Inclusive Communities Resource Manual

A guide to the inclusion of people with intellectual and psychiatric disabilities into Neighbourhood Houses, Learning Centres and other community managed organisations.

Preface

This Resource Manual is based extensively on the ICP (Inclusive Communities Project) Manual of Good Practice. The ICP Manual (published 1999) was written by Judith Buckingham in her capacity as project officer for the ICP. The ICP was a joint project of ANHLC, The Melbourne Community Foundation and The William Buckland Foundation.

The project ran from 1997 to 1999. It included the development of the ICP Manual of Good Practice, the establishment of two pilot projects demonstrating best practice in inclusion: the Moe Internet Club (Moe Neighbourhood House) and The Bridge Community Garden Centre (Japara Neighbourhood House Montrose) and the production of a wide range of training and information resources.

The revision and republication of the manual was made possible through a grant from the Minister for Community Services at the time (2003), Christine Campbell.

December 2006

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1 Introduction

1.1 Who is this manual for?

This manual is designed to meet the needs of community based organisations wanting to improve the way in which they include people with disabilities.

Most community organisations are not disability specific. They are generalist, managed by volunteer committees of management and often run by part time staff with help of volunteers. The practices recommended here therefore are aimed at people with little or no training in the disability area.

Nevertheless many organisations are already implementing good practices in inclusion and many of their practices contributed to the original ICP Manual of Good Practice. For these it is hoped that this manual will provide not only affirmation of what they are already doing but will also provoke new ideas.

For others who are less sure of their practices, or who are finding themselves having to reevaluate programs and policies in the face of changing conditions, this manual is designed as a reference.

Implementation of good practice makes demands on time and sometimes resources. Community based organisations are often short of both. However this manual is not set of rules. It is simply a collection of recommendations, which can be applied as is most practicable.

1.2 Definitions of terms

We are so surrounded by policies, principles, codes of ethics, procedures etc that the terms begin to be interchangeable. Whereas there is not necessarily a universally accepted definition for each term, in order to make reading it clearer, what is meant by each term in this document has been set out.

1.2.1 Policy

A policy is a formal statement of principles, which guide any decision-making regarding particular processes, activities and initiatives undertaken by the organisation. A policy is most usefully confined to a one or two paragraph statement.

1.2.2 Procedures

A procedures document is a more detailed set of practical steps formally outlining the way in which a policy will be implemented. A procedures document should lead you through the major day-to-day tasks in each of the key areas of the organizational life of the house/center. ANHLC has a wide range of policy and procedures resources available in many of the key areas of neighbourhood house operations.

1.2.3 Good Practice

The Good Practices sections of the manual are detailed lists of practical examples and ideas that may be useful in supporting the implementation of your formal policy and procedures.

1.3   What's in this manual

Model policies and procedures which may be used by organisations as a template on which to build their own public documents.

Easy read versions of policies and procedures. It is an essential good practice that documentation concerning people with disabilities should be accessible to them. Easy read documents are not however designed only for those with lower reading skills. They are also for people who don't have time to read documents in full and need a brief summary. They can thus be used for easy access for all participants.

Good practices in inclusion. These have been organised under various aspects of organisational life for easier access. Practices are included for access, equity, grievances and confidentiality.

A Sample Enrolment form - this is never going to be ideal. On the one hand funding bodies require more and more information to be collected, and on the other the form needs to be kept as simple as possible a) to cater for all levels of literacy and b) to encourage people to fill them in. The sample here contains the essentials of an inclusive form.

Also included is an optional medical plan that can be copied onto the reverse of any enrolment form.

Glossary of Disability Terms. The field of disability, like every other, has its own jargon. Agencies and funding bodies pepper their communications with words and acronyms which may be unfamiliar. Therefore a list of the most commonly used at this time is included.

2 Model Access and Equity Policy and Procedures

This section of the manual provides a model access and equity policy and an accompanying set of model procedures. The aim of these procedures is to ensure that the house/centre access and equity policy is consistently put into practice, so that people with disabilities are included in all aspects of the house/centre activities and operations.

2.1 Model Access and Equity Policy to Ensure Inclusion of People with Disabilities

To be reviewed by …(*annual review date to be set*)

1. This organisation values the individuality and uniqueness of every person wishing to access its facilities either as a participant (user), volunteer, staff member, tutor or committee of management member.

2. This organisation welcomes difference and wherever possible actively works towards ensuring fair and equitable opportunities of access to all its services by the community without discrimination on the basis of age, sex, race, income, sexual preference or ability.

3. The organisation will make it a priority to allocate resources as they become available to the upgrading of all facilities in order to ensure physical access to all members of the community. This will include access to all activity and recreation spaces either internally or externally, to telephones, information outlets, toilets and parking spaces.

2.2 Enrolment Procedures

Choice

1. All participants[1] have the right to choose any activity offered by the organisation subject to class size and resources as discussed below.

2. Prospective participants may approach the organisation through an advocate or referring body but the final selection of activity/ies rests with the participant.

