



Shared Visions

.....disability conference 2009

Concurrent session abstracts



Brisbane Convention and Exhibition Centre 2-3 April 2009



Family-managed funds: putting families in control

Kathryn Treston, Mamre Association

Introduction:

Mamre is a family support organisation in Brisbane whose purpose is to “work with families, one family at a time, to build a rich and full life for their individual with a disability and themselves”. Since 1982 Mamre has continually challenged what is possible for people with a disability and their families.

Body:

Since 1997, Mamre has transferred funds directly to families so that they could direct their family support when and how they needed it. In 2008, Mamre reviewed this program to check that it did meet families’ needs and whether it could be improved.

Families continue to enjoy having control over their funds and have developed capacity over time to train and manage staff, use their support creatively and integrate it with the informal support that is provided through family and friends.

The requirements of the Australian Taxation Office, Centrelink and other authorities have changed in the last 12 years. In consultation with these authorities, Mamre has now developed simple guidelines for families to manage these requirements.

Conclusion:

This work has attracted attention from other family support organisations in Queensland and from the Victorian and New South Wales Government. In the next five years, Mamre intends to expand the program and to build the capacity of families to manage the funds and direct their service to their optimum.

Biography:

Kathryn Treston led the establishment of Mamre Association Inc in 1982, after discovering the teachings of Jean Vanier. Kathryn’s latest role in Mamre has been its director for the last eleven years.

Kathryn has been influential in the development of government policy for family support both in Australian and overseas and has personally guided many like minded service providers in their work with families.

Kathryn has personal experience in family managed funds. She manages the funds and directs with others the support for a family member with a disability to live independently in her own home. Kathryn has a strong belief in the capacity of families, if given the opportunity and the right tools, to develop a strong vision and to turn that vision into day-to-day reality.

Communication is the key

Petra Svab and Jasmin Bellos, Deaf Services Queensland

As Community Access Workers we provide information, advocacy and referral to deaf clients – in their own language.

The language of deaf people is not as simple as one might think. Imagine trying to learn a second language, having never heard the words spoken before – learning it only by how it looks on the lips or written on paper. For many deaf people, this is the case with English.

There is a vast difference in ability and fluency in languages that deaf people use, involving combinations of spoken and written English, Auslan (Australian Sign Language), Signed English, international signed languages, gesture and mime. However most of our clients use Auslan.

Communication barriers exist for our clients when trying to access generic and everyday services. The challenge for us is to educate service providers, allowing them to become more aware of the language needs of deaf people, in addition to the services they may require.

In addition to the communication issues, our clients face an information barrier, rarely being armed with enough information to make informed decisions about their lives. We are constantly challenging the barriers to communication, educating service providers in how they can make their services more accessible whether through the provision of interpreters, captioning, or simply adopting new technologies for communication such as SMS, MSN and OOvOO. This presentation will explore the barriers and provide you with some real strategies to enable your service to become more 'deaf friendly'.

Biography:

Jasmin Bellos is Deaf and currently works as a Community Access Worker at Deaf Services Queensland. Jasmin has worked with Deaf clients since 1999 when she started as a support worker for deaf people with additional disabilities. Jasmin now works as an advocate, lobbyist and access worker for the Queensland Deaf Community.

Petra Svab currently works as a Community Worker at Deaf Services Queensland. Petra has had extensive experience working within the deaf sector in South Australia, NSW and QLD and is currently on Disability Discrimination Act Reference group.

Born Deaf, Petra has been a part of the Deaf Community all her life. She has faced barriers, discrimination and frustratingly slow progress in terms of government recognition of the rights of Deaf people.

In 1996 Petra was involved in workplace accident that means she is now in wheelchair. This has broadened her understanding of access issues and communication issues and dealing with people in general.

Adult placement schemes: shared lives

Robyn Jackson, Griffith University

Introduction:

The purpose of this presentation is to introduce the idea of an Adult Placement Scheme as a viable and positive option for the care of people with disabilities. These types of schemes enable service users to live as independently as possible whilst sharing in

normal family life. They also enable important long-term relationships developed between carers and young people through childhood and adolescence to continue. Adult Placement Schemes are well established in the UK and the US. Documentation and research from these countries are used to highlight how these schemes work and how they are regulated

Body:

Following are a list of a few questions that this paper will address:-

- What is an Adult Placement Scheme ?
- Who is an adult placement suitable for?
- What is the profile of a typical carer?
- What are some examples of regulations and standards that are in place to ensure the service users receive good quality care and life experiences?
- What are the identified benefits for the service users?
- What are some of the costs of providing this type of service?
- Some case studies from the literature will be presented along with examples of instances of adults placements that are currently operating in Queensland.

