The Unitec Disability Manual

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1. Introduction

The Disability Liaison Centre has responsibility for facilitating the participation of students with disabilities. This is done by working with students to identify strategies that promote opportunities and independence in the pursuit of academic success. The DLC works closely with all members of the Polytechnic's community to progress the Institute's commitment to equity and inclusion.

The DLC provides a free and confidential service to enrolled students studying at Wairaka, Waitakere and Albany campuses. The Disability Liaison Centre hours of operation are 8.00 – 4.30pm Monday to Friday. We acknowledge that for some students it may be difficult to contact us during these hours. If this is the case, please send us an email at gveen@unitec.ac.nz with the times you are available to be contacted and we will endeavour to schedule a time to talk with you in person or via the phone.

2. Attitudes and Language

The important thing to remember is that people with disabilities are people first. "Disability" is a social construct, and removing the dividing line between people 'with' and 'without' disabilities is a step toward equal opportunities for everyone.
People with disabilities have the right to study but this does not mean that academic standards need to fall, but often administration systems need to be altered to allow students with disabilities to achieve their potential.

People with disabilities have different levels of acceptance of their disability - this must be respected.

Unitec staff are not required or expected to find solutions to the impairment, but to provide a helpful and supportive atmosphere.

When planning arrangements to assist the student with a disability it is important to realise that the student knows more about his/her particular disability than you do.

People who have experience working with students with disabilities find that it is essential to listen to the student to avoid well-intentioned arrangements being made that either disrupt existing arrangements or fail to take the student's own desires and preferences into account.

Do not refer to a person's disability unless it is essential to what you are trying to say about them.

People with disabilities are all individuals and are all different. Avoid labelling them into groups such as the disabled, the blind, and epileptic. Instead say "people with disabilities", "people who are blind", "people with epilepsy".

Avoid using words, which imply pity for people with disabilities such as suffering from, victim of, unfortunate, afflicted with.

Emphasise abilities not disabilities. Say "uses a wheelchair" rather than "cannot walk" or "confined to a wheelchair".

Most people with disabilities are not sick and should not be referred to as patients unless they are receiving medical treatment.

Do not perpetuate negative stereotypes by implying that people with disabilities are helpless, bitter or unattractive. Avoid terms such as invalid, crippled, and deformed.

3. Disabilities

The following section is designed to provide those dealing with students, with a brief explanation of specific disabilities and the possible solutions to the needs, which may arise. It will be necessary for each department to work out an action plan and assign responsibilities to ensure the necessary provisions are made. Of course there are varying degrees of disability and each student will have his/her own specific needs. Therefore the student must be involved in deciding what adjustments and adaptations will be made to ensure that his/her needs are met. Close consultation with the student involved will prevent inappropriate provisions and ensure the smoother running of the administration.

General Recommendations

- Be flexible.
- Students with disabilities are more experienced than you with their disability, so ask them for suggestions of ways that you might be able to help them work well in your course.
- Remember to look at each student individually.
- When offering assistance to a student with a disability or in any contact, it is extremely important to respect that person's privacy.
- Provide a course study guide, which covers specific terms and concepts the student needs to master course material. Include study questions for chapters or lab work. Offer an outline of material to be covered in tests.
- Encourage the student to use various techniques to adapt course material to his/her individual learning style.
- Explain the purpose and objectives of your assignments. Try to give the assignments in writing as well as orally. Make sure the student understands the assignment and your grading system.
- Be sensitive to non-verbal and verbal signs of student anxiety or frustration.
- Be willing to discuss all problems the student may be having in your course.
- Notify students of course changes, such as changes of venue, time etc, as promptly and clearly as possible.
- Allow students with disabilities to tape lectures if asked.
- Try to ensure a reasonable amount of stability as far as tutors are concerned.
- If student and tutor have a good rapport it will be of advantage to both parties.
- Be willing to give individual assistance if it is required, and do not be reticent in offering help if you think it is needed.
- Try to ensure that the student is not encountering problems that could be overcome with your help.
- Often, but not always, students with disabilities need extra time to get things done; be aware that this is not laziness and be as accommodating as possible.
- Always be honest about the student's work. Be sure to say if the work is not of the standard required at an early stage; often students with disabilities have missed out on considerable amounts of education because of their disability and they may need extra assistance in some areas. If this is the case, suggest methods of improvement.
- As first contact if assistance is required, phone Disability Liaison, so that 1-1 support, provision of equipment, reader/writers, note takers and support from outside agencies etc can be co-ordinated.

4. Acquired Brain Injury (ABI)
Description

The most common cause of ABI in people under 40 years of age is traumatic head injury. More than half of the people with head injury are between the ages of 15 and 28 years. This is the age at which they will be involved in or starting tertiary studies. It is important to note that ABI may also result from a range of other causes such as: Brain Tumours; Intracranial haemorrhage; cerebral infarction; Cerebral Hypoxia etc.

Thinking and behaviour may be affected by almost all forms of ABI including minor head injuries with only brief loss of consciousness. Although moderate to severe traumatic head injury is often accompanied by physical disabilities this is not invariably so.

ABI is a very complex phenomenon and it is almost impossible to provide an adequate brief outline, but two aspects require emphasis.

1. The severity or location of brain damage is only one aspect of the problem. Variables such as pre-accident ability, personal and family support systems; community resources, and appropriate revision of life goals are very important;
2. Evaluation must be ongoing because recovery from ABI usually continues for many months, even years. Improvements may come in bursts interspersed with plateaux during which little change is discernible. Those involved in the education of people with ABI therefore need to be flexible in planning.

While impairment of the functions listed below may be severe at first, there is a variable degree of recovery. Most people with ABI who enter or re-enter tertiary education will be doing so after:

- A relatively minor head injury, (which may, nevertheless, be accompanied by any or all of the deficits listed below) OR
- A moderate-severe head injury or ABI of other cause (e.g.: surgery, haemorrhage, infarction), and following a lengthy period of rehabilitation.

Problems and Solutions

ABI results in a loss or partial loss of one or more of the following functions:

- Cognition
- Memory
- Attention
- Concentration
- Judgment
- Problem solving
- Mental flexibility
- Organisational skills
- Spatial orientation

Communication

Impairment of speech, language, use of semantic and non-semantic rules governing communication.

Unconventional social behaviour or impaired interpersonal relationships, coping strategies, and goal-directed behaviour.