Enrolment

1. All prospective participants should enrol through the office. Advocates, carers and referring agencies enrolling on behalf of a participant will need to explain why the participant could not enrol him/herself.

2. It is strongly recommended that prospective participants discuss with the coordinator their goals and needs, class requirements, resources and any other information that may inform a participant's choice of activity.

3. Enrolments will be accepted on a first come first served basis.

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[1] "Participant" throughout this document refers to *any* member of the community taking part or wishing to take part in an activity, irrespective of age, income, gender, race, ability or sexual preference

4. All prospective participants will be expected to provide information on additional support needs, a Medicare number and an emergency contact number.

Class sizes

Entry into most activities will be subject to class size and the number of participants already enrolled. The coordinator in consultation with the tutor or group leader will normally determine class sizes. This is:

- To ensure that all participants may benefit from an activity,
- Because room size or resources may be limited.

Additional Needs

1. If a participant requires additional support in terms of personnel or equipment in order to benefit from an activity, the coordinator should be informed *at the time of enrolment.*
   If the organisation is unable to provide the required support without incurring unjustifiable hardship, it is strongly recommended that the participant discuss the possibility of alternative activities within or outside the organisation with the coordinator.

2. Similarly it is the responsibility of the participant or his/her advocate to let the coordinator know of any medical condition which may affect activity participation.
   Note:
   - Disclosure of medical information will not lead to exclusion on these grounds
   - Medical information not affecting activity participation is not required to be disclosed
   - All personal and health information is collected, stored and managed in accordance with the house Privacy Policy which is governed by the requirements of the Health Records Act 2001 and the Information Privacy Act 2000. Copies of the Houses Privacy Policy and Procedures available from the co ordinator.

Class Prerequisites

Some activities may require participants to have prior experience or qualifications in order for them to be able to take part effectively.
These will be made clear in the publicity documents and/or at enrolment.
Prospective participants without these requirements will not be enrolled

2.3 Participation Procedures

1. In order that they may obtain maximum benefit from an activity (other than drop-in groups, playgroups) participants are expected to attend all sessions. In case of illness, or other unavoidable circumstance, participants should inform the coordinator as soon as possible[2]

2. If a participant wishes to leave an activity because it does not meet his/her needs, then he/she should discuss this with the coordinator in order that:
   - Fee or portion may be returned
   - Alternative activities may be discussed

3. Activities are for the benefit of all participants. Therefore if any participant, in the opinion of the tutor or group leader, behaves in such a manner as to prevent others benefiting, the following action will be taken:
   - Informal but private discussion will take place between tutor and participant.
   - If there is no resolution tutor, coordinator, participant (and advocate if required) will meet formally (i.e. minutes will be kept of the meeting).
   - If there is still no resolution the participant will be asked to leave the activity. This does not however preclude reinclusion at a later date after a further meeting of coordinator, tutor and participant (and advocate). Nor does it prevent the participant from enrolling in an alternative activity.

An aggrieved participant may appeal to the Committee of Management (see **Grievance Procedure**)

2.4 Support Workers Procedures

The organisation welcomes the support of workers (paid and unpaid) who help to increase any individual's ability to participate in an activity.

Because room size may limit the number of people who can comfortably attend, participants are asked to state on enrolment whether or not they will be coming with a support person.

Expectations of support workers:
   - To remain in the place of activity with the participant
   - To assist other participants[3] where possible
   - To meet with the coordinator and/or other support workers on a regular basis in order to increase worker support, decrease burn out and have a forum in which to discuss issues
   - To liaise with coordinator concerning changes or lessening in support role

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[2] Organisations may have their own policies regarding repayment or non repayment of fees

[3] This is a practice which may prevent those needing help being singled out or isolated with their support worker

2.5   Decision Making Procedures

1. The organisation recognises the importance of all participants being able to have a say in the decision making processes of the organisation.

2. A notice board is available on which will be posted:
   - The names and telephone numbers of all Committee of Management members
   - The dates of Committee meetings
   - The minutes of the last meeting
   - The drafts of new policy documents for comment

3. All participants are welcome to attend and take an active part in Committee meetings in line with the accepted procedures of the Committee. They may not however vote unless they are an elected Committee member.

4. All participants have the right to nominate to be on the Committee of Management at the Annual General Meeting and details of this meeting, plus election procedures, will be posted on the notice board.

2.6   Confidentiality and Privacy Procedures

It may be necessary occasionally to ask for personal and health information from a participant. The organization and its staff and volunteers are bound by the House/Centre Privacy Policy which is governed by the provisions of the Information Privacy Act 2000(Vic) and the Health Records Act 2001 (Vic). Contact the co ordinator for a copy of the House/Centre Privacy Policy and Procedures.

Collection
Personal and health information:
   - Will not be collected unnecessarily
   - Will not be collected without informed consent
   - Will be up to date and for a relevant purpose
   - Will not be used for a purpose other than that which has been consented to

Storage and Access
   - Personal information will be stored with all reasonable security safeguards to protect against loss, unauthorised use, modification, disclosure and other misuse
   - Access will be restricted only to staff authorised by the participant as needing access
   - Information that is out of date or no longer relevant will be destroyed (i.e. burnt or shredded, not put in a rubbish bin)
   - Computer screens will be cleared when not attended
   - Participants can have access by arrangement to their information to check and update if necessary. Contact the co ordinator to organise a time to do this.