Conclusion:

This paper demonstrates how this type of service delivery works in the US and the UK and recommends that an Adult Placement Scheme be implemented in Queensland to meet some of the unmet need for people with disabilities and their families.

Biography:

I have worked, studied and researched in and for the Disability Field for over 20 years

I have worked in a variety of roles such as Support Worker; House Parent; Service Co-ordinator; Shared Care Provider (Foster Carer) for children and adults with severe to profound disabilities and researcher. All of these roles have provided me with a variety of learning experiences and a deeper understanding of the needs of people with disabilities and their families.

While researching I have carried out several projects in the area of children with severe to profound disabilities who are in the care and protection of the state. My current research project is about the experiences of parents who seek out-of-home placement for their severely disabled child.

Delivery of early intervention services for children with physical disability: an application of program logic

Jenny Ziviani, The University of Queensland

Introduction:

There is impetus for the delivery of early intervention services for children with physical disability and their families in Australia. Given that these require significant financial investment further research examining their effectiveness is both timely and necessary.

Background:

The Queensland Government, through Disability Services Queensland (DSQ) provided funding to the Cerebral Palsy League of Queensland (CPLQ), MontroseAccess, and Sunshine Coast Children's Therapy Centre (SCCTC) to deliver early intervention services to children with physical disabilities (aged birth to 8 years) and their families. Coupled with this initiative, DSQ sought an independent evaluation of service outcomes. In undertaking evaluation studies it has been argued that a focus on results or outcomes can result in insufficient attention to program definition and the causal mechanisms through which change is effected. In this presentation we aim to demonstrate how the goals outlined in the DSQ early intervention initiative were adhered to and modified according to the three organisational contexts in which they were applied. In so doing we hope to demonstrate how program logic can be used as a means of determining and understanding these variations.

Conclusions:

While the three early intervention programs were all being delivered in a manner consistent with the Early Intervention Initiative guidelines, the broad nature of these policy documents meant that the exact programs delivered varied considerably depending on the context of each service provider.

Differences in implementation of the Early Intervention initiative can be attributed to contextual variations in the three service providers. Characteristics of organisations which impact on implementation include organisational structure, hierarchy and decision making processes, size, culture, climate and goals.

Biography:

Jenny Ziviani has a clinical background in occupational therapy and an academic career spanning 25 years working both in Australia and overseas. Her professional life has been concerned with children at risk from a range of physical, developmental and psychosocial conditions, their families and communities.

She values collaboration as a means of working and takes a strengths approach (identifying individual talents and abilities) to clinical as well as academic activity. As an active researcher she has successfully managed large projects, publishes widely and supports a productive group of postgraduate students. She is very excited by the opportunity offered by DSQ to provide insights into the effectiveness of early intervention services for children with physical disabilities and their families.

Social inclusion: How do we make it so?

Jeff Cheverton, The Queensland Alliance

Social inclusion campaigns focused on mental illness exist in New Zealand, USA, Scotland and England, with Canada's campaign in development. These campaigns have significantly changed people's attitudes towards people with mental illness in these countries. Jeff Cheverton visited all these nations on a Churchill Fellowship and met with the people who created, delivered and participated in these campaigns. They include a mass social marketing component and linked to localised community education. Jeff will present television advertisements and other campaign material, and the evidence of their impact.

Baxter's bash

Mardi Finlay and Renae Woodforth, Integrated Family and Youth Services

Introduction:

In 2008 4 young men decided to reach for their dreams and whilst the journey they undertook achieved this it was also one of the greatest examples of social inclusion for people with disabilities.

Body:

Baxter's Bash is the story of how the inclusion of people with disabilities can truly be achieved within the most unlikely of communities. These young men had grown up as children who were recipients of variety fundraising endeavours. They were notably the first team of people with disabilities to participate in the Variety bash and they raised approximately \$17 000 to give back to a community that had helped them. In return they have successfully become valued members of the Variety community and recognisable celebrities within their local community for their abilities.