Physical

Deficits in primary perceptual system, e.g.: visual, auditory, and tactile. Limitation in locomotion or motor functions and/or physiological dysfunction of a body part or system.

People with ABI who are returning to or entering tertiary education will benefit from:

- Assessment of organisation and motivation to make sure the student is coping.
- Flexibility in routines, placement decisions, and mid-term re-entry.
- Reduced demands and workloads and allowing variations in learning and response modes.
- Supervision and counselling to encourage planning and monitoring, goal-setting and evaluation.
- Intervention if the student is seen to be failing or struggling to keep pace.
- Often people who have had ABI complain that expectations of them are unrealistically high because there are often no visible signs of impairments of brain functions.

Contacts

Brain Injury Association (Auckland) Inc.
Headway House
207 Manukau Rd
Epsom
Auckland 1023
P O Box 99765
Newmarket
Auckland 1149
Phone: (09) 5204807
Fax: (09) 6307492
Email: information@brain-injury.org.nz
Website: www.brain-injury.org.nz
Website: www.headway.org.nz

South Auckland
P O Box 61117
Otara
Auckland 2159
Phone: (09) 272 2272
Fax: (09) 272 2295
Email: michael.denton@brain-injury.org.nz

North-West Auckland
P O Box 34760
Birkenhead
Auckland 0746
Phone: (09) 4416246
Email: alison@brain-injury.org.nz

5. Asthma

Description

Asthma is a condition, which narrows the breathing tubes or airways of the lungs. This occurs in three ways:

1. The muscles in the airways contract (causing a spasm);
2. The lining of the airway becomes swollen and irritated;
3. Too much mucus is produced in the lungs.

The severity of attacks varies greatly. Mild attacks may need no treatment at all but very severe attacks, though rare, require prompt medical assistance. Asthma attacks may be provoked by a number of factors (often in combination), which may include:

- Virus and bacterial (coughs, colds, chronic bronchitis etc)
- Excessive exercise (especially where this involved sudden changes in temperature)
- Allergic reactions (most people with asthma have allergies to certain substances)
- Emotion (excitement or upset)

Problems and Solutions

Management of an Asthma Attack

Minor asthma attacks will probably not disturb the student sufficiently to interrupt concentration and many will pass unnoticed. If the student with asthma has difficulty in breathing, there are three basic rules to follow:

- Stay calm (anxiety always aggravates an attack)
- The student will use medication if they have it on them
- If this does not bring relief call medical help. The student will probably have a preferred position while waiting for medical help.

Assessment

Because many students with health disorders have periods when they are unable to work, or work most efficiently, it is helpful if staff are sensitive to the student's requests for extra time to complete assignments. Health and Counselling or other health professional can verify this if the student consents.

Contacts

Auckland Asthma Society
P O Box 67066
Mt Eden
Auckland 1349
Phone: (09) 623 0236
Fax: (09) 623 0774

Asthma NZ – The Lung Assoc (Inc)
581 Mt Eden Road
Mt Eden
Auckland 1024

Asthma New Zealand
Ph (09) 623 0236
Email: anz@asthma-nz.org.nz or aas@asthma-nz.org.nz
Website: www.asthma-nz.org.nz

6. Chronic Fatigue Syndrome / ME

(Post Viral Fatigue Syndrome/Myalgic Encephalomyelitis)

Description

People who have Chronic Fatigue Syndrome experience a special type of fatigue, which comes on suddenly, is prostrating and can last for prolonged periods. CFS is a chronic debilitating disease with a well-described immune deficiency.

CFS often starts after a dose of flu. It is three times more common in women than in men. The person with CFS slowly gets better, in a descending ripple pattern. Each period of prostration is less severe and shorter in duration than the preceding one.

Symptoms

- Prostration
- Muscular weakness
- Abdominal upsets
- Food allergies (e.g. eggs, caffeine)
- Bad reaction to alcohol
- Opportunistic infections
- Joint pain especially around shoulders and legs
- Do not get colds

Associated symptoms of fatigue

- Loss of concentration, often very severe
- Inability to read - word blindness
- Dizziness
- Result on IQ test can drop up to 40 points
- Clinical depression

Problems and Solutions

- One characteristic of CFS, which may cause scepticism, is that the person with CFS will have good days but the next might collapse completely.
- It is important to believe the student in spite of the fact that they were apparently healthy immediately beforehand.
- It is also important to be sympathetic when the student needs to drop courses.
- People between the ages of 18-22 usually recover within two to three years and the continuity of their studies; even at a reduced level is a valuable aid to their self-esteem and eventual recovery.
- Because of the fatigue and other symptoms, students with CFS will need lecturers to be flexible about due dates.

Contacts

The Associated New Zealand ME Society Inc (ANZMES Inc)
PO Box 36307
Northcote
Auckland 0748
Phone: (09) 269 6374 – if no answer please leave a message
Website: www.anzmes.org.nz
Email : info@anzmes.org.nz

7. Diabetes

Introduction

Diabetes is a condition in which there is a problem concerning the hormone, insulin. Insulin levels are either low or for some reason the insulin is not working properly. Without insulin, body cells are unable to absorb glucose effectively to obtain energy. As it is not absorbed, the level of glucose in the blood rises causing thirst, frequent passing of urine, tiredness and weight gain. Diabetes is a condition that needs careful management. It is treated by a controlled diet and sometimes tablets or insulin injections. The treatment's aim is to achieve a balance whereby sufficient insulin action is obtained to ensure effective use of glucose. Such a balance is needed in order to avoid later complications, e.g. blindness and heart disease. Once this balance is achieved a person with diabetes can perform normally.

People with diabetes on insulin or tablets must be especially careful to avoid insulin reactions (Hypoglycemia). Insulin reactions are caused by too much insulin in relation to, too much exercise, or too little food.

Hypoglycemia (or low blood glucose, below 3.5 mmol/L)
The student with diabetes who complains of the following symptoms should be excused from class (with a companion to assist in follow-through of food ingestion if necessary) or allowed to eat in class so that the student can obtain the sugar needed. Symptoms include:

- Lack of concentration, faintness
- Pallor, sweating, shakiness, perspiration
- Untypical behaviour (e.g. tearfulness, stubbornness, aggression, and confusion)
- Unconsciousness may occur
- Headache

First Aid

Treatment of any of these symptoms should include the equivalent of 2 teaspoons of sugar, i.e. ½ to 2/3 cup of Fresh Up, Lemonade, or ¼ to 1/3 of a confectionery bar or sweets.

