identify disability type please refer to Definition summary appearing at end of survey)

Intellectual Psychiatric Sensory (visual/hearing/balance affected)

ABI (Acquired Brain Injury)

Physical (includes 'cerebral palsy') Multiple Unsure

7. What provisions has your house been able to make to accommodate people with disabilities (for example, wheelchair access, suitable toilet...). Please state:

8. Please identify your funding sources (and supply an approximate percentage received from the source):

ACFE DHS Local Council
 Other (please state): _____

9. What do you need to provide more appropriate services for people with disabilities visiting your neighborhood house? Please state:

10. Do you have an established partnership with a provider in the disabilities sector?

Yes (please state with whom):

No (if 'no' how can we assist you in establishing these networks):

11. Finally, what do you see as the major issue(s) facing your neighbourhood house in terms of offering programs to people with disabilities (please state):

Thank you for your time!

Please email survey to:
toni.bentley@vooralla.com.au
or
Fax survey to:
03 99165900 (Attention: Toni Bentley)

Summary of Disability Types

Intellectual Disability: Some common intellectual type disabilities include: Aspergers Syndrome; Autism; Down Syndrome.

Psychiatric Disability includes a wide range of behavioral impairments related to mental illness or some other form of dysfunction. Some common types include: depression; schizophrenia; dementia and Alzheimer's disease.

Physical Disability: Commonly occurring physical disabilities include cerebral palsy; amputees, paraplegia and quadriplegia.

Sensory Disability includes any form of disability that affects bodily senses, such as deafness and visual impairment.

ABI (Acquired Brain Injury) includes any type of brain damage that occurs after birth including: disease, brain injury caused through motor or other types of accidents, substance abuse, infection or oxygen deprivation.

Multiple Disability includes a wide variety of disabilities and the individual usually presents with a number of these. They may include: epilepsy; Huntington's disease; Motor Neuron Disease; Multiple Sclerosis; Parkinson's Disease; Tourette Syndrome.

6.2 Appendix Two: Forum Questions

ACE DISABILITY NETWORK FORUMS: KEY QUESTIONS

House Philosophy/ Community (general opening questions)

1. In what ways does your neighbourhood house or learning centre reflect your community?
2. What important programs or opportunities do you provide for your community?
3. Explain your Philosophy or Vision. Does each house have a type of philosophy they adhere to? How is it put into practice?

Funding

1. Please explain the funding structure of the neighbourhood houses in your network? Who contributes what?
For example, why do some houses receive a large percentage of their overall funding via ACFE / some not/ reasons why?

Discuss issues re: accreditation and funding structures/ how funding structures influence program delivery to pwds/ role of local gov't/DHS/ other funding avenues)

Inclusion

1. Discuss “inclusion” as a concept. How do neighbourhood houses define inclusion? Ask them to demonstrate their understanding using examples. PROBE (how does it differ from integration?)

People with Disabilities

Define Disability? What is it? Visible/Invisible? Percentage of population? Trends?

1. How do people with disabilities participate in your organisation? PROBE (types of disabilities; severity; gender; types of programs; social)
2. WORKSHOP main issues re: nh's in providing services for pwd's (include issues for COM; tutors; Coordinators; other staff)
3. Describe the range of experiences pwd's have in attending your organisation? For example: in learning/ social experience & development/ other practical issues??
4. Discuss the possible effects (positive or negative) on a pwd that you perceive in attending a segregated class versus a mainstream class?
5. Discuss the possible effects (positive or negative) on able-bodied nh participants in learning/ sharing class with pwds.
6. Do you have any policies, procedures or practices that outline how you work with pwd's at your centre?

Partnerships/ Links

1. What community links (example: partnerships) do your neighbourhood houses have with local community organizations? Explain. How does this association impact on service delivery?

Resources

1. What equipment, resources or personnel do you need (anything) to provide inclusive program delivery to people with disabilities? (View this in 'ideal' terms!).

Put together a wish list of items or people resources that may assist with supporting your service or the person with a disability to have a positive experience in your centre.

6.3 Appendix Three: Telephone Survey

**PHONE SURVEY:
IDENTIFYING SUPPORT NEEDS OF ACE PROVIDERS**

RESOURCE & EQUIPMENT NEEDS

1. What specific programs do you offer pwds?

2. What mainstream programs do you offer that pwds attend?

3. What types of disabilities do people present with?
Physical Intellectual Sensory Psychiatric ABI Multiple
4. What resources/equipment do you currently have to enable pwds participation in those programs you offer?

5. What other types of equipment/resources do you need to better enable pwds participation in your programs?

6. How can we assist you in identifying equipment/resources?

7. Would you be interested in a software training demonstration of various packages?
Yes No

Comments

TRAINING AND PERSONAL DEVELOPMENT

1. Would you/your staff be interested in Disability Awareness training and support?
PROBE
Yes No
2. What type of training/ PD do you require (PROBE: anything specific? What types of things)?

6.4 Appendix Four: Acronyms

AAACE	Australian Association of Adult and Community Education
ACE	Adult and Community Education
ACFE	Adult and Community Further Education
ANHLC	Association of Neighbourhood Houses and Learning Centers
ANTA	Australian National Training Authority
CAE	Council of Adult Education
CGEA	Certificate of General Education for Adults
CRS	Commonwealth Rehabilitation Service
DEAC	Disability Employment Action Center
DHS	Department of Human Services
PALS	Partner Assisted Learning System
Pwds	People/Person with a Disability
RTO	Registered Training Organisation
RVIB	Royal Victorian Institute of the Blind
TADAS	Travellers Aid Disability Access Service
VET	Vocational Education and Training

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