Conclusion:

The Baxter Bash presentation will show that with planning, the right supports and determination four young men changed the thinking of over 600 people in a ten day period and then went on to challenge the thinking of a nation through the airing of their documentary "Baxter's Bash" on Network 10 in December 2008.

Biography:

Mardi Finlay is Manager of the Inclusive Living Program and was the contingency support worker for IFYS Team Baxter. Mardi grew up with a family member who has a disability and as a result of this experience has worked in the field for 23 years. Mardi's experiences have included supporting people in supported accommodation, working with children in school settings and providing supports to people through the community health sector. Mardi's experiences have also taught her to never underestimate another human beings potential.

Renae Woodforth is a Case Facilitator with the Inclusive Living Program and was the IFYS Team Baxter Coordinator for the 2008 Queensland Variety Bash. Renae has worked within the area of disabilities for approximately 18 years starting out in therapeutic recreation for children with physical disabilities. Renae believes there are no boundaries only challenges that with a little bit of support can be overcome.

An innovative partnership approach to mental health recovery in remote Indigenous communities

Michelle Leenders, Creative Recovery

Creative Recovery aims to capitalise on the ways in which engagement in creative arts can encourage indigenous people with mental health issues to participate meaningfully in civic life. Participants in the project are indigenous consumers of mental health services who are living with severe and complex mental health issues. It has been piloted in the community of Lockhart River in Far North Queensland, operational since 3rd October 2008. The targeted participants engage in weekly visual arts workshops at

the Lockhart River Arts Centre, learning skills in the visual arts to express themselves and share thoughts, feelings and experiences with others.

The engagement of a full-time worker from the community to facilitate the Creative Recovery participants into the general activities of the Art Centre is central to the project. It is envisaged that this will improve social inclusion of people with mental health needs, reduce stigma and foster mental health literacy in the project community. In addition to this, there are plans to apply a comprehensive Evaluation framework to the project in order to add to the body of evidence around Art in Health Initiatives; there impact on social inclusion and potential for improving community wellbeing.

The 3year Creative project is funded by Queensland Health, Disability Services Queensland and supported by Arts Queensland

Social and community inclusion and rethinking service delivery

Valmae Rose, National Disability Services

The current disability service system is no longer working for us in its current form. In spite of a significant increase in the totally disability service budget in recent years, the level of unmet need for disability support remains unacceptably high. Government, non-government agencies, people with disability and their families agree that we need to find new ways of working.

Over the past 12 months, NDS has been having conversations that matter around the question, what would it take to create a disability service system that meets the needs of all Queenslanders with disability. The results have provided powerful evidence that service providers, people with disability, families and members of the broader community are eager to be involved in exploring and driving more creative, person-centred responses to the needs of people with disability.

This paper outlines the move toward real community engagement and explores the issues of creativity in service responses.

Biography:

Valmae Rose has worked in the disability sector since 1983, starting as an Occupational Therapist in a range of government and non-government agencies, primarily with children with disability. From 1994, Valmae worked for a private training and consultancy agency across Queensland, NSW, and the Northern Territory and was involved in the development and delivery of curriculum to disability organisations, the establishment of competency based wage systems, and a range of service evaluation and organisational development projects.

Since June 2003, Valmae has worked for NDS Queensland and is committed to their reason for being – to create a public policy environment that supports the work of services providers in providing quality services to people with disabilities.

Inclusion is... inclusion is not the lived experience for people with disabilities

Fran Vicary, Queenslanders with a Disability Network

Introduction:

This paper will critique and discuss the theme of social inclusion for people with disabilities. It will explore what social inclusion is, how it is experienced (or not) by people with disabilities and some of the circumstances and supports required to make society more inclusive and welcoming.

Body:

The paper will include personal stories from people with disabilities to give participants powerful insights into how movements for social change, policies, practices impact on people's lives. It will critique social inclusion from a historical perspective – looking at the origins of de-institutionalisation – provide a reminder of the original impetus for change that put social inclusion for people with disabilities on the agenda.

Part of this review will include a discussion of policies and practices that empower people with disabilities, and a look at some practical ways to facilitate social inclusion. The paper will also critique legislation, funding strategies, policies, practices and service models that progress and support societies to be inclusive of people with disabilities.

Conclusion:

The paper will be followed by a brief panel discussion which critiques emerging practices and explores the positive or negative these have on social inclusion. This discussion will develop key suggestions on what social inclusion is, what it is not, and how communities can be more inclusive of people with disabilities.