Disclosure

- We are required to disclose some personal and health information to a participants referring organisation and/or funding bodies such as CentreLink, DHS and ACFE.
- Usually this information is disclosed with all identifying details removed. It is used for statistical and planning purposes only
- Identifying information is only disclosed in an emergency and/or with the participants consent.

2.7   Grievance Procedures

Any participant or potential participant who has a complaint about organisational policies or practices either at enrolment, during activities or within the organisation's environs is asked to take the following actions:

- Discuss the issue privately with the person concerned
- If not resolved, contact the coordinator for a recorded (i.e. minutes are taken) but private interview with advocate if required
- If not resolved the matter should be brought before the Committee of Management (preferably in writing)
- If the matter is still not resolved within an agreed time, mediation or involvement should be sought from the relevant body e.g. Disability Discrimination Commissioner.

2.8   Publicity and Promotion Procedures

1. In order to give all sections of the community the information to choose their preferred activity, the full range of programs offered will be advertised to all promotional outlets. Any prerequisites of qualifications or experience will be stated, as will any concessions in price that are available.

2. Where possible promotional material will be duplicated in community language/s.

3. Where possible information will be highlighted by the use of graphics.

4. Information on noticeboards will be placed with consideration to their accessibility from a wheelchair.

3 Easy Read Access and Equity Policy and Procedure Documents

3.1 Access and Equity Policy

In this house we believe:

- People should not be treated differently because they :
  - Are from other cultures
  - Have a disability
  - Are gay or lesbian
  - Are poor
  - Have little education
  - Don't speak English
  - Are Aborigine or a Torres Strait Islander
  - Different in any other way

- Everybody has a right to join in:
  - Planning
  - Activities
  - Decisions
  - Services

This house will work to make sure that everyone is treated fairly.

3.2   Enrolment Procedures
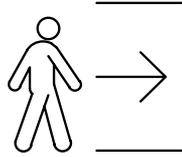
©Compic

↘   Please enrol at the office

↘   We need to know:
  ♦ Medicare Number
  ♦ Emergency contact
  ♦ Any special support you need (THIS IS   IMPORTANT)
  ♦ If you have an illness or condition which may affect you in class. (This won't stop you being able to attend)

↘   You can choose any class you like provided there is room. We act on first come, first served. Once a class is full no one else gets in.

↘   For some classes you may need know some things before you start e.g. computer knowledge

3.3　Taking Part (Participation Procedures)

↘ If you need support please ask if it is available when you enrol

↘ If you cannot come to a class or you are ill or you don't like the class please tell the office as soon as possible

↘ If anyone behaves in a way that the tutor thinks disturbs the rest of the class, then:
   ♦ **First**: the tutor will talk privately to that person
   ♦ **If that doesn't work**, there will be a formal meeting. The person can bring a friend if they wish. Written notes will be made.
   ♦ **If that still doesn't work** the person will be asked to leave that class
   ♦ BUT they may return later or join another class if the tutor or the coordinator agree

3.4 Support People and Helpers of People With Disabilities Procedures
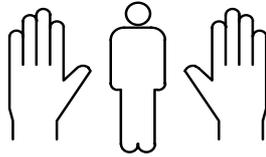
©Compic

↘ This place welcomes anyone willing to help others to take part

↘ If you need support please ask if it is available when you enrol

↘ If you bring a helper with you please tell the office. We would like there to be room for them

↘ If you are a helper, please:
- Stay in the same room as the person you have come to help
- Help other people as well
- Talk to the coordinator about problems, good things or just how your day went
- Tell the coordinator when you think you are not needed as much
- Information about people you help must be kept confidential

3.5   Making Decisions About This Place Procedures
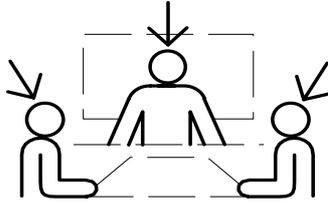
© Compic

↘   This place is run by a volunteer committee of management.

↘   On the noticeboard is:
   ♦ Name and telephone number of each committee member
   ♦ The date of the next meeting
   ♦ Notes about the last meeting
   ♦ Any new matters for you to have say about

↘   Everyone who comes to this place can:
   ♦ Have a say about matters concerning this place
   ♦ Can attend a meeting

↘   If you want to take part in a meeting or have something talked about please see the coordinator.

↘   You can only vote at a meeting if you have been elected as a committee member.

↘   If you want to be elected as a committee member, details will be shown on the noticeboard close to the Annual General meeting.

## 3.6   Confidentiality and Privacy Procedures

© Compic

Sometimes we have to ask for information about you for government departments

BUT

➘   You can choose whether or not you answer questions unless the information is needed by law.

