***A newsletter of the ACE DisAbility Network* Winter 2014**

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**Introduction**

One of the most important things to remember when working and teaching

people with disability is that we do not have to figure things out on our own. The best results in learning take place as a result of partnerships especially with disability and mental health service organisations. This quarter’s newsletter looks at ways we can work more productively with these organisations.

**Working with mental health and disability service organisations.**

**A. Common parameters**

The community education and disability/mental health sectors have a great

deal in common and this needs to be taken into account during any joint discussions:

1. **Community educators and mental health service organisations both want the best for their participants**.

Service organisations often choose community education because of the potential for social outcomes for participants. This does not mean that they are not also interested in educational outcomes. Although it has seemed in the past that all service providers require is a cheap place to park their clients, these days all good providers are looking for their participants to achieve demonstrable learning outcomes and/or positive social networks.

**2. Community educators and mental health service organisations both work on tight budgets.**

Although some people classified as having a disability under the Disability Act

2006 will have an *individualised support package (ISP)* or some other funding attached to them, however this is never enough to provide the individual support for all the services they need. As such, there is normally a lot of juggling of budgets and personnel to help the funding stretch.

People attending mental health services do not normally have funding packages – the service is funded directly, but again the funding of these services is limited.

**3. Community educators and people from mental health service organisations are generally poorly paid workers.**

Although staff in community education centres and in mental health services may put in unpaid hours, it is bad practice to take advantage of this. Start and finish times of staff should be respected, and timetables of both services coordinated.

**4. Transport is an ongoing problem for everyone – especially with regard to taxis.**

Taxi companies cannot control individual cab drivers (or traffic) and late or non-arrivals are an issue in many arrangements. The main concern of staff when assisting with taxi arrivals and drop offs is to alleviate participant anxiety as well as getting them to their destination. This is particularly important when working with people who have both a disability and poor mental health.

Contingency planning and protocols are therefore recommended to help manage/reduce the negative impact of this problem.

**B. Planning**

Disability/mental health service providers as well as community education providers need to plan for

disability inclusion.

1. **Individual planning**

Nowadays more people with disabilities have some form of individual planning document which may

include some or all of the following:

 Individual long term and short term goals

 Strategies for meeting these goals

 Impediments to meeting goals

 Learning styles/difficulties

 Behaviour management.

It is good practice to discuss these plans with the participant and/or their support worker so that you are aware of and how your service can play a role in helping achieve some of their goals. A community educator may be asked by an individual participant to take part in their planning process. If not, it is worthwhile asking a participant to view their current plan. Any such plan belongs to the participant (not their service organisation) and their informed consent should always be obtained.

2. **Service planning**

An ideal scenario is where a community educator and disability/mental health service provider can jointly plan activities where there are shared service users or to facilitate a referral. This is not always possible.

Things to consider when service planning for clients with a disability:

 What does a particular course involve: for instance a person with a disability can be turned off a course labelled: “Workplace Communications” (to fit in with VET or ACFE conditions) because their participants are not looking for paid employment, without realising that the class is in essence

basic literacy and numeracy which might be eminently suitable. You should make this type of information clear in your advertising/promotion of the course.

 Does the teacher or facilitator have experience/training in working with people with disability or with mixed ability? This may not preclude a participant attending but it may assist with choices and the smooth running of the class.

 What does the cost include? People with disability are on very tight budgets and may not be able to afford additional materials, excursion costs etc. Consider this in your planning.

 What flexibility is there in the timetable? For people with intellectual disability, who have fairly rigid timetables, deviations in class times may have to be flagged well in advance and a failure to do this may lead to distressing reactions. Additionally, this is most important if a participant has

autism spectrum disorder as some of these people can be very challenged by change. A participant with a mental health disorder however may need some flexibility factored into their attendance and assessments to meet times of ill health or medication change. The change could be either

short term or long term.

 What aides to access are available? This can include aides to physical access such as ramps and accessible toilets; learning aides such as screen reading software, track balls for computers; or classroom assistance such as volunteer support workers/teachers’ aides.

Questions that a community education/mental health service provider might ask of any participant **with or without disability** (normally through the enrolment process):

 Is there any medical or health concern which might affect the ability to participate fully? (Please note that no participant has to disclose an illness or disability, but may be reassured that the reason for asking is to put supports in place in the planning for this)

 If the person has epilepsy or asthma – do they have a personal health plan so that an appropriate emergency response can be made

 At least two emergency numbers in case of accident or illness

 What support/reasonable adjustments might the participant require?

 What supports/adjustments will the participant make?

**3. Participant Support**

Many participants referred from disability/mental health service organisations need support for at least some of their activity/course. Under the Education Standards 2005, all student support is the **responsibility** of the education provider to organise. In practical terms most community educators do not have the means to provide full participant support themselves, in this case it’s vital to ask the participant/carer what funded or unfunded supports are available as a starting point. Where there is little or no support available a volunteer may be considered through local disability, volunteer, community and government agencies.

Where an education provider is able to provide a support person, the following are some questions they may ask the disability or mental health service provider:

 What kind of support is being provided: attendant care (toileting and feeding); educational support; social support; transport or a combination of any of these?

