

DISABILITY INCLUSION POLICY GUIDELINES & INFORMATION SHEET FOR INSTRUCTORS

Scope

This policy applies to all person's instructors or those empowered to instruct within WA Karate Federation, and may involve coordinated actions with the following entities:

- Department of Health
- Metropolitan Health Services
- Non-Profit Service Providers and Organizations
- WA Country Health Service

This is a system wide policy and supersedes all policies and guidelines related to disability access and inclusion in WA Karate Federation Delivering Information According to Disability Access Regulations Policy.

WAKF is committed to ensuring that people with disabilities, their families and carers are able to fully access the range of services, facilities and information available from WAKF.

The intention of WAKF is to provide people with disabilities with the same opportunities, rights and responsibilities enjoyed by other people in the community.

WAKF will also ensure that access for people with disabilities is a primary concern when services and/or facilities are developed or modified.

To ensure this commitment, WAKF will:

- Create and actively promote an environment where information, services and facilities are readily accessible to all people and do not directly or indirectly discriminate against individuals with disabilities
- Consult with people with disabilities, their families and carers and disability related organisations to ensure that barriers to access and inclusion are addressed appropriately
- Work in partnership with community groups and other public authorities to facilitate the inclusion of people with disabilities in consultative forums
- Develop Disability Access and Inclusion Plans (DAIPs) where deemed necessary in accordance with the Western Australian Disability Services Act 1993 (the Act)
- Ensure that contracted services for the public are provided in a manner consistent with caregiver and support agencies.

Chief Executives and Organization Directors are responsible for providing the resources and support required to develop and implement DAIPs in their organisations.

In accordance with the WA Disability Services Act 1993, WAKF will develop

DAIPs and provide annual achievement reports to the WAKF Board
WAKF is committed to achieving desired outcomes listed in Schedule 3 of the WA Disability Services Regulations 2004 through the implementation of DAIPs in the various health areas. These outcomes are:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, the relevant public authority
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of the relevant public authority
3. People with disabilities receive information from the relevant public authority in a format that will enable them to access the information as readily as other people are able to access it
4. People with disabilities receive the same level and quality of service from the staff of the relevant public authority
5. People with disabilities have the same opportunities as other people to make complaints to the relevant authority
6. People with disabilities have the same opportunities as other people to participate in any public consultation by the relevant public authority.

DAIPs are developed in consultation with the community and officers/instructors of WAKF and are intrinsic in meeting the overall corporate objective of ensuring safety and quality in services.

Definitions

Disability

“A disability is any continuing condition that restricts everyday activities. Disabilities can affect a person’s capacity to communicate, interact with others, learn and get about independently. Disability is usually permanent but may be episodic.”

Disabilities can be:

Sensory: affecting vision and/or hearing.

Neurological: affecting a person’s ability to control their movements, for example, cerebral palsy.

Physical: affecting mobility and/or a person’s ability to use their upper or lower body.

Intellectual: affecting a person’s judgement, ability to learn and communicate.

Cognitive: affecting a person’s thought processes, personality and memory resulting, for example, from an injury to the brain.

Psychiatric: affecting a person’s emotions, thought processes and behaviour, for example, schizophrenia and manic depression.

Some disabilities, such as epilepsy, are hidden, while others, such as cerebral palsy, may be visible. A physical disability is the most common (73 per cent), followed by intellectual/psychiatric (17 per cent) and sensory (10 per cent). Many people with disabilities have multiple disabilities”

some useful links

Disability Types <https://www.lds.org/topics/disability/list?lang=eng&old=true>
<https://www.qld.gov.au/disability/community/disability-types/>
http://interchangewa.org.au/services/?gclid=CLD7-O7m_dQCFVYGKgod6jMO0g

Why Social Inclusion?

You may be wondering what social inclusion is and why it is so important. At WAKF, making sure people are 'included' is at the forefront of everything we do.

Inclusion is about being part of a whole, having the opportunity to take risks, have choices, make mistakes, be independent as possible and enjoy participating in recreation, arts, sport and leisure alongside other people in the community.

"We wholeheartedly believe in the importance of social inclusion and the many benefits it can offer individuals and communities, including improved physical and mental wellness, an enhanced sense of belonging, stronger networks of social support and economic advantages arising from a healthy society."