➘   We will only ask for what is necessary

➘   We will not use what we have been told for something we haven't told you about.

➘   We will take care that what you tell us is not available to anyone you haven't given permission to.

➘   We will destroy any information we don't need any more.

3.7 Grievance Procedure
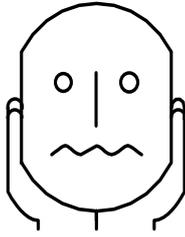
© Compic

We Take Complaints Seriously

If you are not happy about a person or something that has happened at this house:

↘ **First:** talk to the person who has upset you

↘ **If you don't want to do this or it doesn't work:** talk to the coordinator privately. Take a friend if you like. The coordinator will take written notes

↘ **If this still doesn't work:** talk (or better, write) to a committee member asking for the matter to be discussed at the next committee meeting

↘ There are other places you can go to complain about some things. The Equal Opportunity Commission (03) 9281 7111 can help with most complaints about discrimination. Or you can ring the ANHLC (03) 9654 1104 for advice.

4 Good Practice in Inclusion

This section of the manual provides a detailed list of statements of good practices and principles. These statements of good practice may be useful as examples or ideas that will support the implementation of your formal Access and Equity Policy and Procedures.

4.1 Setting the Scene

Inclusive Communities research has shown that where places genuinely practice inclusion it is because all personnel - committee, staff and volunteers - have a commitment to the principle of inclusion. This "whole house" commitment however doesn't come by chance or without effort. It is something that has to be developed.

Good Practice	Example
Using non confrontational ways of gaining community acceptance	• *Inclusion principles in a conspicuous place* • *Informal discussions* • *Posters* • *Easy read policy documents readily available* • *Grievance policies* • *Formal presentations* • *Inclusive social occasions*
Allowing change to take place slowly but maintaining high expectations	• *Allow staff input into policy development* • *Constant low key reminders e.g. posters*
Making staff aware of inclusive policies on recruitment	• *Give new staff copies of policies*
Making policy documents easy to access	• *Easy read versions in prominent places*

4.2 Staffing

Staff attitudes can be crucial in creating an inclusive environment. If staff model good practices and are aware of the rights of people with disabilities, they become a key factor in changing adverse community attitudes and calming fears. Careful staff recruitment is therefore important. However in many places, instructors and tutors are not professionals but simply people with a skill to share. It could therefore be helpful to provide them with at least some very basic classroom management strategies before they start.

Good Practice	Examples
Letting staff know of inclusive practices.	• *Giving copies of policies and discussing them on recruitment.*
Providing basic classroom strategies for inexperienced teachers.	• *Providing copies of "Classroom/Activity Practice" from this manual.* • *Train the trainer courses.* • *In house training.*
Regular staff meeting for problem solving and debriefing.	• *A forum for triumphs as well as disasters.*

Promoting safety – perceived as well as actual.	• *Having front doors locked if only one person is in the building.* • *Allowing a female tutor teaching an all male group to have a volunteer support.*
Having a "crisis" procedure.	• *Having a rostered back up volunteer or member of staff tutor can call on to follow up if a participant who has become distressed leaves a class having forgotten their medication.*
Negotiating emergency procedures.	• *Establishing fire and emergency evacuation procedures.* • *Establishing a late finish procedure so someone stays behind when taxis don't come for participants.*

4.3   Linking with other agencies

Staff in community organisations do not normally have specialist disability qualifications, nor are they necessarily expected to. Those places that include people with disabilities successfully almost always network assiduously and have strong support from local agencies that are disability specific.

Good Practice	Example
Developing a strong presence with one or more key agencies such as local mental health clinic or ATSS (Adult Training Support Service)	• *Exchanging minutes of meetings or brochures* • *Attending AGM's and other agency meetings* • *Inviting an agency representative to a committee or network meeting* • *Forming a local network if there is none* • *Using telephone contacts*
Negotiating expectations from other agencies	• *Will they deal with emergencies regarding people who are not their clients?* • *Will they provide support personnel?* • *Can they provide shared training opportunities?* • *What are the ground rules for support personnel?* • *Can they assist with transport?*
Knowing about other agencies' funding sources	• *FFYA (Futures For Young Adults) providers are funded to provide support persons when they access a neighbourhood house as part of a FFYA program*
Knowing about other agencies' agendas	• *How do they interpret community integration?*
Allowing people referred from agencies to choose their activity and enrol themselves	• *Negotiating enrolment protocols with staff and support personnel from referring agencies.*

4.4   Decision Making

Many community based organisations have traditionally championed the principle of shared decision-making. However we are all aware that the management demands on Committees of Management these days make committee participation by any but dedicated and skilled people unappealing. This is no reason to discourage those who are keen with or without disabilities. There are also alternative ways in which participants, including people with disabilities, can take part in decisions that affect them and the running of the organisation.