 Within the support category outlined above what is the support worker prepared to do – for instance will they help others in the class?

 Is there a withdrawal plan and has it been discussed with the teacher?

There is also information that the education provider should be prepared to give the service provider:

 A copy of a support worker policy – if there is one. If not, consider preparing a letter outlining the role expectations of the support worker at that service.

 What support the education provider already supplies – for example a volunteer working with six or seven people and what the expected relationship should be with the support worker

 Any specific expectations required of the support person – for instance that they must stay in the classroom or in the building while the participant is attending

 A copy of any Code of Conduct to which the participant is expected to conform.

**C. Protocols**

A protocol is a written form of communication between agencies to ensure that each understands the

responsibilities of the other. See below for the type of items which might be included:

 The aims of each organisation with respect to their participants

 Confidentiality agreement

 Enrolment procedures and eligibility criteria

 Emergency and sickness procedures

 Personal health plans

 Support and support withdrawal

 Transport arrangements

 Planning processes

 Information sharing

 Behaviour management

 Grievance procedures.

A protocol is individual to the parties involved and the items above are only suggested inclusions. What is important is that parties have discussed any points of concern with each other and come to some agreement about the way to deal with these matters.

**How the ACEDN can help you.**

The ACE Dis**Ability** Network can assist education and other providers to problem solve issues on any disability matter and discuss any relevant training for staff and volunteers. Timetabled training topics include:

 Disability Awareness

 Managing Volunteers

 Employing people with a disability

 Learning and Teaching

 Disability Action Plans

We also run tailored classes for organisations on specific issues or groups. For more details on either type of course you may contact us or view our website. We have also developed specific on line training. The **“All In” E-learning modules on Disability** can assist any education or community organisations when working with any person with a disability.

The Modules include:

 Working with people who are deaf or hard of hearing

 Working with people who are blind or have low vision

 Working with people with physical disability

 Working with people with short term memory loss

 Working with people with speech impairment

 Critical incident management

 Pre course interviewing

Check these out for ***FREE*** on our website [www.acedisability.org.au](http://www.acedisability.org.au/) or via Youtube.

Our website also has a great deal of information and resources to assist you with many aspects of service delivery in terms of disability and education in particular. Please take the time to go through this to obtain the full benefits. ***For any disability/education matter contact us via******:judy.buckingham@yooralla.com.au*** ***or*** ***Olympia.tzanoudakis@yooralla.com.au*** ***or by calling: 03 9916 5821/9 or 0411 079 702.***

Yooralla is proud to announce that Yooralla College is opening its doors on 1st July 2014.

Yooralla College provides education and training options for both adults with a Disability and the

broader Community and is a key component of the vast array of Yooralla’s services.

Yooralla College currently delivers training to over 300 students with a Disability across Victoria. Our breadth of services and resulting expertise in supporting people with a disability will be harnessed by Yooralla College, setting it apart from other training organisations.

Yooralla College will deliver high quality and effective education and training programs. All our programs are innovative, inclusive and tailored to meet a range of training needs including: services, organisations, people with a disability and the wider community.

Yooralla College offers:

 Short Courses

 Pre-accredited courses (Learn Local Courses)

 Nationally Accredited Long Courses

 Foundation Level to Certificate III & IV level training

 Fee for Service Training

 Work Placement Assistance

In 2014 Yooralla College became an approved provider with Skills Victoria delivering Foundation

Level Training in:

 Certificate I in General Education

 Certificate I in Transition Education

 Certificate I in Work Education

Yooralla College will also commence delivery of its Certificate III and IV in Disability training in

October 2014.

Yooralla College delivers training across a range of metropolitan sites including: CBD Campus, Hawthorn, Footscray, Werribee, Noble Park, Box Hill, Balwyn, with other sites opening soon. The College also delivers training in regional locations including: Seymour, Benalla, Wangaratta, and Mooroopna.

Training can be delivered at either our venues or on your premises. Stay tuned for more about upcoming courses!

For any enquiries relating to training opportunities with ACE , or Yooralla College contact: Robert

Peyerl on 0408 648 959 or robert.peyerl@yooralla.com.au or [www.yooralla.com.au](http://www.yooralla.com.au/)

**Jobs**

The Inclusion Melbourne RTO has full time and casual training positions available at our sites in Sunshine and East Malvern. They will be of interest to trainers with a teaching qualification, disability experience and a Cert IV TAE (with LLN). The current positions are until the end of 2014, however there is a high likelihood of further employment. Would anyone in your networks be interested in these positions?

Details:

 <http://www.seek.com.au/job/26706484>- online advertisement

 A position with one of Victoria’s most progressive disability support organisations

 Foundation Skills courses with 5.5 hours contact per day + 2 hours planning

 $24.53-26.39 per hour + generous salary packaging

 More about Inclusion Melbourne: [www.inclusionmelbourne.org.au](http://www.inclusionmelbourne.org.au/)

Please reply directly to the Seek ad or contact me (Nathan Despott, compliance officer) on 0412

007 411.