Social Inclusion <https://www.humanrights.gov.au/news/speeches/social-inclusion-and-human-rights-australia>

Disability Awareness

Disability awareness training

Disability awareness training is designed to provide attendees with knowledge of disability in society. Training typically includes information and awareness-raising sessions. Attendees are provided facts about disability. They are also offered opportunities to test and respond to the information presented.

Many people in society have a low level of awareness about disability issues. This is often due to having infrequent contact with people with a disability. Some community members say that they are not comfortable communicating with people with a disability. This is often a result of feeling awkward. It is also common to worry about saying the wrong thing.

Disability awareness training should include a component on positive and inclusive communication. Importantly, the training should provide information about the abilities of people with a disability. It should contribute to making disability-friendly organisations and workplaces. People should become more at ease with disability.

What is usually covered?

Disability awareness training typically covers a range of topics. They might include:

- Definitions and types of disabilities, and the likely associated access requirements of people with various disabilities
- Awareness of positive contributions and abilities of people with a disability
- Stereotypes and misconceptions about people with a disability
- Disabling factors in society, including the physical and social environment
- Communication skills that enable people to more effectively communicate at work and socialise with people with a disability
- Disability legislation and legal requirements for disability equality.

Attention to this kind of personal preparation makes you a better instructor – even for non disability groups.

Training methods

There are many ways to deliver disability awareness training. Some training offers assimilation exercises providing an opportunity to experience disability. This could include being blind-folded, placed in a wheelchair or being asked to communicate without words.

These methods of disability awareness have some useful application in understanding momentarily what having a disability may be like. They could point to some physical and attitudinal barriers in the immediate environment. But caution should be exercised in using these methods.

More often than not they can trivialise disability. They can also suggest the barriers have more to do with the disability than the social environment or structure.

How do you choose?

Choosing the right disability awareness training consultant or organisation is important.

You should look for:

- A professional training provider with experience delivering disability awareness training to a range of organisations
- A high level of knowledge and experience of disability issues
- A provider that has people with a disability involved in delivering the training
- Training that can be tailored to the needs and context of your organisation
- Methods of training that provide a balance of information and interactive exercises that are delivered in a respectful manner
- References from other organisations that have participated in the training delivered by the organisation or consultant.

Training feedback

It is useful to know if disability awareness training has been successful. You can do this by asking for participant feedback immediately after the training.

A feedback sheet provided to participants immediately after training is a useful tool. It can help get open and honest feedback about the quality and usefulness of the training. Feedback sheets are also useful for assessing whether participant awareness and understanding of disability has changed.

Disability Awareness <http://www.pwd.org.au/training/disability-awareness.html>
[http://www.dhs.vic.gov.au/for-business-and-community/communit-](http://www.dhs.vic.gov.au/for-business-and-community/community-)
<http://www.pwd.org.au/>

Disability Management

A **disability management program**, or **DMP**, is used by employers and other organizations to assist employees who are unable to work due to injury or illness. The DMP consists of several components, however not all DMPs have all possible components. Smaller programs may only include the basic components while larger programs generally have more components. The purpose of the DMP is to benefit the employer by returning experienced, trained employees to work quickly. The central distinction required to plan and operated a DMP is between the terms "impairment" and "disability". Although physicians diagnose and treat impairments, employers determine disability.

Disability management programs are applied in different ways. Their implementation depends on an organizations policies and disability guidelines.

Disability Management

https://abilityoptions.org.au/ndis?keyword=disability%20management%20services&campaign=358600283&adgroup=17494302803&matchtype=b&network=g&device=c&gclid=CIT9nMno_dQCFYaTvQodXCYldg

Working with allied Agencies

As a Trainer/Coach/instructor you will come into contact with the workers, policies and procedures of allied agencies or independent caregivers. These organizations provide a very necessary and often comprehensive approach to support for those who are differently abled. For this reason, it is vital that you make yourself aware of the following in relation to your working effectively and safely with your students.