Good Practice	Example

Making sure that Committee members are identifiable and accessible to participants	• *Having a Committee notice board with:*
	  • *Photos of members*
	  • *Meeting dates*
	  • *Matters under discussion*
	  • *Policies for comment*

Publishing draft policies for participant comment, in plain English	• *Nominate committee member to facilitate consultation/feedback process.*
Publishing procedures for Committee elections	• *Keep section of accessible notice board for committee news*
Having a grievance procedure	• *Inform all tutors and facilitators about these procedures*
Having project specific (and time limited) subcommittees or working parties	• *To organise an outing*
Having a mechanism for ideas	• *Ideas box* • *Whiteboard*

4.5   Duty of Care

Duty of Care and Standards of Care can be a worry for anybody responsible for people with disabilities (or children, or the aged). Basically the law recognises that people should take reasonable care to avoid harm to others. A detailed information paper on the topic is available from ANHLC. The following are sensible practices that houses should implement. Good policy and procedure development and dissemination are the keys to good practice in this area.

Good Practice	Example
Being aware of and implementing legal requirements	• *Committee, staff and volunteers offered basic training on current Occupational Health and Safety Standards. (Information paper on this topic available from ANHLC)*
Seeking legal advice when in doubt	• *House/Centre has established relationship with local community legal service or solicitor willing to give pro bono advice or contact Public Interest Law Clearing House (PILCH)*
Avoiding giving false impressions of expertise	• *If giving advice of a legal nature, make sure the recipient is aware that you have no legal qualifications*

Checking Work Cover and Public Liability Insurance	• *Committee, staff and volunteers offered training re who it covers and under what circumstances*
Recording incidents in a day book to show why you acted as you did in a difficult situation	• *Letting someone give a person with a disability a lift when their taxi didn't arrive*
Recording controversial decisions in Committee of Management minutes	
Negotiating over situations where *dignity of risk* and *duty of care* are potentially in conflict	• *Allowing person with a disability to participate in the decision making*
Be aware that you cannot contract out of a statute	• *A signed piece of paper waiving duty of care has no legal standing*
Behaving in a reasonable manner	• *As can be expected of someone who does not have a disability qualification*

4.6   Programming

Most recreational and educational facilities are aware of the need for physical access for people with disabilities. However getting a person into a building is only the start. Thought also has to be given to programmatic access.

Good Practice	**Example**
Networking with other agencies to keep program contents up to date and relevant	• *Life skills classes can be designed in consultation with supported accommodation staff around domestic requirements of participant's household.*
Providing a broad range of suitable programs	• *Decoupage and paper tole are not suitable for people with poor fine motor skills* • *On the other hand not all people with disabilities have poor motor skills*
Providing some project based rather than timetabled activities	• *Some people especially with psychiatric disabilities have difficulties committing to a regular time. They are better suited to something they can tackle when they feel well enough such as gardening*
Using "Drop In" or general activity classes to allow again for those who have difficulty making regular commitments	• *General craft* • *Internet access*

4.7   Publicity and Promotion

Participants have the right to choose their own activities. Advice and discussion beforehand should be encouraged, and decisions should be informed by as much information as possible. It cannot be assumed that all potential participants can read, or that all notices etc. are in places where they can be easily seen.

Good Practice	Example
Advertising of full range of activities to people with psychiatric and intellectual disabilities	• *General classes such as craft and computers advertised at Adult Training and Support Services as well as Literacy and Life Skills*
Cutting out jargon	• *" What you want to do" not "goals"*
Advertising in community languages	
Stating prerequisites of experience and qualifications	• *" Advanced Computer Course: knowledge of basic Word functions necessary to start"*
Stating where concessions are available	
Indicating degree of difficulty	• *Basic * Intermediate ** Advanced****
Using graphics and/or Compic to enhance written text	☎
Arranging notices to be readable from a wheelchair	• *Large print notices placed higher on noticeboards than small print*

4.8   Enrolments

Under the Disability Discrimination Act it is unlawful to exclude anyone on the grounds of disability or to make different enrolment conditions for people with a disability. Although advice can be given and recommendations can be made, people with intellectual or psychiatric disabilities must be given the same rights of choice as everyone else and their decision should be respected - not merely 'taken into consideration'.

Good Practice	Example
Encouraging participants to make their own bookings. If advocates, carers or referring bodies make bookings, asking why the participants can't book for themselves	
Allowing flexible time lines and process for enrolments	• *On line enrolments. E- mail enrolments*
Not assuming that all who want to enrol can read	• *Offering to complete forms before they need to make an excuse such as losing their spectacles* • *Giving people the option of either calling in to enrol or having an enrolment form sent out to them*
Inviting all prospective participants to discuss activities before enrolment	

Advising as to whether there are other people with disabilities in the class	• *Some participants with a disability may wish to choose a more integrated class*
Having the same enrolment forms for all participants, which include: • relevant medical information • emergency contact number • any special needs • whether they are willing to help a person with a disability	 • *Asthma; epilepsy* • *Support worker, wheelchair ramp*
Including an individual medical action plan on reverse of enrolment form	

4.9　Communication and Language

It may be necessary to remind others that people with disabilities respond, like all people, individually. They don't need a special tone of voice, and like anyone else they dislike being embarrassed, belittled or patronised. Also some people with intellectual or psychiatric disabilities may have been in an institution for a long time and had few, if any, models on which to base what we would consider acceptable social behaviour. This does not mean they can't learn, but it helps to be shown.