If unconscious do not force in food or fluids as there may be no swallowing reflex. Roll the person onto his/her side (recovery position) and call medical assistance, Health Centre or an Ambulance. May apply glucose to gums as long as there is no danger of it going down the throat.

Hyperglycemia (high blood sugar)

Self blood glucose monitoring is part of the daily routine of a person with diabetes to ensure and help maintain stable blood glucose. By knowing blood glucose levels the student with diabetes can aim at a balance of diet, exercise and giving of insulin suited to his/her requirements.

Equipment used is finger prickers, lancets and a machine which bleeps as the process of determining blood sugar level is carried out. Insulin pens or syringes will be carried by the student with diabetes for self-administration of insulin. Site to give insulin is usually the stomach.

Problems and Solutions

You can help by:

- Ensuring that special arrangements are made on field trips, etc for the student to eat on a regular schedule.

Assessment

Because many students with health disorders have periods when they are unable to work or work efficiently it is helpful if staff are sensitive to the student's requests for extra time to complete assignments. The Health Centre or other health professionals can verify this with the student's consent.

Contacts

Diabetes New Zealand National Office "Diabetes Products" page under construction

PO Box 12-441
Thorndon
Wellington 6144
New Zealand
Phone Toll-Free: 0800 DIABETES (0800 342 238)
Phone: (04) 499 7145
Fax: (04) 4997146
Website: www.diabetes.org.nz
Email: admin@diabetes.org.nz Membership and general enquires

Diabetes New Zealand Auckland
PO Box 67-041
Mt Eden
Auckland 1349
Nesfield House
62-64 Valley Road
Mt Eden
Auckland 1024
Phone: (09) 623 2508
Phone Toll-Free: 0508 DIABETES (0508 342 238)
Fax: (09) 623 2567
Website: www.diabetesauckland.org.nz
Email: service@diabetesauckland.org.nz or youth@diabetesauckland.org.nz

8. Emotional / Psychological Problems

Some students arrive on campus with psychological problems. In others the stresses of polytechnic life may provoke anxieties or aggravate pre-existing emotional problems. The student's ability to function in class and residential situations may as a consequence be reduced.

These are just some of the symptoms which may indicate a student is experiencing emotional difficulty:

- Excessive tension
- Depression
- Heightened anxiety about grades and tests
- Social withdrawal
- Disruptive behaviour
- Irrational statements
- A significant reduction of function in class
- Movements are slowed
- Difficulty concentrating

The Counselling Centre is ready to help students who are experiencing emotional difficulties.

If you suspect that a student has a disabling emotional problem the following is a list of options:

- You may consult with counsellors at the Counselling Centre about your concern. The counsellors are trained to help staff arrive at a clear course of action for helping such students.
- Be gently honest with the student about your perceptions and/or concern about, for example, a sudden drop in marks. If after talking with the student you feel student counselling can help, recommend this to the student and if the student wishes, ring and introduce him/her or leave it with the student.
- It is not recommended that faculty members involve themselves in therapeutic relationships with students who are emotionally troubled.

Services provided by the UNITEC Counselling Centre.

Individual Counselling is provided for a wide range of personal problems, some of which are: academic pressure, relationship problems, separations, sexual difficulties, family conflicts, homesickness, grief, depression, anxiety disorders, anger, low self-esteem, assertiveness difficulties, eating problems, financial pressure.

Contact

Unitec Counselling Centre
Phone: (09) 815 4321 Ext 8160
Fax: (09) 815 2922
Level 2 Bdg 28
Open 8.30am – 4.30pm daily

9. Epilepsy

Description and First Aid

Seizure disorders are a surprisingly common health problem. Most people with epilepsy function at their optimum wellness between attacks. The old notion that people with epilepsy tend to be mentally unbalanced and physically very delicate is now known to be an error.

Epilepsy is not a disease, but a symptom of abnormal cerebral function, which alters the state of consciousness and is associated with convulsive movements, or feelings of disturbance in behaviour. The causes of epilepsy include: brain injury before, during, or after birth, brain defects, head injury, chemical imbalances, poor nutrition, high fever, infectious diseases, brain tumours, and many poisons which include drug or alcohol abuse.

Types of Seizures

Absence ("Petite Mal") seizures consist of a transient interruption in orderly thought processes, beginning and ending abruptly with no warning or sequel. Absence is a generalized seizure especially prevalent in children 4 to 14 years old.
A petite mal seizure can present itself in any or all of the following ways:

- When talking, the student suddenly has a lapse in conversation and then picks up a different train of thought or fails to remember what was said.
- The student appears to be daydreaming or inattentive.
- The student may have a fixed position, staring and expressionless eyes, eyelids, eyebrows, or head may twitch and afterwards the person may or may not be aware that a seizure has occurred.

First Aid

Usually no medical attention is required for absence seizures.

Complex-Partial ("Temporal Lobe" or "psychomotor") seizures, most common in teenagers and adults, last from a few minutes to several hours. These seizures are characterised by trance-like states and confused episodes, often causing a drunken appearance. This complex-partial seizure consists of three brief phases:

- First, the person stops ongoing activity and assumes a dazed or staring expression.
- Second, a pattern of repetitious, automatic, purposeless behaviour begins and lasts for one to two minutes. Such behaviour may include lip-smacking, picking at clothes, buttoning and unbuttoning, finger pulling, swallowing or chewing movements, and incoherent verbalizations. Auditory and/or visual hallucinations are indicated, and the person may become violent.
- Third, as the person returns to consciousness, a short period of disorientation and confusion occurs, sometimes followed by amnesia, persistent depression or ill-humour.

Complex-Partial seizures may also occur in combination with Grand Mal seizures.

First Aid

- Do not attempt to restrain the person.
- Remove any objects, which may cause injury.
- Stay with the person until alert.

Tonic-Clonic ("Grand Mal") seizures are what the layperson generally envisions when he/she hears the term, "epileptic seizure". The individual may present any or all of the following symptoms:

- The student may have an "aura" in which he/she may have a sense of the impending seizure. The aura may be precipitated by flashing lights, unpleasant taste, odd cry, intermittent or constant noise, or some other kind of bombarded stimulation. This stimulation may not even be perceived by the rest of the class, but is at a level that is irritating to the affected student. If the person with epilepsy senses an impending seizure early enough, you may be able to help the person lie on the ground.
- The student may slump, drop to the floor and/or lose consciousness.
- The student may become stiff or rigid just prior to the actual seizure.
- The seizure will then take place.
- It may last from one to twenty minutes, but typically less than five minutes.
- After the seizure, the student will become flaccid and limp. Breathing will be very shallow and it may appear that the student is asleep. In fact a student who has just had a tonic-clonic seizure will require a period of rest before he/she is ready to resume normal activity.