1. Governing agency policies of transporting and supporting the everyday activities of the individual.
2. Standard operating procedure for the provision of assistance to the individual – everyone must be on the same page as consistency is often the basis of the framework around which a disabled person structures his or her life.
3. Special considerations to be observed with the individual in relation to mobility assistive technology and behavioural interventions if applicable. SAFETY IS OF PARAMOUNT IMPORTANCE AND THEREFORE COMPENSATORY ACTIVITIES MAY BE NECESSARY AND THEY SHOULD REFLECT THE SYSTEM TO WHICH THE INDIVIDUAL HAS BECOME ACCUSTOMED.
4. Make yourself aware of special concerns that are organizationally based and are designed to allow the allied organisation to operate effectively and efficiently- punctuality and consistency is not only good manners it is effective management.

Group homes

Group homes and shared accommodation is a common model used by allied agencies for people who are higher functioning and more independent many operate in much the same way as a domestic home except with more people and a wider array of special needs. This is a complication in many of your charges lives and takes a set of coping strategies to come to grips with individual differences with which they may be struggling. Understand that your “client” may be in a bad space because of what is happening in the home and not what is happening in the Dojo and plan accordingly. Hopefully the time in the Dojo will see your client returning home a little better off having worked off some energy. Marital arts are known for the ability to affect change in behaviour and reactivity to stimuli – but it will only happen if it is fostered by the instructor.

Group Homes Assisted Living <https://www.assistedlivingfacilities.org/resources/who-lives-in-assisted-living-/disabled/>

Methodologies

Instructional methodologies are pretty much the same as for any individual except attention needs to be afforded to the individual needs. Standard Educational procedure uses the model that Education takes into account

1. The Needs and nature of the individual,
2. The Needs and nature of the task and
3. The method used.

Your teaching skills will be taxed and your ability to give meaningful feedback and redirection will take some work. This is no different from teaching a person without a disability but the TIME FRAME and RATE of improvement may well be very different.

Individualised instruction

Small Group instruction

Large Group involvement

All of these modalities should be used where appropriate with none of them being the exclusive method used, people learn not only from the instructor but from the group around them – do not miss any instructional opportunity. Planning makes the process more predictable and ultimately efficient – “off the cuff” instruction will eventually trip you up.

Teaching and Instructional Methodologies <http://www.globaleducation.edu.au/teaching-and-learning/teaching-strategies.html>

Communication skills

Your communication skills will also be tested, it is a very important tool when used in concert with modelling and demonstration. Keep in mind you are using technical terms and there is no reason why these terms should not be introduced but you must find a way to make them fit the frame of reference of your student. Saying go straight to a visually impaired person makes no sense – it is dependent on referencing a straight direction from visual or auditory clues as to where one is at any point in time. NO CLUES, NO PINPOINT OF POSITION – you will notice that many Visually impaired people (from birth especially) zig zag in walking – they make constant adjustments to their position based on updated information – allow for this! Do not avoid terms just to be “politically correct” it is dismissive and impolite – speak to a disabled person s you would with anyone else – FOR MEANING AND INFORMATION EXCHANGE! Each disability grouping will display certain common communication issues become aware and expert in using language to effect.

Communication <http://picturemyfuture.com/wp-content/uploads/2013/05/Guide-to-Talking-to-someone-with-intellectual-disability-V3-23-May-2013.pdf>
<http://www.visionaustralia.org/living-with-low-vision/family-friends-and-carers/communicating-effectively-with-people-who-are-blind-or-vision-impaired>

Adaptive and assistive Equipment.

Some disability groupings will come with adaptive and assistive equipment – IT IS YOUR RESPONSIBILITY AS AN INSTRUCTOR to get to know this equipment thoroughly. You should know how it works and how to use it (in a basic sense). Wheel chairs and crutches (of all types) have a knack to them and don’t preclude your student from activity in the majority of cases. A basic vocab of sign language is useful and you don’t need to be an expert but you do need at least names and basic signs to assist with communication. Finger spelling is an easy entry point.

Challenges to ongoing learning and instructional time frames.

Including any special population brings with it a set of circumstances that need to be planned around and made allowances for. By far the most prevalent is the issue of TIME. It takes just a little longer, little more attention to detail a little more time to get where we are going but it is the journey that is important and all the experiences and improvements along the way. Not how long or how short it takes. Make haste *SLOWLY* it takes as long as it takes.

Your journey through inclusion will open your eyes to the fact that we are all in fact disabled in some way we all go through inclusion (or should) it is a basic human right to be included and we as instructors are charged with demonstrating that right and facilitating that outcome.