Access all languages: an introduction to the interpreting and translation assistance strategy

Brett Casey, Deaf Services Queensland

In Australia, we do 'support' really well. Our Non Government Organizations are staffed with passionate and dedicated people providing the highest quality services to some of the most vulnerable people in our community. These services are often under – resourced and under - funded and yet they continue to strive for the best possible outcomes for clients and their families.

Unfortunately, the vast majority of these wonderful services remain out of reach for a significant number of Australians simply because they do not speak or see English. This group is not limited to refugees or migrants; Non English speaking people include:

- Blind and Vision Impaired who use Braille
- Deaf and Hearing Impaired who use Sign Language
- CALD (Culturally and Linguistically Diverse)
- Aboriginal and Torres Strait Islander

A new initiative through Disability Services Queensland has seen the launch of the Interpreting and Translation Assistance Strategy – which will provide interpreting and

translation assistance to people accessing a Disability Services funded Non Government Organisations.

This presentation outlines the new service and its implementation and will explain the process for booking and using an interpreter or translation service. A demonstration and explanation of the role of interpreters, why you should always use an accredited interpreter and a light hearted look at how NOT to use an interpreter.

Biography:

Brett Casey is the General Manager of Deaf Services Queensland. As a daily consumer of interpreting services, Brett's commitment to seeing interpreting access available to all non-English speaking people is very personal.

Brett has a long history of involvement in the Deaf Community, holding positions with NSW Deaf Society, Australian Association of the Deaf, Australian Theatre of the Deaf and now Deaf Services Queensland.

With a degree in law, and a special interest in Discrimination Law, Brett is a strong and passionate advocate for equal rights across all sectors of the community.

The 'traffic lights' framework: an early intervention approach to protecting children and adolescents with a disability from sexual abuse

Georgina Livingstone and Judy Graham, Family Planning Queensland

Introduction:

Many sexual behaviours in children and adolescents with a disability are appropriate and part of healthy development towards adulthood. The question is, How do we identify which sexual behaviours are age appropriate and 'normal' and which might be concerning, place others at risk or be offending? The Traffic Lights framework helps professionals, families and carers to use an early intervention approach to recognise, communicate about and respond to sexual behaviours in children and adolescents.

Body:

The Traffic Lights framework will be presented using scenarios to encourage discussion and practical application of the model. It is designed to assist professionals, parents and carers who support children with a disability by providing a framework to identify 'normal and healthy sexual behaviours, and some at risk or offending sexual behaviours. Next steps are to assess and develop strategies to respond to these behaviours with a practical and positive approach.

Key ideas to be presented include:

- Sexuality is integral to a person's identity and develops throughout life
- When a child or adolescent displays sexual behaviours which increase their vulnerability or causes harm to another, adults have a responsibility to provide support and protection
- Using a framework for identifying sexual behaviours assists in the process of responding to young people's needs in a positive manner that prevents more at risk behaviour

- All children and young people have the right to be safe

Conclusion:

The Traffic Lights framework has been well received by teachers and special education staff, disability staff, health professionals, parents and carers, Child Safety and foster care agencies, who have attended our professional workshops.

Biography:

Georgina Livingstone is a Disability and Sexuality Educator at Family Planning Queensland (FPQ) in the Brisbane region. She has extensive experience working with people with a disability and young people at risk. Georgina was also in the role of project officer in the development of Responding Positively to Sexual Behaviours: The Traffic Lights Model DVD. This DVD won the DSQ award in the category of education and the arts during Disability Action Week 2008.

Judy Graham is the Program Coordinator of the Traffic Lights: Sexual Development and Behaviour Program at Family Planning Queensland (FPQ). She has experience working in education and disability sectors. She works with FPQ providing sexuality education and training to young people and their parents and carers. Judy also coordinates a state-wide professional development project working with schools and special education staff to increase their capacity to deliver sexuality education programs to students with disabilities. She has a special interest in research and resources which guide the promotion of sexuality as a normal and healthy aspect of life.

I may be non-verbal but I got a lot to say

Marlena Katene, facilitated by Bert Hibbert

Introduction:

There are many ways in which we communicate. Words only take up a very small percentage of communication skills. I am non verbal however I can communicate with you.... if you want me to.