First Aid

- Remain calm.
- Assist the person to lie down and place a soft object under the head.
- Remove chairs and other hard or hot objects from the area around.
- Remove glasses and loosen tight clothing.
- Do not attempt to interfere with the student's movements or to force anything into his/her mouth.
- If the seizure lasts more than 10 minutes or if the recovery period is very slow or if the person goes from one seizure into another, call an ambulance.

After the seizure has finished

- Turn the person onto his/her side to allow saliva to drain out and prevent choking.
- Allow the person to rest and do NOT administer food or drink until fully recovered.
- Cover the student with a blanket or coat to keep at body temperature. After you have handled the seizure, you should call the Health Centre, who can determine if further medical aid should be employed.

Problems and Solutions

- Medication for epilepsy may cause lethargy and this may affect the student's academic performance.
- For maximum effectiveness in working with a student who has a seizure disorder, it would be helpful if the student would obtain a physician's statement regarding limitations on academic and physical activities. The Health Centre will work in with this need, remembering that release of such a statement is, of course, the student's decision.

- It is important to note that all seizures do not indicate epilepsy. Seizures symptomatically indistinguishable from Grand Mal seizures may result from low blood levels of glucose, calcium or magnesium imbalances, lack of vitamin B6 or dysfunction of the pancreas or parathyroid. Seizures may also be a result of behavioural disorders.

Contacts

The Epilepsy Association of New Zealand Inc
National Support Centre
Reid House
114 Alexandra Street
Hamilton 3204
Phone Toll-Free: 0800 20 21 22
PO Box 1074
Hamilton
Phone: (07) 834 3556
Fax: (07) 834 3553
Email: national@epilepsy.org.nz
Website: www.epilepsy.org.nz

Epilepsy, Waitemata
Lion Foundation House
3 William Laurie Place
Albany
Auckland 0632
PO Box 294
Albany Village
North Shore City 0755
Phone: (09) 442 0977
Fax: (09) 442 0978
Email: northshore.rodney@epilepsy.org.nz

Epilepsy, West Auckland
64 Grafton Road
Grafton
Auckland 1010
PO Box 21 306
Henderson
Auckland 0650
Phone: (09) 837 2530 or 0800 20 21 22
Fax: (09) 837 2542
Email: joan.ak@epilepsy.org.nz

Send everything to address below:

Epilepsy, Counties Manukau
Manukau City Medical Centre
18 Wiri Station Road
Manukau
Auckland 2104
PO Box 76-330
Manukau
Auckland 2241
Phone: (09) 263 5454
Freephone: 0800 20 21 22
Email: sasha.akl@epilepsy.org.nz
Email: aucklandsth@epilepsy.org.nz
Website: www.epilepsy.org.nz

10. Hearing Impairment & Deaf

Introduction

Hearing impairment ranges from total Deafness to relatively mild hearing loss, which is more common than might be expected. Even a slight loss can seriously impact on academic functioning. Hearing loss is a lonely, isolating and misunderstood communication disability, which often leads to social isolation.

Problems and Solutions

One-to-one communication

- Find out from the student the nature of their hearing impairment to ease communication, e.g. by not speaking to the deaf ear.
- Face the student while speaking, if you do not, communication may stop.
- Make sure good light is falling on your face, to aid lip-reading.
- The amount of information lost through lip reading is 75%.
- It is important to gain the student's attention before speaking.
- Speak slowly and clearly, enunciating each word, but without exaggerating or shouting.
- Short sentences are easier to understand than long ones.
- Try to maintain eye contact with the student.
- If you are not being understood, try to rephrase a thought rather than repeating the same words.
- Use written notes and signs to avoid misunderstandings and to explain what you mean.
- Arrange for a Sign Language Interpreter to be present if the student is Deaf. (This needs to be arranged well in advance with the Disability Liaison Centre).
- If you want to attract the attention of a Deaf person – gently tap them on the shoulder or arm – wave a hand within their line of vision.
- Speak directly to the Deaf person, not to the Interpreter.
- Control group discussions by asking participants to raise their hand so that Deaf students can identify speakers.

Lecture situation

- A brief written outline would aid the student in following the lecture.
- Some students will not be able to take their own notes because of their disability. The student may already have a note taking system organised. If not, discuss options with them. Contact Disability Liaison if a note taker is required.
- The student should be seated to his/her best advantage, with low background noise, close to the lecturer.
- Try to avoid standing with your back to a window or other light source.
- Try to present new vocabulary in advance and/or write new vocabulary on the blackboard or overhead projector.
- When using the overhead projector stop talking when bending your head to write.
- Visual aids are a tremendous help to students whose hearing is impaired.
- Try to avoid unnecessary pacing and speaking while writing on the blackboard.
- Slowing the pace of communication often helps to facilitate comprehension.
- Always provide vital information, such as class time, test dates, assignments, etc, in written form as well as oral.
- Questions or statement from the back of the room should be repeated.
- Obtain feedback from your students to ensure understanding.

Assessment

- Hearing impairment does not affect intelligence. Nevertheless the speech, language and syntax skills of people with severe hearing loss are almost always impaired. This result of their disability will be seen in written assignments. You can help by accepting some written assignments as they are, and mark on understanding not grammar and spelling and/or encourage hearing-impaired students to get their work checked for such errors.
- Many hearing impaired and Deaf students will be able to take examinations and be evaluated in the same way as other students. However, if the method of evaluation is oral some accommodations based on individual hearing ability may need to be arranged.
- Because of varying reading abilities of hearing impaired students, additional time for written tests may be needed.
- Be careful on true/false tests, the student may have the knowledge but will be confused by the language; remember English is like a second language to most people who have a severe hearing loss.
- Also avoid idiomatic or negative (e.g. "which of the following does not belong") statements in questions, lectures and tests.

Tutorials

- For group discussions, sit in a circle so that the student with impaired hearing can see the person who is speaking.
- Special tutoring will help the hearing-impaired student meet UNITEC standards for written work but the effects will not be immediate.