Good Practice	Example
Speaking to the person not their carer	• *And therefore looking at the person not their carer*
Allowing time for person to express themselves	
Asking how a communication board works if one is used	
Talking as if to anyone else	
Asking for repetition from the person concerned (not the carer) if communication is not clear	
Putting the person first when referring to them	• *"Person with a disability" not "disabled person"*
Using terms which reflect individuality	• *"John and Susan" not "the MIDs" (Mild inellectual disabilities)*
Waiting to see if an offer of help is accepted before giving assistance	
Pointing out or correcting inappropriate behaviour privately and politely	
Encouraging feedback on activities	
Speaking clearly using familiar language	• *"What would you like to do?" not "What are your goals?"*
Making eye contact before speaking	
Delivering your message slowly	• *Pause frequently to make sure person has understood*
Including in conversation	• *Introduce to others* • *Assume they understand and can contribute*

Talking in the here and now	• *"You'll need a hat today it's sunny" not* • *" You might need a hat tomorrow"*
Giving feedback	• *Use prompts e.g. smiling* • *Respond to suggestions* • *Encourage opinions – "What do you think?"*
Asking what is required to help	
Asking if there is a communication book	• *For people who do not communicate verbally*
Referring to disability positively	• *"Sarah has cerebral palsy" not* • *"Sarah can't hold a pen"*
Focusing on competence not what can't be done	• *"John can stir the pot" not "John can't cook"*
Accepting that there will be times when you and the person with disabilities will be tired and stressed	

4.10   Basic Classroom Strategies

Many neighbourhood house tutors are not trained teachers, but local people with a skill to share. Some knowledge of classroom strategies should assist any tutor, but are particularly useful in dealing with classes of mixed abilities.

Good Practice	Example
Outlining course content at start of class	
Having a range of activities to meet differing abilities	• Choice of dressmaking options.
Setting ground rules for discussion, group work etc	• One person to talk at a time
Using positive instructions	• "Make small stitches" not "Don't make big stitches"
Repeating and revising important points	

Varying teaching methods	• *Use:*
	  • *visual aids e.g. poster, VCR*
	  • *audio e.g. tape deck,*
	  • *written, e.g. books,*
	  • *tactile e.g. examples of craft*

Using "buddy" systems	• *Two people working on a task together*
Using group work	
Creating project based tasks to allow students to finish in their own time	
Praising and reinforcing all participants	
Being consistent	

4.11   Working With Participants With Disabilities

Tutors and group leaders do not necessarily need to have in-depth knowledge about disabilities unless a particular disability is likely to affect a participant's opportunity to benefit from an activity. It is more important that tutors can listen and have a constructive approach to building on what a person can do rather than what they can't.

A person with a disability who attends a class is not integrated unless they can participate in the same way as everyone else in the class.

Good Practice	Example
Asking person with a disability personally and privately if there is anything you should know about their disability and how any difficulty can best be overcome	
Knowing the provisions of the Disability Discrimination Act and house policies on inclusion	
Allowing student to use non verbal means of attracting attention	• *Waving arms - some people with disabilities find it hard to use language to initiate a conversation*
Explaining expectations to support workers	• *They are not teachers*
Obtaining student permission to alter or do their work for them	
Reducing support towards the end of an activity	• *Allow student to feel they have finished something themselves*
Waiting to see what a student can do before rushing to help	• *Go easy on the cotton wool*
Following up absences	
Using support personnel to help others in the class	
Modelling good teaching practice	• *For people with an intellectual disability breaking down tasks into the smallest possible steps* • *encouraging and praising* • *letting the person do things for themselves* • *communicating, demonstrating, practising and checking each step until understood*
Allowing time and making allowance for possible short term memory loss or fatigue	
Expecting student to take responsibility for own behaviour **BUT**	• *In line with house access policies*
Discussing inappropriate behaviour privately, and politely	
Persevering	• *Some people with disabilities "turn off" if they sense impatience*
Interacting with person with disability in the same way as with other students	• *Not leaving student isolated with support worker*

4.12   Support Workers

Support workers burn out easily. Their job can be made less stressful if they are themselves supported.
Also allowing support workers to help others in the class besides their 'client' lessens the chances of isolating a person with intellectual or psychiatric disability within the class and making the disability more obvious.