Body:

Having a disability means does not mean I am dumb or stupid. You do not have to talk to me slowly or in a weird voice. People whom have a disability often are frustrated by the way some people communicate with them. There are certain ways which would enhance communication between a person with a disability and their chosen communities. Let's look at these ways in an open and honest way. Communication is the key for many people to be included within their community. It is ok not to understand specific techniques for communicating as this would be impossible. With the right attitude however we can communicate with whom ever we choose. This was made apparent to me on a school excursion last year.... to Japan. For 2 weeks my 32 peers were finally in the same boat when it came to communication.

Conclusion:

With the right attitude and some very basic techniques we can communicate with people of all abilities. Communication can take that person to wherever it is they want to go.

Critical need not critical mass: meeting the needs of people with a disability in rural and regional Australia

Stephen Winn, University of New England

Australia is a vast continent with a significant proportion of the population located on or near the coast. Australia is also a country with cities beyond 100 kilometres from the capital cities where up to 100,000 people may reside and also have localities where only 50 people reside that are several hundreds of kilometres from those regional cities. The critical needs of Australians do not change over distance however it requires a critical mass to be able to put in place services that may be able to support and assist those people in rural and regional parts of Australia.

This paper examines how as a country we may be able to meet some of these critical needs of people with a disability with the use of assistive technology and in particular synchronous video conferencing using wireless or broadband connection and web cams that have soft codecs. The lack of infrastructure particularly fast rail and frequent air services to regional locations means that most people have to either drive vast distances or utilise facilities that were not designed to support a vast array of services. This is particularly so in the area of disability support. The alternative is for people to become increasingly dependent on their own resources to manage and support their needs which can have a major impact on the individual's quality of life, diminish social inclusion and have a negative impact on the productivity and employability of people with a disability and their unpaid carers.

This paper highlights how with effective use of resources we can enhance social inclusion of people with a disability in rural and regional Australia by utilising the technology available and providing this support to people with a disability.

Early childhood intervention service family toolkit

Rhys Kennedy and Joanna Butchart, Cerebral Palsy League of Queensland

Introduction:

In an innovative approach to address prevention and early intervention of childhood physical disability, the Early Childhood Intervention Service (ECIS) Family Toolkit is being developed. The ECIS Family Toolkit will empower families who have a child with physical disability to promote and influence their child's development course by providing information on typical child development, and strategies to help their child achieve social, emotional, participation and developmental goals.

Body:

The toolkit is an interactive web-based resource for therapists to produce customised activity cards for families. These give ideas of activities to promote the child's development and importantly explain the rationale behind these activities. Enabling families with a greater understanding of the rationale behind activities being practiced, strengthens their skills and promotes the families own resources to create additional games and activities to address their child's needs and goals. This information currently does not exist as a combined resource or in a computer-based format that allows easy generation of material customised to individual families. The resource will save

therapists and early intervention workers time in putting together information and exercise programs. This enables more efficient service delivery and provision of services to more families in the current economic climate where time and funding is limited.

Conclusion:

The expected completion of the pilot version of the Family Toolkit is July 2009, after which this innovative toolkit will be available for therapists and, other professionals in the area of early intervention, to use in supporting the families with whom they work.

Biography:

Joanna is currently working for the Cerebral Palsy League of Queensland in Hervey Bay. She has 4 years experience working with children with multiple disabilities having previously worked for a Specialist School in Victoria. Joanna completed a Bachelor of Physiotherapy (with Honours) from the University of Melbourne in 2004 and a Master of Physiotherapy (Paediatrics) from the University of Queensland in 2008.

Rhys is an Occupational Therapist who currently works for the Cerebral Palsy League of Queensland in Rockhampton. Rhys has 4 years experience working with children with multiple disabilities and their families. Rhys has a particular interest for service delivery innovations that exceed family expectation and represent value for money. Rhys is currently studying a Master of Business Administration.

Creating pathways and securing futures: professional development for artists

Emma Bennison, Sally Josephson and Sam Tracy, Access Arts Inc.