Contacts

Kelston Deaf Education Centre
3 Archibald Road
Kelston
Auckland 0602
Private Bag 93008
New Lynn
Auckland 0640
Phone: (09) 827 4859
Fax: (09) 827 9819
Website: www.kdec.school.nz
Email: kdec@kdec.school.nz

Hearing Association (Auckland) Inc
8 St Vincent Ave
Remuera
Auckland 1050
Phone Toll-Free 0800 934 3278
National Office
P O Box 28 205
Remuera
Auckland 1541
Phone: (09) 524 9847
Fax: (09) 523 1248
Website: www.hearingnz.org.nz
Email: info@hearingnz.org.nz

11. Mobility Impairment

Introduction

People who have partial or total loss of motor function in a body part fit into the broad category of people with mobility impairments. The extent to which mobility impairment is a disability depends upon the degree to which such-impairment limits one's ability to function.

Mobility impairments may manifest themselves as muscle weakness, lack of muscle control, poor stamina, and loss of limb or paralysis. A person with impaired mobility may have difficulty moving from place to place and/or managing personal needs. Such impairments may cause the person to use a wheelchair, crutches, braces or prosthesis.

Description

Defining mobility impairment is quite difficult, because so many types of individuals fit under this broad category. Three relatively broad categories are: Neurological impairment: includes those persons whose disabling condition is due to the lack of complete development of, or injury to the nervous system.
Some examples of Neurological Impairment are:

- Cerebral Palsy
- Multiple sclerosis
- Paraplegia
- Tetraplegia
- Spina Bifida
- Spinal-cord injury
- Stroke

Orthopaedic Impairment: includes those who have impairments, which interfere with the normal function of the bones, joints, or muscles to such an extent that special arrangements must be made in order to gain access to facilities and/or programmes. Examples of orthopaedic impairment are:

- Spinal and limb injuries
- Amputation
- Arthritis

Other health impairments: those whose weakened physical condition render them relatively inactive or require special consideration. Examples of health impairment are:

- Muscular Dystrophy
- Occupational Overuse Syndrome

Problems and Solutions

There are probably as many different characteristics and manifestations of mobility impairment as there are conditions, some of which are listed above. Some people with impaired mobility are dependent on crutches, braces or wheelchairs to move about from place to place, but many mobility disabilities are invisible.

Sometimes students who have a mobility disability are able to stand or walk but use a wheelchair to conserve strength or for rapid movement from place to place. Regardless of the means of locomotion involved, the campus poses special problems for the student with a physical disability. Our site is not flat and the presence of older buildings on campus means that students with this disability must overcome many obstacles as they conduct their activities on and about the campus. Physical barriers are a major problem here and may occur in many forms: narrow doors, doors that are hard to open, steep and unrailed stairs, narrow toilet stalls, and bumpy walkways.

One-to one communication

- If your office is not accessible to a student with impaired mobility then it will be necessary to make another meeting place to see that student. When rearranging times and places it should be remembered that people in wheelchairs use 5-10 times more effort to move around than walkers.
- Rescheduling of office time might need to be considered on certain occasions to accommodate the student.
- Your office may not be arranged to allow for a wheelchair. As a guideline, manoeuvring a wheelchair takes up the equivalent space of 5 to 9 people.
- Don't be afraid to use words such as "walking" or "running".

Suggested "wheelchair etiquette"

Always ask the wheelchair user if he/she would like assistance before you help. Your help may not be needed or wanted.
Don't hang on or lean on a person's wheelchair. It is part of the user's body space.
Speak directly to the person in the wheelchair, not to some one nearby as if the user did not exist.
If conversation lasts more than a few minutes, consider sitting down or kneeling to get yourself on the same level as the user. (If nothing else you will save them from straining their neck).
Do not demean or patronize the wheelchair user by patting him/her on the head.
It is OK to use expressions such as "running along" when speaking to a wheelchair user.

Be aware of the wheelchair user's capabilities. Some users can walk with aid and use wheelchairs because they can conserve energy and move about quickly.
Don't classify people who use wheelchairs as sick or stupid.
Don't assume that using a wheelchair is in itself a tragedy. It is a means of freedom that allows the user to move about independently.

Laboratories

- Classes taught in laboratory settings may require some modification of workstations or other furniture arrangement in the classrooms.

Tutorials

- Make sure the allocated room is easily accessible. It will also help if the room and time works in with the student's whole timetable to make travelling easier.

Assessment

- Special arrangements for final examinations may be required. Contact Disability Liaison for organisation of readers/writers etc.
- Allow a student who cannot speak or write clearly, as in the case of some students with cerebral palsy, to use a person who would write down the dictated answers.

Contacts

Independent Living Service Inc
P O Box 24 042
Royal Oak
Auckland 1345
Phone: (09) 625 0322 or 0800 625 100
Fax: (09) 624 1633
Website: www.ilsnz.org

Disability Resource Centre Auckland Inc
14 Erson Ave
Royal Oak
Auckland 1061
Phone: (09) 625 8069
Email: drc@disabilityresource.org.nz
Website: www.disabilityresource.org.nz

12. Students with Reduced Hand Function

Some students with physical disabilities may have restricted use of their arms, hands or fingers.

Lectures / laboratories / tutorials

- Impaired function of the arms and hands will reduce efficiency or prevent the student from carrying out manual tasks such as writing, laboratory activities, or artwork.
- Students with physical disabilities that affect the use of hands and arms will not be able to participate directly in some laboratory activities.
- Since students with disabilities may be unable to write or may take longer to write, some modifications in normal academic procedures may be necessary. The student may need to have a note taker in class, or share the notes of a fellow-student, and/or tape record lectures. The student may already have a note taking system organised. If not, discuss available options with the student. Experienced note takers are available through Disability Liaison.

Assessment

- The student may need extra time to complete tests.
- The student may wish to tape record assignments or tests, or to take oral examinations.
- Special arrangements for final examinations may be required.

13. Occupational Overuse Syndrome

(Repetitive Stress Injury)

Description

Condition

Occupational Overuse Syndrome is a collective term for a range of conditions, including injury, characterised by discomfort or persistent pain in muscles, tendons and other soft tissues.

Early symptoms of OOS include:

- Muscle discomfort
- Aches and pains
- Hot and cold feelings
- Numbness and tingling
- Fatigue
- Soreness
- Muscle tightness
- Stiffness and muscle weakness.

It is necessary to distinguish these from the normal pains of living such as muscle soreness after unaccustomed exercise or gardening. OOS pains must also be distinguished from the pain of arthritis or some other injury.