Good Practice	Example
Allowing support workers to assist others in the class, and introducing them to the whole class as someone who can assist them all	
Ensuring that support workers do attend the class with their "client" and negotiating their attendance beforehand	• *Working out when support workers can go for a cup of coffee or a break*
Allowing support workers opportunity for debriefing and contact with other workers	• *Regular coffee meetings after work* • *Staff meetings*
Allowing support workers their own physical space	• *Shelf or cupboard to keep equipment in*
Treating support workers as regular staff members	• *Inviting to social events* • *Job descriptions*
Allowing support workers to exchange jobs with other workers or staff members to lessen burn out	
Lessening support role as person with disability's confidence increases	
Ensuring that support workers know their rights, responsibilities and duties	• *Job descriptions*
Introducing support workers to other staff members	
Identifying any outside support networks for support workers	
Providing support workers with relevant and adequate materials	

4.13   Social Practices

Social occasions provide opportunities to break down barriers in a non-threatening manner. They can include organised events such as community lunches or coffee mornings or more informal times such as meeting in the kitchen over tea breaks.

Good Practice	Example
Providing plenty of opportunities for social interaction with other members of the community	• *Lunches, shared watching of high interest news items on TV*
Having fun	
Allowing people with disabilities the chance to offer as well as receive services	• *Cooking the lunch, sharing the washing up*

Allowing space for participants *not* to socialise if they choose	• *Some people with psychiatric disabilities in particular sometimes need "down time" during a depressive episode*
Providing models of good communication practice through use of experienced staff and/or volunteers	

4.14   Evaluation

Given a choice between complaining or simply leaving without saying anything, most people will just leave However not all participants (particularly those with a disability) have the same opportunities for choice. Therefore evaluation strategies other than attendance records have to be considered.

Effective evaluation should be simple both to participate in and to collect otherwise it may be discontinued. Informal evaluation (e.g. chatting to participants) is valid but needs careful, non-judgmental listening skills and some form of documentation, otherwise it is inaccessible to outside evaluation.

Speedy feedback on complaints and suggestions encourages user participation in evaluation exercises.

Good Practice	Example
Having an evaluation process available to all users and encouraging all participants to give feedback on activities	• *Simple forms which can be taken home or assistance provided if needed* • *Informal chatting to classes* • *Time for evaluation made in class time*
Using some form of confidential evaluation	• *Suggestion box; E mail*
Keeping all forms simple and to the point	• *" Did you like this class?"* • *"What could be better?"*
Responding quickly to complaints and suggestions	
Giving feedback on subsequent actions	• *Letting someone know what happened to their suggestion; whether it will be taken up or, if not, what the argument was*
Consulting participants on relevant policies	
Following up on non-attendance	

4.15   Volunteers

These guidelines are directed specifically at the use of volunteers as support to people with intellectual or psychiatric disabilities. A resource manual on general Good Practices in Volunteer Management is available from ANHLC.

Volunteers should not be used to replace professional workers. They are valuable both as social contacts and in helping to make activities more accessible for people with disabilities. But they need to know that they are valued, they need to be supported and they need to be made to feel part of the house community. As volunteers they have the right to choose what work they do, when they do it and for how long. In return, volunteers have a responsibility to do the job they say they are going to do and to give reasonable notice when their ability to meet their commitment changes or ceases.

Good Practice	Example
Interviewing volunteers to assess: Level of commitment and preferred work Willingness and ability to conform to organisation's philosophy and policies	
Providing induction/training	• *See Training page*
Ensuring all volunteers know and comply with legal requirements	• Disability Discrimination Act 1992
Providing volunteer job descriptions	• *Resources available from ANHLC regarding volunteer rights and responsibilities*
Providing support	• *Opportunities to meet others* • *Access to professional help and advice if needed*
Allowing volunteers input into policy development	
Giving clear guidelines as to how and when support role may be diminished	• *As person with disability gains more confidence*
Providing positive feedback on performance	• *Informal acknowledgement*
Rewarding volunteers	• *Social events, thank you letters*
Allowing opportunity for feedback	• *Hold regular planning/debriefing meetings*
Providing grievance policy	
Providing flexibility	• *Exchanging jobs with other volunteers*

4.16   Training

Training takes time and resources, both frequently in short supply in community organisations. However training of volunteers, staff and tutors, can provide the confidence needed to be able to accept people with intellectual or psychiatric disabilities into the community. It does not have to be formal; it can consist of good practice 'modelling' by experienced personnel combined with 'buddy systems'. Since most community organisations are not specifically 'disability service providers' and are not expected to replace professionals, comprehensive knowledge of disabilities does not necessarily need be a part of training.

Good Practice	Example
Providing training opportunities for staff, tutors and volunteers	
Placing advertisements for outside training in accessible places	
Assessing level of training needed	• *Use of needs assessment process*
Modelling of good practice by experienced staff	
Ensuring knowledge and compliance with legal requirements	• *Disability Discrimination Act 1992*
Ensuring personnel have procedure to follow in case of crisis	• *Participant leaving class inappropriately or in distress or ill*
Compensating tutors for pay lost in training	
Providing acknowledgement of training	• *Certificates* • *Accreditation*
Negotiating training opportunities with funding body or other agencies	• *HACC, ACFE*

Appendix 1

Sample Enrolment Form including Optional Medical Action Plan
Sample Enrolment Form

Our funding body needs us to collect information about students. We would be grateful if you would fill in this form and return it to (the coordinator/ office/ tutor) **The information collection, storage and access procedures will be conducted in accordance with the House/Centre Privacy Policy (ask the coordinator for a copy) and the requirements of the Information Privacy Act 2000 (Vic) and Health Records Act 2001 (Vic)**

Everybody is welcome to this place without discrimination

Course/Activity: _____ **Starts:** _____

First Name: _____ **Last Name:** _____

Address: _____

_____

Age under 18   18-30   30-40   40-50   50-60   over 60
(circle one)

Emergency Contact Telephone No: _____

Medicare No: _____

Do you need support to do this activity?   Yes   No

Would you be willing to help support a person with a disability?
                                        Yes   No

Are you eligible for a concession?   Yes   No

Do you have you a medical condition that might affect your ability to do this activity?   Yes   No

If you say yes to this question you may still join the activity.