This presentation will illustrate how the creative process can be a powerful tool for assessing needs and capacity of a client group without lengthy meetings or application processes which can be invasive and off-putting for young people and their support networks. In 2008, Access Arts conducted a hugely successful six-week pilot program, "Keepin' it Real", involving 35 young people aged between 16 and 30 including those from Aboriginal and Torres Strait Islander (ATSI) and disadvantaged backgrounds. The pilot was a creative consultancy incorporating a hip hop workshop which provided a vehicle for identifying the needs and interests of the young people involved. Workshop outcomes to be outlined in the presentation including the development a focus for the ongoing development of the hip hop program, employment of six Indigenous and seven non-Indigenous artists in the pilot including young and emerging artists, filming of a DVD documentary to be used as a marketing tool for the program and the sharing and learning of new skills which assisted in group and individual storytelling, building self-esteem, self-confidence and respect for others. The program has been a huge success and the Australia Council of the Arts is funding a further twelve month program which will build on the pilot and include mentoring and professional development and community showcase events.

The presentation will be divided into three short segments:

- Outline of creative consultancy pilot
- Showing of DVD documentary (approx. 5 mins)
- Plans for 2009 program

Access Arts' professional development programs promote equal opportunities for artists experiencing disabilities and disadvantage to contribute to the arts sector.

Aboriginal and Torres Strait Islander Disability Network of Queensland

Alan Parsons and Willie Prince, Aboriginal and Torres Strait Islander Disability Network

The Aboriginal and Torres Strait Islander Disability Network of Queensland is a small group of ATSI people that have taken on the role of a steering committee having come together with invited others to establish an ATSI Disability Network for their people that can be accessed anywhere in Queensland. They have begun this journey because they share a passion to address the impact of disability and associated issues that affect their people and their culture.

The presentation at Shared Visions will provide an overview of the Network and will also highlight ATSI people with a Disability and share their stories. The presentation will highlight best practice for service provision for Aboriginal and Torres Strait Islander People with disabilities and will create awareness of a number of issues including social inclusion, regional areas, cultural appropriateness and communication.

The facilitated discussion will offer an open forum on possible ways to further develop the future direction of the ATSI Disability Network across Queensland. Through funding assistance from Disability Services Queensland, the Network will have regional ATSI representatives attending to assist in this discussion.

Due to the complex nature of the presentation, the Network requests two separate presentation and discussion sessions to be held over both days.

New frontiers in rehabilitation research: community care and friendship

Melissa Kendall, Acquired Brain Injury Outreach Service

Introduction:

Recent literature emphasises informal supports as integral to the ongoing well-being of people following injury, yet comparatively little is known about friendships. This presentation outlines the findings of a study designed to develop a theory of friendship following spinal cord injury (SCI) and explores the application of this theory to friendship following Acquired Brain Injury (ABI).

Body:

A total of 60 interviews were conducted with 19 people with SCI, 8 friends and 3 family members (1 wife, 1 sister and 1 mother) as well as 10 hospital and community-based rehabilitation staff. Interviews were also conducted with 16 people with ABI and one friend of a person with ABI. The primary concern identified for friendships following SCI was the diverging life paths of the injured individual and their friend. Diverging life paths were created by *enforced separation* and *priority drift*. To address this challenge, people with SCI, friends, family members and rehabilitation staff employed a variety of behavioural and cognitive strategies such as *working* and *redefining* that attempted to reconnect life paths. Among people with ABI, enforced separation and priority drift are

often exacerbated by the existence of cognitive impairments as well as societal stigmas. These factors also impact on individual capacity among people with ABI to implement working and redefining strategies.

Conclusion:

Healthcare workers in both hospital and community settings can play a significant role in reducing the separation experienced between friends following traumatic injury, and facilitating the reconnection of those friendships.

Communication support: getting back to basics

Matthew Wilson, Disability Services Queensland

Introduction:

It sometimes feels as if the further we advance in the area of communication support, the more challenging it becomes to make decisions about what constitutes the best possible individualised support to a person with Complex Communication Needs. The last few years have seen an increase in the availability of a range of specialised therapy programs and technology that endeavour to promote positive interactions. The challenge is managing to keep a balance between supporting communication skill development and supporting meaningful interactions for today.

Body:

Irrespective of our particular role - we all have a role as a communication partner. A successful communication interaction involving an unfamiliar person with Complex Communication Needs is often reliant on a communication partners' familiarity with using visual communication supports and confidence in utilising some generic interaction skills. Given the pivotal role of the communication partner in communication success, we need to be reflecting on how we support people to become confident skilled communication partners.