The condition is aggravated by stress situations such as pressure of work, assignment deadlines, time allowed for examinations.

People with OOS can experience heightened levels of stress and emotional upset when their symptoms impact on their usual performance standards. The relative invisibility of symptoms can further add to the pressures experienced by staff and students.

Problems and Solutions

Lectures / tutorials / assessment

- OOS may mean the students cannot take notes or cannot take notes fast enough. The student may already have a note taking system organised, but if not, discuss this with him/her. Trained note takers are available through Disability Liaison.
- OOS can also affect student's ability to write in exams, so special arrangements for final examinations may be required.
- The student may need flexible assessment.
- Careful attention to workload planning is important to minimise excessive levels of work and "log jam" situations.

14. Psychiatric Illness

Description

The most common psychiatric illnesses are depression and anxiety states; less common are Manic Depression and Schizophrenia. Ignorance of the basic facts about disabling psychiatric diseases, fear of mental illness and stigma applied to those thought to have a mental illness are the most formidable barriers to recognition, understanding, and beneficial intervention. Therefore, it is important that staff have a clear conceptual distinction between those emotional problems, which can be handled by expert counselling, and the major diseases, which require a very different psychiatric treatment.

Two percent of the Polytechnic population - both staff and students - are prone to being severely disabled by either "schizophrenic" or "manic-depressive" psychoses. Of these, about two-thirds can become disabled for life. The problem is that, at the early stages, the symptoms of these two disabling psychoses can be indistinguishable from those given earlier for emotional problems. However, early recognition, understanding, and expert intervention with appropriate anti-psychotic drug treatment have been shown to significantly reduce the severity of impact and the chronicity of any resulting disability. It is therefore important that staff do not:

- Make simplistic assumptions about the causes of "difficult" behaviour.
- Be judgmental about appropriate psychological self-help remedies.

It is extremely beneficial to firmly assist the student towards accurate diagnosis by a psychiatrist as swiftly as possible.

Problems

- All of these students may show impaired ability to perform their tasks, which will improve when their illness has been treated if the students continue with their studies.
- Medication may produce side effects; examples of these are drowsiness and a dry mouth.
- Other problems affecting student performance will be poor concentration and fatigue.

Solutions

- Contact the Mental Health Advisor to discuss any students that are of concern.
- Extensions to assignment deadlines and special arrangements for examinations may be required.

15. Schizophrenia

Description

Schizophrenia has a worldwide incidence of 1 percent, and strikes most frequently in the 17 to 25 age group. It may be triggered by environmental stress, and often occurs in people of high intelligence. It has nothing to do with "split personality" (a journalistic myth) and does not significantly increase dangerous behaviour. Schizophrenia is a brain-cell malfunction of unknown cause, and has no cure. Usually it's effects can be very effectively alleviated by psychotropic drugs - especially if they are administered early in the development of the disease.

Development can start as early as 12 years of age, and then take another 12 years to become diagnosable: but it has also developed over 24 hours, and as late as the mid-40s. It's onset can be induced by drug abuse. Schizophrenia is very disruptive of all normal abilities and relationships.

It is believed to be a group of diseases, and is diagnosed only by means of specific groupings of symptoms. Many of these are the same as those listed under the heading "Emotional/psychological": but it is important to understand that no one symptom by itself is a clear sign of schizophrenia. In many cases it is difficult to distinguish symptoms from those for "manic-depressive" psychosis (= "bi-polar" or "affective" disorders) and sometimes the two overlap (= "schizo-affective" disorders). Consequently, methods of treatment may also overlap.

Because the disease is a disorder of both perception and thinking, it is characteristic that the person with schizophrenia is unable to comprehend it's effects. This can make it difficult to persuade him/her to accept the need for psychiatric help.

With any symptoms, which appear alarming or disruptive, it is most beneficial for others involved to strive to lower the emotional level and to be calmly firm and factual, while expert intervention is sought.

Contact

Unitec Mental Health Advisor
Phone: (09) 8154321 Ext 7869
Open 8.30am – 4.30pm daily

SF Auckland
423 Great North Road
Grey Lynn
Auckland 1021
Phone: Toll-Free 0800 732 825
PO Box 78-122
Grey Lynn
Auckland 1245
Support & Info line: (09) 378 9134
Fax: (09) 378 6783
E-mail: admin@sfauckland.org.nz
Web: www.sfauckland.org.nz
Web: www.supportingfamilies.org.nz

16. Manic Depression

Description

Bi-polar affective disorder or manic-depressive disorder is a serious disorder.... with a possible lifetime prevalence of 1 percent. The main impact of this illness comes from the manner in which it disrupts normal family, social and occupational roles and from the ever-present risk of suicide during the depressive phases. People with Manic Depression show episodes of depression and mania alternating with periods of total normality. The illness begins in adulthood but sometimes in late adolescence and can be expected to continue as the patient grows older and treatment can be difficult. Low or hopeless mood characterises the depressive phase and euphoria, and abnormally elevated mood the manic phase.

Treatment is directed toward managing the acute problem as it presents, and prevention of relapses with medication. Follow-up and support of the person and their families and friends is important as it is with schizophrenia.

The Counselling Centre staff would be a first point of contact but long-term management would be in conjunction with a psychiatrist and other supportive services.

Contacts

UNITEC Mental Health Advisor
Ph (09) 815 4321 Ext 7869
Open 8.30am - 4.30pm daily

Supporting Families In Mental Illness
423 Great North Rd
Grey Lynn
Auckland 1021
PO Box 78 122
Grey Lynn
Auckland 1245
Phone: (09) 378 9134
Fax: (09) 378 6783
Freephone 0800 732 825
Website: www.sfauckland.org.nz
Website: www.finda.co.nz
Email: admin@sfauckland.org.nz

Mental Health Foundation
Consumer/Tangata Whaiora Networks
81 New North Road
Eden Terrace
Auckland 1021
PO Box 10-051
Dominion Road
Auckland 1446
Phone: (09) 300 7010
Fax: (09) 300 7020
Website: www.mentalhealth.org.nz

17. Specific Learning Disabilities

Introduction

There is considerable controversy about concepts like Dyslexia, and Specific Learning Disabilities (SLD). Researchers have disputed not only the definitions of these names but their diagnosis, causes, remedies and even their very existence. Nevertheless there are students, who, when not held back by their reading and writing deficiencies are able to perform to an academic level exceeding that normally expected from a person with a low reading and spelling age. Problem areas are removed by using reader/writers for tests and exams, taped texts instead of written texts, and recording essay answers on tape instead of in written form, as the student's needs demand.

