ACE DisAbility Network
We're here to help
News

A newsletter of the Statewide ACE DisAbility Network **March 2011**

Your help line
(03) 9916 5821

Website:
www.acedisability.org.au

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ACE DisAbility Updates

Research project

We had a great response from ACE providers both through the survey and the focus groups we ran.

The final report is nearly complete and is called "Better Than It Was" which we feel sums up the position of inclusion in the sector indicated through this research. Some of the findings were as follows:

Access and Equity

- A marked increase in the number of providers enrolling people with disability since our last research in 2004
- Higher numbers of people with disability attending individual centres
- Increasing partnerships with disability and other community organisations
- Increases in inclusion of people with disability into governance, as volunteers and as teachers
- Improvements in assessing learning needs and measuring learning outcomes
- High provision of physical access

Issues concerned with inclusion of people with mental health problems

Lack of adequate carer support
Lack of staff resources
The need for information/clarity on duty of care responsibilities
The need for more specific training of staff in teaching particular disability cohorts and in managing the A-frame in respect of people with disability
The rising incidence of people also with dementia/age related issues attending centres.

Good practice

The research revealed so many instances of good practice that these have been included in a separate report "Better Inclusion" and we will be featuring some examples of these in the current and future newsletters.

Good practice examples

From St Arnaud Neighbourhood House:

"Sometimes we use a data projector in computer classes for those who might have hearing problems. We find this helps because they can follow instructions on a large screen instead of struggling with trying to hear and take notes and use the computers at the same time."

The following story was provided as part of the research but like so many of the wonderful stories we received because of the volume of information given to us is reported in aggregate rather than individually. This just seemed too nice a tale of community inclusion to miss and is also a good example of how ACE often works through social inclusion as an introduction to learning. This example has been included with the permission of the person concerned.

A mother with child with autism spectrum disorder who had been rejected by every other playgroup and had become very socially isolated found that at the **Notting Hill Neighbourhood House** she and her child were totally accepted by the playgroup.

At one point the youngster had a melt down and because of her previous experiences of rejection the mother packed up, apologising to the other mothers and saying that she wouldn't come back. They however reassured her that she was perfectly welcome whatever wobblies her child threw. This has helped her acquire the confidence to join other classes at the centre.

Acquired Brain Injury

WHAT IS ACQUIRED BRAIN INJURY?

Acquired brain injury (ABI) refers to any type of brain damage that occurs after birth. It can include damage sustained by infection, disease, lack of oxygen or a blow to the head. Most people with ABI can expect to improve with treatment and support.

Some of the causes include:

Alcohol or drugs - This can poison the brain.
Disease - such as AIDS, Alzheimer's disease, cancer, multiple sclerosis or Parkinson's disease.
Lack of oxygen - called anoxic brain injury (for example, injury caused by a near drowning).
Physical injury - such as an impact to the head which may occur in car or sporting accidents, fights or falls.
Stroke - when a blood vessel inside the brain breaks or is blocked, destroying the local brain tissue.

The effects of acquired brain injury

People with acquired brain injury may experience long term changes and difficulties in five major areas, all of which may impact upon work and learning performance. These possible changes include:

1. Cognitive functioning, in areas such as memory, concentration levels, initiative, problem solving, self insight (the awareness to monitor one's own behaviour or performance) and flexibility
2. Neurological functioning, such as epilepsy of various forms, usually requiring medication
3. Physical and sensory abilities, such as hemiplegia (inability or reduced ability to move one side of the body), vision changes or hearing impairment
4. Psychological wellbeing, including behavioural issues (for example, loss of inhibition which often presents as temper outbursts, swearing or irritability) or reactive depression relating to awareness of the changes to the person's 'pre-injury self'
5. Communication difficulties, such as word slurring, speech impairment, word finding problems or at the other extreme, excessive talking.

Some impacts of acquired brain injury with respect to learning

Educators need to be aware of the following possible characteristics as they may have an impact on learning

Previous successful experiences in academic and social settings
Variations in ability levels and inconsistent patterns of performance
Variability and fluctuation in the recovery process, resulting in unpredictable and unexpected spurts of progress
Poor judgment and loss of emotional control, which make the student appear to be emotionally disturbed at times
Combinations of conditions resulting from the traumatic brain injury which are unique and do not fall into usual categories of disabilities
Inappropriate behaviours which may be more exaggerated, impulsive, distractible and emotional, coupled with greater difficulty with memory, information processing, organisation and flexibility
Learning style which requires use of a variety of compensatory and adaptive strategies
Some high level skills which may be intact, making it difficult to understand why the student will have problems performing lower-level tasks
A previously learned base of information which assists rapid relearning

For more information and help:

Brain Injury Australia
PO Box 220 Marrickville NSW 1475
Weemala Flat, Building 27, Royal Rehabilitation Centre,
227 Morrison Rd, Ryde NSW 2112
Phone: + 61 2 9808 9390
Freecall: 1800 BRAIN1 (1800 272 461)
Email: admin@braininjuryaustralia.org.au

BrainLink Services Ltd.
The Nerve Centre
54 Railway Road
Blackburn VIC 3130
Free Call: 1800 677 579
Telephone: (03) 9845 2950
Fax: (03) 9845 2882

Brain Injury Matters Inc.
Level 4, Ross House
247 Flinders Lane
Melbourne 3000
VIC Australia

Contact person: Lyn MacDonald, Project Worker
Telephone: (03) 9639 7222
Email: bim_statewide@yahoo.com.au

Web: www.braininjuryaustralia.org.au

ABI Tip Sheet

(References: Brain Injury Matters www.bim.org.au; Brain Injury Australia www.braininjuryaustralia.org.au)

Classroom strategies

A supportive classroom should include where possible:

- Additional support (e.g. teacher aide time)
- A controlled environment
- Low pupil/teacher ratio
- Modifications to the classroom environment
- Educational program planned to suit the needs and abilities of the student
- Specific teaching strategies to maximise learning outcomes.
- Minimal changes in classes/classrooms, especially during the initial transition phase
- A peer support, or buddy system until the student is able to be independent
- Assistance to enable student's orientation to the general community.

Learning Strategies

In order to remember something, information must get into long term memory. This can be very difficult after brain injury, especially where there are difficulties with attention and concentration.

Some simple rules to follow when giving information to someone with memory impairment are:

- Concentrate on **relevant** material that the person wants or needs to remember
- **Simplify** information and written instructions
- **Reduce** the amount of information that has to be remembered and just concentrate on the essentials
- Divide the information into **small chunks**
- Give the chunks **one at a time**
- Encourage the person to take their time and **pay close attention**
- Ensure that the information has been understood by having the person **repeat it back** in his or her own words
- Encourage the person to **make associations** by linking the new information to something that is already familiar
- Use the **little and often** rule – it is better to work for a few minutes several times a day than for a longer period once a day
- Encourage the person to **organise** the information – for example, grouping items on a shopping list into distinct categories
- Use **two or three different methods** to improve learning of one piece of information – for example, if you want to teach someone with memory impairment the way to the local shops, you could (a) draw a map, (b) describe the way verbally, and (c) accompany the person along the route
- Choose a **good time to practise** – information will be taken in more efficiently when the person is fresh and alert.