Conclusion:

Disability Services Queensland's *Communication Support for People with Complex Communication Needs* policy suite makes reference to the importance of considering the individual, communication partners and environment when providing communication support. The presenter will discuss some generic ideas to support positive interactions with people with Complex Communication Needs, build communication partner confidence, and promote communication friendly environments. An overview of a Communication Mentor's training model will be presented to showcase one training model designed to instil confidence in communication partners and increase peer modelling in positive interactions.

Educating young people: a successful Australian experience

John Lester, Mental Illness Education Australia

Introduction:

Our mission is to promote an understanding of mental illness among young Australians through education programs. The goal is to reduce prejudice and discrimination and promote positive attitudes towards the mentally ill. The program shows young people how to access appropriate help in their communities with an increase in early intervention and decrease in negative outcomes.

Body:

Classroom facilitators are volunteers, including young people, who have a lived experience of mental illness. Facilitators, are trained, accredited and supported by MIEA state offices, and speak from personal experience which gives the program great validity and credibility.

The program is well received by students and teachers, has been externally evaluated and enjoys enormous growth including rural, remote and Indigenous communities. Schools are supportive and enthusiastic and in our short history we have presented to over 300,000 students, teachers, parents etc.

Conclusion:

In 1998 we received international accreditation for best practices through the International Youth Foundation (only two Australian organisations have this accreditation). We also have received numerous local awards including the The MHS (The Mental Health Services Aust/NZ) golden award and in 1999 we were invited to present the program at the World Mental Health Congress in Chile and from there introduced the program in New Zealand where it also has found great acceptance and is growing rapidly.

We are a vibrant organisation with membership across Australia and New Zealand who are passionate about making long term changes. I would like the opportunity to present our unique and successful program to the conference.

Homes West: families, services and community working together

Margaret Ward, Homes West Association

Introduction:

Established in 1990 Homes West Association Inc is a family-governed organisation supporting eleven people with a disability to live in a home of their own and to be included as active and valued members in their local community. Regardless of the people's needs, Homes West has supported each person to establish their own home, and build and maintain a wide network of people who will be in the future.

Body:

In the last 18 years, Homes West has developed a robust strategy for people with a disability to plan their future, establish a home of their own, develop the supports they require and to prepare for when their parents are no longer around.

The people with disability and their families govern the organisation and direct the service. Through regular family days and coffee mornings, they write the policies and safeguard the values and mission of the service.

As most of the parents have now retired, Homes West has developed intentional strategies to bring in the next generation to support and safeguard both the people with a disability and the support service.

Conclusion:

Homes West has proven that small family governed services can be highly effective in responding to individual's needs. They can easily meet the requirements of audits and service agreements and they allow families, service and community to work creatively and respectfully together.

Biography:

Margaret Ward is the parent of a 29 year old woman with a disability who has lived in her own home for the past 10 years, supported by Homes West Association. Margaret is a board member of Homes West Association.

Margaret has been a strong advocate for people with a disability and has assisted many families to establish similar arrangements which allow for family governance. Margaret and the other families in Homes West have demonstrated for nearly 20 years that families and community can work respectfully with services to support people with a disability, regardless of their needs to live in their own home.

Margaret is also known for her work in housing and was awarded the Public Service Medal in 1996 for assisting the Department of Housing to respond to the needs of people with a disability. Margaret also co-founded and convened for 5 years the Australian Network for Universal Housing Design convincing the Queensland Government that universal design was an essential element of sustainable housing.

Moving beyond 'recovery': first-hand accounts from mental health leaders working towards creating recovery-oriented service environments

Courtney O'Connor, Helen Glover and Ann Harper with participants of ROMP, Disability Services Queensland

Introduction:

People who experience a mental illness have demonstrated the reality of recovery yet sadly have not named services per se as being helpful in that process. Many workers have a deep understanding of the processes of recovery yet find it difficult to support individuals to access their recovery efforts within highly structured service models.

This brings inherent tensions that require constant attention and adjustment by systems of care to ensure they enable and do not disable a person in their recovery effort. The shift from externally determined solutions and interventions for a client group to supporting individuals to self-determine and realise solutions, requires a paradigm shift

in how we do business. It is acknowledged that this is not an easy task at a systemic level.