Description

Because SLD is a "hidden impairment" the uninformed may consider the student with such a disability to be unable to cope with tertiary study. But this is not the case. Each adult with SLD will have a combination of abilities and deficiencies which, when examined together will present an inconsistent learning profile. Some common academic difficulties encountered by students with SLD are:

Reading

- Poor comprehension (substandard level for intelligence and experience)
- Slow reading rate
- Problems in integration/synthesis of material read
- Poor oral reading

Writing

- Poorly formed or illegible letters
- Frequent spelling errors
- Inadequate development/organisation of ideas in composition

Maths

- Computational skills difficulties
- Difficulty recalling the sequence of numbers/operations
- Difficulty understanding terms representing quantitative concepts

Study skills

- Inability to organise and budget time
- Difficulty using reference materials

Other characteristics can include: poor attention span, discrepancy in the quality of oral and written work, and poor short/long term memory for information presented in class.

Problems and Solutions

Lecture Situation

- Be flexible in working with students who have SLD but do not feel that you must lower your standards. Keep in mind that the student may need additional opportunities to improve his/her internally assessed marks because of his/her difficulties.
- Begin lectures and discussions with a review from the last class and an overview or outline of the topics to be covered during that class. Allow the students to tape lectures.
- Use whiteboards or overhead projectors to highlight key concepts or difficult terminology, and to outline lecture material. Emphasize these points orally during the lecture. Summarise the main points at the session's end.
- If possible it would be helpful for the student to allow oral presentations or taped papers instead of written papers.
- Notify students of changes in course outlines and tests or class requirements not listed at the beginning of the year. Also help students to organise by listing weekly/monthly schedules of assignments and due dates for your class.
- Provide time, during office hours, for individual follow-up of assignments, lectures and reading.

Tutorials

- Be sensitive to the fact that a student with SLD may have difficulty completing readings, and following a set of written questions; it is extremely helpful to have these things read out loud by another student or tutor.
- It is also important to remember that the students may find reading out loud embarrassing.

Assessment

- It is essential for the student with a general learning deficit, that your evaluation of his/her work be based on the acquisition of the knowledge you have taught, and not on ability to read or write.
- It may be necessary for alternative test arrangements to be made such as putting the test paper on tape or provide a reader/writer, with extra time and in a separate quiet room.
- Give good directions. Test directions should be clear, direct and given in sequential order. Avoid asking questions with difficult sentence structure or embedded meanings.
- Whenever feasible offer alternative assignments to the student (i.e. permission to give an oral report in place of a written paper).
- Vary the exam format to accommodate the student's individual learning style. Provide an essay test instead of an objective test or vice versa. Allow for oral, written or combination tests to be given to students with SLD.
- Make sure the student knows about applying for special arrangements for final examinations. (Contact Disability Liaison).

Contacts

Te Puna Ako/Learning Centre
UNITEC
Ph: (09) 815 4321 ext 8611
Fax: (09) 815 4385

Adult Literacy Tamaki Auckland Inc
74A Maybury Street
Glen Innes
Auckland 1072
PO Box 18 434
Glen Innes
Auckland 1743
Phone: (09) 570 4140
Fax: (09) 570 4170
Email: admin@adultliteracy.org.nz

Adult Literacy Inc
Auckland Office
Basement Entrance Pratt Street
Pratt St Car Park
52 Hepburn St
Freemans Bay
Auckland 1011
Phone: (09) 376 84576
Fax: (09) 376 8456

Literacy North Shore
414 Glenfield Rd
Glenfield
Auckland 0629
PO Box 40367
Glenfield
Auckland 0747
Phone: (09) 444 0420
Email: jane@literacynorthshore.org
Websites: www.literacynorthshore.org www.literacy.org.nz
www.adultliteracy.org.nz

SPELD NZ Inc (National and Auckland Office)
14 Erson Ave
Royal Oak
Auckland 1345
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Royal Oak
Auckland 1061
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Phone Toll-Free: 0800 773 536
Fax: (09) 624 3717
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Website: www.speld.org.nz

He Waka Matauranga
126 Puhinui Rd
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Auckland 2104
PO Box 76734
Manukau
Auckland 2241
Phone/Fax: (09) 277 2661
(Rosina Taueki – Manager)
Email: southaucklandliteracy@xtra.co.nz
Website: www.hewakamatauranga.com

Waitakere Adult Literacy Inc.
Level 1, 3055 Great North Road
New Lynn
Auckland 0600
PO Box 15 742
New Lynn
Auckland 0640
Phone: (09) 825 0220
Fax: (09) 825 0223
Email: info@literacywaitakere.org.nz
Website: www.www.literacy.org.nz

18. Speech Impairment

Description

A speech disorder is any interference with an individual's ability to express ideas, experiences, knowledge and feelings through speech. Speech impairments can range from articulation or voice difficulties to being totally nonvocal. Although each individual with impaired speech will exhibit unique traits, several general types of difficulties are often observed. These include:

- Articulation disorders which consist of incorrect production of speech sounds due to faulty placement, timing, direction, pressure, speed or integration of the movement of the lips, tongue, velum, or pharynx.
- Fluency disorders which constitute any interruption in the flow of oral language, not restricted to stuttering or stammering.
- Language disorders which consist of any difficulty with the production and/or reception of linguistic units, regardless of environment, which may range from total absence of speech to minor variations.
- Voice disorders which comprise any deviation in pitch, intensity, quality, or other basic vocal attribute that consistently interferes with communication, draws unfavourable attention, adversely affects the speaker or listener, or in inappropriate for the age, gender, or perhaps the culture or class of the individual. These may be organic or functional in nature.

Problems and Solutions

One-to-one communication

- Ensure any student who has a type of speech impairment or communication disorder is aware of the groups that provide therapy.
- Encourage the student, using patience and understanding, to take advantage of developing his/her own appropriate oral communication techniques.
- Relax. Tension in a listener often communicates itself to the person who has speech problems and may make the problem worse.
- Do not finish sentences for people with speech impairments.
- Maintain eye contact.
- For students who cannot communicate orally and who have additional physical impairments that interfere with typing, signing, and writing, other communication aids may be used. These include such things as speech-synthesizing computers and language boards.