Signed _____ **Date** _____

How did you hear about this activity?
Newspaper   **Brochure**   **Friend**   **ATSS**
Other_____

Optional Medical Action Plan

This plan is designed to help those who suffer from conditions such as asthma, epilepsy or allergies where help from a tutor or worker may be needed. **Anything written here will be kept confidential unless needed in an emergency. Information collection, storage and access procedures will be conducted here in accordance with the House/Centre Privacy Policy (ask the coordinator for a copy) and the requirements of the Information Privacy Act 2000 (Vic) and Health Records Act 2001 (Vic)**

If you do not fill in this form you can still join in an activity, it is simply a precaution for **YOUR** safety.

NAME:_____

Please give as many details as possible. Thank you

Nature of Condition

Trigger Factors (what starts the condition off or warns you that it is coming?)

Symptoms (how will we know there is something wrong?)

Treatment and or Medication

What should we do?

When is medical attention necessary?

Who should we contact?

Emergency Contact Telephone No:

Appendix 2

Glossary of Disability Terms

ABI	Acquired Brain Injury
Access	The means by which a person can join in
ATSS	Adult Training Support Services. Provide day training and activities, sometimes also accommodation and employment services
Advocate	An advocate is someone who acts or speaks (Advocacy) on behalf of another
Augmentative Communication	Methods of communication which don't use speech e.g. Communication boards, Compic (see below)
Auslan	A sign language
Citizen Advocacy	A program for matching volunteers as advocates to people with disabilities
Communication Board	A board, usually with letters and words or pictures, which can be used by someone with no speech
Communication Dictionary	A book kept by an individual listing the gestures and signs that person uses to communicate
CAT team	Crisis Assistance and Treatment team to treat emergency psychiatric cases (usually when either the person or a member of the public is in physical danger)
Compic	A set of computerised graphics that symbolise concepts which are used in communication (a number of compic graphics are used in the easy read documents)
Consumer	Currently the most common term to refer to someone who uses psychiatric or intellectual disability services
CRU	Community Residential Unit. Accommodation, usually for three or four (but sometimes more), for people with disabilities living in a supported environment
CTO	Community Treatment Order. An order which enables some involuntary psychiatric patients to live in the community while they receive the necessary treatment for their illness
DDA	Disability Discrimination Act 1992
Disability	The definition used in the DDA is very broad. Briefly it includes:

For Disability:

- loss of physical or mental functions
- loss of part of the body
- infectious and non infectious diseases
- malfunction, malformation or disfigurement of a part of the body
- a condition which means a person learns differently from other people
- any condition which affects a person's thought processes, understanding of reality, emotions or judgement or which results in disturbed behaviour.

Deinstitutionalisation	Traditionally: the policy and practice of transferring people with disabilities from long term custodial care to care in community settings
Discrimination	Discrimination happens when a person is treated less favourably than others because the person has a disability
DSA	Disability Services Act 1991
Equity	All people being treated in the same way
FFYA	Futures for Young Adults. Also known as "Futures" or the "18+ program". State government program to fund further training or activities for young people with disabilities from the time they reach 18 years
HACC	Home and Community Care. Commonwealth funding distributed through the States (DHS) to assist people with disabilities and the aged
HREOC	Human Rights and Equal Opportunity Commission
IDPSA	Intellectually Disabled Persons' Service Act 1986
Inclusion	The social, emotional and physical participation of a person into all aspects of society they wish to be involved in
Integration	Opportunity to participate in everyday aspects of life

[NB The distinctions between the two above definitions are not always clear. Essentially however whereas "Integration" provides the opportunities, "Inclusion" means it is actually happening]

IPP	Individual Program Plan.
LRA	Least restrictive alternative. The situation which provides a person with the greatest degree of freedom
Mainstream	What is considered typical or usual in the given community
Makaton	A signing language
Normalisation	Term coined by Nirje in the late 1960's to describe how each person has a right to experience a life style that is normal within their culture
RCTO	Restricted Community Treatment Order. (see CTO)
Self advocacy	People with disabilities working towards obtaining their own rights
SRV	Social Role Valorisation. A theory established by Wolfsenberger in 1970's which involves establishing valued roles for people who are not valued by society
Systems Advocacy	Advocacy which works for the rights of a whole category of people with disabilities rather than working on behalf of an individual