Body:

The Recovery Oriented Mentoring Project (ROMP) is funded by Disability Services Queensland (DSQ) and has attempted to provide a collaborative action learning platform for leaders within DSQ, Queensland Health, the non government Sector and people with a lived experience of mental illness/distress. The project aims to provide mentoring and support to participants as they work towards re-appraising and restructuring their service delivery so that it is facilitative towards individual's efforts of recovery.

Conclusion:

This paper will highlight the experience of being involved in ROMP from a number of perspectives including the learning participants, facilitation team, program providers and reference group. Through a panel discussion it will provide first hand accounts of the challenges and opportunities that participating in ROMP has provided.

Biography:

Helen Glover uses both her professional and her lived experience of "recovery" to expand and challenge the concepts of recovery-oriented practice within service delivery. Helen has lectured and trained internationally on the challenges and tensions of creating recovery oriented environments within mental health and psychiatric disability service delivery. Her professional background is in Education and Social Work.

Helen is the Director of enLightened Consultants which provides training and consultancy to a number of government and non-government health and disability organisations within Australia and internationally. Her work focuses on supporting organisations to adopt systemic changes required for environments of support to be further facilitative to individuals in their personal recovery efforts.

Helen was a co researcher in a NHMRC funded Australian study, "Recovery from schizophrenia from a consumer perspective."

Courtney O'Connor has been witness to the positive impact that genuine, 'hope-infused' interactions can have on an individual's recovery journey. Courtney has trained and worked with Helen Glover of Enlightened Consultants, around the challenges and practicalities of creating environments that support a person to be actively engaged with their journey of recovery. She has worked for several years as a support worker in the non-government sector, and as an occupational therapist for Disability Services Queensland. Courtney is currently working for Disability Services Queensland-Mental Health Branch on the Recovery-Oriented Mentoring Project, and is passionate about cultivating communities that are responsive and nurturing to those experiencing mental distress.

Ann Harper has a keen interest in system transformation and is passionate about the importance of developing programs and service responses that contribute to environments that support individuals in their personal journeys of recovery. She is particularly interested in organisational development initiatives that can support the implementation of philosophical shifts such as those implicit in a recovery paradigm. She currently manages the sector development program for the Mental Health Branch in Disability Services Queensland. She has worked as a university lecturer in mental health

as well as social work and social policy. She has also worked as a training consultant around cross-cultural mental health.

The Lifestyle and Leisure Program for Young Adults

Lyndal McCasker and Rebecca Jones, Montrose Access

Introduction:

Montrose Access is a Queensland based not-for-profit organization which provides support services to clients with physical disabilities and their families to assist them to achieve their maximum individual potential for participation in the community.

As is documented in literature, staff at Montrose Access identified a need for services that would support people with physical disabilities to transition from adolescence into adulthood. Funding for a new service, called the Lifestyle and Leisure Program, was acquired from the Disability Services Queensland Strengthening Non-Government Organisations Sector Capacity Day Service Initiative.

Body:

The Lifestyle and Leisure Program is a unique program that aims to meet previously unmet needs of young people with physical disabilities in the Brisbane area. The program utilizes a client-centred approach that focuses on the important developmental stage of transition to adulthood for people with physical disabilities. Young adults are supported to identify and achieve goals in the broad range of lifestyle and leisure domains. Such goals may relate to life skills, accessing the community, linking to services, developing independent social networks and participating in leisure activities. This presentation will outline service objectives, theoretical approaches and a description of the program. The outcome of the program's initial phase has been positive both in service evaluation feedback and program outcomes, which will also be presented.

Conclusion:

Discussion relating to the program, transitional issues and client experience will be facilitated with contributions from available service users and staff.

Biography:

Lyndal McCasker is the Program Supervisor for the Lifestyle and Leisure Program at Montrose Access. She also fulfils roles within the program of Key Worker and Occupational Therapist. Lyndal has been involved in the development and establishment of the program, since March 2007. Lyndal graduated from the University of Queensland with a Bachelor of Occupational Therapy (Honours) and has 13 years of experience working as an Occupational Therapist in a broad range of areas including vocational rehabilitation, mental health, education and disability.

Rebecca Jones fulfils the roles of Key Worker and Recreation Officer for the Lifestyle and Leisure Program at Montrose Access. Rebecca has been involved in the development and establishment of the program, since January 2007. Graduating from the University of Newcastle with a Bachelor of Social Science (Recreation & Tourism), Rebecca has worked both in the community youth & disability sectors for 16 years.