Lecture Situation

- In most cases, the student with impaired communication abilities will rely on the lecturer to set an accepting and relaxed atmosphere in the classroom that will permit meaningful exchange of information.
- Patience and willingness to accept alternate forms of communication will make a significant difference for the student who has impaired speech.
- This environment will strengthen the student's confidence and allow enhanced communication and participation.
- Sometimes students with communication problems are eager to participate in class. In fairness to all of the students in the class, it may be necessary to privately discuss with the student reasonable limits that will allow speaking time for all.

- Many individuals with speech impairments will be tentative about participating in classroom discussions or activities that require speaking. Therefore the most important accommodation for a student with a speech impairment is the instructor's encouragement for them to speak in class without pressuring them to do so.
- It is important for the instructor to reply to the student's attempts at communication, and try to perceive the meaning that is being conveyed in spite of the vocalising problems.
- Always try to speak naturally to the student.
- Do not complete words, phrases or sentences that the student is having difficulty pronouncing.

Assessment

- Allow students to take written or some other form of test, rather than oral, if this is deemed possible.
- Be aware the student with impaired speech may be hesitant to speak in a group when assigning group projects, or oral tests.

Contacts

Talklink Communication Centre
Talklink Trust
UNITEC
Building 51
Entry 3, Carrington Road
PO Box 44053
Pt Chevalier
Auckland 1246
Phone: (09) 815 3232
Fax: (09) 815 3230
Website: www.talklink.org.nz

19. Visual Impairment

Description

No two people with impaired vision see the same. If a person has a visual impairment it is important to specify with that person his/her unique visual difficulties, so that their requirements may be identified and met.

There are a number of different types of Visual Impairment. For example, some people have a reduced field of vision (e.g. tunnel vision), others have impaired form vision (e.g. a visually impaired person may only see at three metres what a "normally" sighted person sees at 60 metres), and a small percentage of visually impaired people cannot perceive light.

If a person is born without 'normal' vision, abstract concepts such as directionality, space, colour and perspective may be obtained through special education services and not through the direct sensory input of vision.

Students who are visually impaired may use a variety of methods to access or synthesise course material. These might include readers, taped textbooks, raised line paper, large print books, Braille or visual aids.

Reading may take longer for individuals with visual impairments; therefore it may be necessary to extend expected completion times to accommodate the student's needs.

Problems and Solutions

One-to-One Communication

- Indicate to the student that they are being addressed by using their name or touching them on the shoulder.
- Mention your name when meeting a student with impaired vision.
- Inform the person when you are leaving their presence.
- Relax and try to talk as you would to any student. For example, don't avoid using words such as "look" or "see".
- If a student with impaired vision is unfamiliar with a new place, describe the environment to him/her using specific phrases such as "to the right", "on the North wall", "to the left", "shaped like a rectangle", etc. Orientation and mobility instructors at the Royal NZ Foundation for the Blind are also available to instruct the student, or familiarise the student to a new environment.
- When using a familiar room, avoid rearranging the furniture or equipment. If these have been changed, warn the student.
- When guiding a person with impaired vision, allow him/her to take your arm slightly above the elbow. This allows them to follow your body movements.
- When giving directions, indicate "right" or "left", "up" or "down", in relation to the student's body. Another technique used to designate location is the clock method, three o'clock = directly to the right etc.
- If a student relies on a guide dog for mobility, the dog is working. Please do not distract the dog.
- Students with a visual impairment may not communicate visually with body language, and may not see your body language. Verbal communication is most important.

Lecture Situation / Tutorials / Laboratories

- If the student with impaired vision uses tape-recorded texts, large print or Braille texts, then please choose your texts early and notify the student and Disability Liaison so he/she can order and receive taped copies of the texts prior to the commencement of the course. Transcription of textbooks into appropriate media may involve 6 months preparation time.
- Discuss seating arrangements with the student at the beginning of the term. Take into consideration the desk arrangements in relation to the lecturer, other students and lighting.
- Inform the student if there is a change of location or rearranging of the lecture room in advance. Take time to describe and walk through the new environment.
- Repeat what is written on the whiteboard or shown on slides and spell new terms, names, and words out loud.
- If a whiteboard is used, give it a thorough wash each 2 or 3 weeks to remove marks and increase clarity of writing. Write in larger script if necessary.
- Consider making copies of your class notes and outlines as well as overhead materials presented in class for use by the student with impaired vision. This material may have to be reproduced in a form that the student can use e.g. enlarged print.
- If students require extra photocopying they can contact Disability Liaison to arrange private use of a machine.
- Be aware of verbal descriptions that may confuse the student e.g. "this number added to that number gives you 27".
- When equipment is to be used, explain the equipment and the procedures verbally.
- Allow for tactile exploration of material where appropriate.
- Provide the student who has a visual impairment with copies of graphs, charts, diagrams, and drawings that are being used in class in an appropriate format (tactile drawings, Braille transcription etc).
- Use enlarged print and high contrast materials (e.g. black on white) whenever possible.
- Students with a visual impairment may find that learning is enhanced by opportunities to listen and observe through experiential activities.

Assessment

- Tests can be given orally through a reader or by giving a tape-recorded test or the test paper can be enlarged or written in Braille. Another option is for the instructor to administer the test in a one-to-one situation. A suitable system for test-taking should be worked out with the student early in the term.
- Extra time may be required.
- Ensure the examination environment is appropriate to students' requirements.
- Depending on the type of test, the answer/s can be recorded on the answer sheet by the reader, the student may turn in the answers on tape, or the student may type the answers.
- Allow the student and the reader to work where they will not be disturbed by others and where they will not disturb others.
- Students with visual impairment may need to use a visual aid to help them with tests.
- Extensions for assignments may be needed.

- Provide comments on tests and assignments with a broad-tipped pen in black ink for the partially sights students or verbally for the totally blind student.

Contacts

BLENNZ (Blind & Low Vision Education Network New Zealand)
Homai Campus
131 Browns Road
Manukau City
Auckland 2102
Private Bag 801
Manurewa
Auckland 2243
Phone: (09) 266 7109
Fax: (09) 267 4496
Email: gloria.edwards@blennz.school.nz
Website: www.blennzonline.edublogs.org

Royal NZ Foundation of the Blind
Awhina House
4 Maunsell Road
Parnell
Auckland 1052
Private Bag 99941
Newmarket
Auckland 1149
Phone: (09) 355 6900
Fax: (09) 366 0099
Freephone: 0800 243 333
Website: www.rnzfb.org.nz
Email: generalenquiries@rnzfb.org.nz